

# **REHABILITATION OF THE DISABLED IN DEVELOPING COUNTRIES**

**Edited by**

■ **Chiegonu Ndudim**

■ **Theo Ajobiewe**

■ **J. A. Gbegbin**

**SPED PUBLICATIONS**



## **COUNSELLING FOCUS IN MEETING THE NEEDS OF HANDICAPPED PERSONS**

**BY**  
**GESINDE, ABIODUN MATHEW**  
*Federal College of Education (Special), Oyo*

---

### **Introduction**

Human beings undoubtedly have the latent ability to identify their physiological and physical needs. These needs are in progression, continuous, endless and insatiable. As their efforts are geared towards satisfying one, another pressing need will rear its head seeking for satisfaction. The needs of handicapped person, in particular, are many and their severity and composition cannot be compared with the non-handicapped individuals. These needs include social, educational, legislative, medical, occupational, sexual etc. Cruickshank (1980); Bakare (1993); Thompson and Dickay (1994) cited in Akobundu (1995) reported that most of the studies and articles written on the needs of the handicapped center upon the needs for proper identification of the educational material, type of curriculum, vocational skills, communication problem and rehabilitation needs of exceptional person. Available literature, it must be added, also reveals that little had been written on the counseling need of handicapped persons.

The accumulation of needs notwithstanding, an individual is endowed with the ability to meet some of his needs with personal effort while some needs cannot be met without professional external assistance. The quality of assistance needed by individuals suffering from mental disabilities, physical disabilities, sensory disabilities, communication disorder cannot be compared to those of individuals who are endowed with normal abilities.

However, there are handicapped persons who are furnished with the information of where help can be sought while some handicapped individuals are still searching fruitlessly for professional helpers due to ignorance and misinformation. The purpose of this paper, therefore, is to: establish relationship between handicap and counseling from their conceptual attributes; identify handicapped persons educational problems; occupational problems; intra and interpersonal problems within counseling framework; identify the counseling techniques suitable for handling handicapped persons problems; and develop a general and practicable model that meets handicapped persons counseling needs.

### **The Conceptual Attributes of Handicap and Counselling**

The word "handicap" has been given various definitions by different scholars. Some texts use the term synonymously with disability. Within the context of this paper, however, a handicapped person could be said to be an individual whose impairment or disability in the areas of intelligence, physique, social, behaviour, communication and sensory perception, etc. hinder him or her from functioning effectively in the society.

Those in the above category would include the learning disabled, emotionally disturbed, orthopaedically impaired, visually impaired, physically disabled, mentally retarded, behavioural disordered, speech impaired. Omiegbe (1995) observed that classification of handicapped persons has psychological and sociological implications. Classification according to him would linger on and bring about negative connotations and at the same time assists in training and education of the handicapped.

For the purpose of counseling, the classification would assist in determining the behavioural peculiarities of characteristics of each groups; in collecting, organizing and interpretation of available information according to each group; and in identifying cases that should be referred to other professionals.

The word "counseling" has been given different definitions by scholars and non-scholars alike. This implies that people perceive the term differently. In other words, attempting a precise and generally acceptable definition would continue to be elusive.

The above submission notwithstanding, counseling connotes a professional assistance given by a trained counselor to others in order to resolve problem areas of their life. This professional assistance may be given individually or collectively as in individual or group counseling depending on the problem and discretion of the counsellor. The professional assistance though not stated in most definitions, is not limited to able-bodied individuals alone but also handicapped persons.

Counselling, it must be added, is a helping profession which is more than ordinary advice – giving contrary to the perception of many laymen. Warnath (1965) opined that as a professional activity, however, counseling should convey a richer meaning than simple advice– giving, it then suggests that everybody is a counselor

because we are prone to giving advice to loved ones in times of difficulty or problem. Counsellors are professionally trained and they have specific skills and traits, they apply specific and different counseling techniques and scientific oriented methods in solving conflicting areas of individual or group or individuals' life.

From the foregoing, the peculiar relevance of counseling to handicapped person is obvious. Counselling services are provided by a trained counselor to help individual or group of individuals who are disabled for the purpose of understanding their conflicting areas of life better, detecting alternatives solution to problems and living a fulfilled life. The type and degree of professional assistance required from counseling by the disabled is of academic and professional interest.

### **Handicapped Persons' Problems within Counselling Framework**

In an attempt to satisfy the basic need of life, human beings are confronted with obstacles. The obstacles being faced by handicapped individuals are more complicated due to their handicapping conditions and barriers created by the society in which they live. Such barriers as identified by Eleri (1995) include devaluation, attitudinal barriers, institutionalization, architectural, communication, transportation, recreational activities, and job opportunities. From counseling point of view, handicapped persons' problem could be grouped into educational; occupational related; and intra and interpersonal problems.

#### **Education Problems**

As the name implies, they are mostly school related problems. Such include irregular attendance in school, poor academic performance, academic failure, poor-study habit, poor memory, fear of examination (examination

fever), school phobia, examination malpractices, inappropriate subject selection, inadequate curriculum, absence of specially trained teachers, absence of teaching equipment most especially those that would meet their educational needs like typewriters, hearing aids, braille machine, wheel chairs, absence or inappropriate sign language interpretation, etc. This could create deep-rooted emotional and maladjustment in schools.

Counselling techniques for handling these educational related problems are many. For instance, catching oneself and task setting from Adlerian counseling technique would help them to identify and anticipate resultant effect of undesirable behaviour like examination malpractices and how to withdrawal from it. It would also enable them set attainable goal within any time limit. Systematic desensitization would assist in removing school phobia, fear of examination etc. Positive reinforcement would increase the probability of repeating desirable behaviour. Behaviour contract would be of immense help in setting socially approved behaviour between counselor and clients, specifying roles each should play in the contractual agreement. (Systematic desensitization, positive reinforcement, and behaviour contract are from behavioural counseling approach). Assuming responsibility in Gestalt Theory would make them take personal responsibility for their feelings, behaviours, actions or in actions.

### **Occupation Related Problems**

These are career-related problems. Evidence abound to show that the handicapped are under-employed or not gainfully employed even after the attainment of necessary educational qualification. Pfouts and Nixon (1982) reported that many working age blind adults are unemployed and those who are working are often over-qualified for the job they hold. Hasazi, Collins and Cobb (1988); Hasazi et al (1985); Welman, Moon, Everson. Wlood and Baran (1988)

cited in Hallahan and Kauffman (1991) reported that traditionally the employment figures for the retarded adults have been appalling.

Handicapped persons in school are facing problems of choice of career (career guidance and counseling) while those with paid employment and those that are self-employed are facing problems of job preparation, in-service training, promotion, finance for self-employment, job satisfaction and job maintenance.

In an attempt to combat these identified problems, a counselor organizes career guidance programmes and applies Parsonian process of choosing a vocation. Parson (1909) identified three steps that an individual should pass through in the process of choosing a vocation:

- (a) Understanding self in terms of abilities, interest, strengths and weaknesses.
- (b) collecting information related to the vocation.
- (c) establishing a balanced relationship between the two.

### **Intra and Interpersonal Problems**

No man can indefinitely succeed in isolation. There is need to interact with people in one's immediate environment. In the process of satisfying this, an individual may experience interpersonal crisis. Due to their disabilities, handicapped persons are not enjoying the best of interpersonal relationship with others, especially in the developing nations. They are faced with self-care problems, emotional and psychological problems, family problems, religion problems, addictive behaviour, health problems etc.

Counselling techniques for handling intra and interpersonal problems include psychoanalysis techniques of Freud (such as free association, dream analysis, transference etc), which aims at bringing into consciousness repressed emotions and motives in an attempt to deal with them in a reasonable manner, rational emotive therapy

(RET) which aims at identifying irrational thoughts and substituting them for a positive rational self verbalization of self-talk; behavioural approaches to counseling like systematic desensitization, assertiveness training, aversive conditioning, positive reinforcement, modeling, role-play, role reversal, taped and filmed models, self-control methods, self-management, self-monitoring, self-punishment, self-reinforcement which aim at assisting people learn methods of solving intra and interpersonal problems.

The above highlighted problems clearly reveal that the handicapped are facing deep-rooted problems like those who are not handicapped. At times or in most cases, their problems are complex and more complicated than that of their non-handicapped peers. Therefore, if counselors are saddled with the responsibilities of solving non-handicapped persons counseling problems, the challenges of meeting the counseling needs of the handicapped persons should also be met. In this respect, the recommendation of the committee of Enquiry into the Education of Handicapped Children and Young People in Britain is relevant. The Committee in 1978 reported inter-alia:

*Young people with disabilities or significant difficulties may need counseling on various aspects of personal relationship, and we see this as a very important part of health education. Those who are in employment may need counseling on for example, the development of good relation with their fellow workers, while those who are trying to achieve significant living without work may need counseling on personal relations with those who are caring for them.*



## **A Model for Meeting Counselling Need of Handicapped Persons**

Counselling as earlier stated should enable an individual to live a fulfilled life. In the process of achieving this goal the counselor should harness the human and material resources available for this purpose. A model that would be of great assistance has been designed by the writer. This model for meeting counseling need of handicapped persons is a systematic 4 stage model designed to help professional counsellors and counsellors-in-training to manage handicapped problems that are within the counseling framework. The 4 stage model involve counsellors interacting with the following:

- (a) The handicapped person
- (b) Parents of the handicapped
- (c) Government
- (d) The society

These are hereunder described in a precise manner.

### *The Handicapped Person*

The handicapped may be a child, an adolescent or an adult. In the Nigerian context, handicapped persons could be found in various homes, special schools, public schools, rehabilitation centers and mostly on the streets, mosques, and churches begging for alms. It is essential for a counselor to have personal contact with the handicapped. He should examine, diagnose, interview, probe, assess, treat, and evaluate the conditions of the disability. The co-operation of the handicapped individual is tantamount to successful realization of counseling goals. Hence, the counselor should convince the handicapped beyond any reasonable doubt the need for counseling and the need for absolute co-operation. A warm and positive acceptance otherwise known as unconditional positive regard and non-

possessive warmth by Rogers (1965) and Truax and Carhuff (1969) respectively could be highly effective.

### Parents to the Handicapped:

The influence of the parents in the life of an individual cannot be under-estimated and over-emphasized. Osinuga (1995) opined that parents being the first teachers and the models for the child at home need to be closely involved and fully informed about every facet of the child's treatment right from onset of the handicap. Gesinde (1996) in the same vein, asserted that parents have sole responsibilities over their children. They are the natural and legal guardian of their children. Most children live with their parents for the first five years of their life, after which they socialize with others in their environment. No matter the level of interaction with the social environment, parents would continue to influence their personality development.

Gesinde (1996) further observed that a lot would have been done psychologically and physically to prepare for the coming of a new child. The birth of an infant with physical deformity, no matter how minor would have a profound influence on the entire family particularly if the parents are not deformed physically and if it is their first experience of having a deformed child. This may explain why most parents of the handicapped, in developing nations, avoid public association with their disabled children. This should be discouraged.

Counsellors, therefore, should assist in resolving problem of shock, hurt and disbelief, denial, guilt, social rejection, rage towards self and others, grief, shame, disappointment, self-pity etc. In cases, whereby, the handicapped is still at a tender age, much concentration should be on the parents. There is also the need for group counseling method. This will enable handicapped parents to share experience, ideas and identify remedies to their plight. In group counseling, an individual experience relief when

he/she realizes that a particular problem is not peculiar to him/her.

### Government

Government in this context connotes people in position of authorities in the local, state and federal levels. In the developing countries of the world, the government is not pretending to be meeting the needs of its citizens. There is little evidence to show that they are unaware of their responsibilities but in most cases misplaced priority is the order of the day.

In the process of meeting the counseling needs of the handicapped, therefore, counsellors should constantly educate the government on their responsibilities to handicapped persons. Government should give special attention and consideration to the handicapped when formulating and implementing policies – researches on the needs of the handicapped should be sponsored by the government and findings should be made public. Conferences, seminars, symposiums, workshops on the handicapped should be spearheaded by the government.

### Society:

This includes the handicapped person's immediate family, peer groups, co-workers and non-governmental organizations. The societal attitude towards the handicapped contributes in no small way to the self-perception and emotional stability of the handicapped. Societal attitude may be positive or negative depending on the level of education on the subject-matter. The more educated the society, the positive the attitude and if their attitude is positive they would willingly support programmes for the handicapped. Most people are not well informed on handicapped persons' conditions in the third world countries. The counselor therefore, should co-opt available human resources in counseling the handicapped. A named person

selected from the local community should be given to the handicapped. Such a named person however, should be accessible and with means of assistance. Electronic media should be used to disseminate accurate information on the handicapped to the society.

However, counsellors should ensure that a working relationships exist among the 4 stages if the model is to realize its maximum objectives. It is hoped that by the time they harness the human and material resources within the 4 stage model the task of overcoming handicapped problem is imminent.

### **Conclusion and Recommendations**

The paper has evolved a contractual relationship between handicapped person's problems/needs and counseling profession. It therefore, behoves the handicapped and the counselor to make themselves available for one another.

Government on their part should ensure that more counsellors are trained and employed. There should be at least a counselor in each of the local government of the federation as well as in schools rehabilitation center, public and private establishments that are saddled with the responsibilities of meeting handicapped person's counseling needs. There is also a challenge now to Counselling Association of Nigeria (CASSON) which is an umbrella under which all counsellors meet to discuss issues relating to the upliftment of the profession. The association should make itself relevant to the society by identifying with government policies relating to the plight of the disable people. And like many other non-governmental organizations counsellors have humanitarian responsibilities to the handicapped persons in the society.

## References

**Akobundu, R. (1995).** Self perceived self needs and year in school of college students with disabilities. In E.D. Ozoji and I.K. Nwazuoke, (eds.), *Professionalism in Special Education in Nigeria*. Jos: Deka Productions Limited.

**Eleri, O.N. (1995).** Emotional and social dimensions of disabilities: Challenges for health living. In E.D. Ozoji, and I.K. Nwazuoke, (eds.) *professionalism in special Education in Nigeria*. Jos: Deka Productions Limited.

**Gesinde, A.M. (1996).** Counselling the parents of exceptional persons: A practical guide for professional counsellors. A paper presented at the 6<sup>th</sup> Annual Conference of National Council for Exceptional Children (NCEC) at Calabar.

**Hallahan, D.P. and Kauffman, J.M. (1991).** *Exceptional Childreb: Introduction to Special Education*. Englewood Cliffs: Prentice Hall Inc.

**Omiegbe, O. (1995).** Effects of labelling on the rehabilitation of the handicapped. In E.D. Ozoji and I.K. Nwazuoke. (eds.) *professionalism in Special Educational in Nigeria*. Jos: Deka Productions.

**Osinuga, M.A. (1995).** The need for interdisciplinary co-operation in professionalizing. Special education in Nigeria. In E.D. Ozoji and I.K. Nwazuoke (eds.). *professionalism in Special Education in Nigeria*. Jos: Deka Production Limited.

**Parson, F. (1909).** *Choosing a vocation*. Boston: Houghton Miffling Co.

**Pfout, J.J. and Nixon, D.G. (1982).** The reality of the dream: Present status of a sample of 98 totally blind adults. *Journal of Visual Impairment and Blindness*. 76, 41-48.

**Rogers, C.K. (1965).** *Client-Centred Therapy*. Boston Houghton-Miffling Company.

**Special Educational Needs (1978).** Report of the committee of enquiry into the education of handicapped children and young people in Britain.

**Truax, C.B. and Carhuff, R.R. (1969).** *Towards Effective Counselling and Psychotherapy: Training and Practice*, Chicago: Aidine Publication Company.

**Warnath, S. (1965).** *The Counselling and Society: A Cultural Approach*: Boston: Houghton Miffling Company.