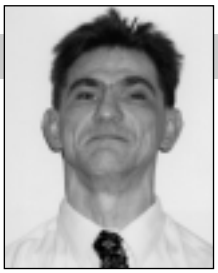

PETER STANNETT

Remove the barriers

I AM someone with athetoid cerebral palsy and a strong interest in physiology and psychology. I graduated in psychology and then completed an MSc in health psychology. One of my initial (but perhaps naive) attractions to studying psychology and then following a career in psychology was that I thought it was a relatively caring occupation and that it valued individual differences. I was also informed that it might reconcile my interest and ability in science with deficits in motor control resulting from cerebral palsy. But having made numerous job applications and visits to see practising psychologists to discuss possibilities of working in the profession, I find a profound resistance to employing disabled people in the profession in general. This was even more heightened when I explored the possibility of working in their own field or department.

I am sure, however, that there must be an exception, somewhere. I am aware that I have only met a relatively small number in the profession and my experiences may be atypical. I also acknowledge that for clinical training at least, competition is stiff and there is some difficulty in teasing out competitive factors from issues arising from the perception of restrictions – or from genuine restrictions – resulting from a disability.

Nonetheless, because I have been applying for many posts and arranging informal interviews with people in the field, I have seen that many of the objections from the psychology profession relate to type of disability – particularly those where communication is impaired. Many point out the need for interaction, and the value of trust in professional ability. There is also a focus on appearance in a clinical setting which is not seen in, for example, information technology. But I have counselled people, and clients quickly get used to me. I am also aware of a solicitor who has a reasonably profound speech impairment, who speaks in court and undertakes many consultations with his clients.

Much of the opposition to those with certain disabilities working in clinical or other settings stems from stereotypes. Several clinical psychologists I have talked to have (erroneously) confused my disability with a lack of fitness or stamina to do the job required. I have been told that sometimes there is a need to push people in wheelchairs along hospital corridors and that I could not manage this, rather than being asked if I would be able to. These arguments are based on misunderstanding, inflexibility and prejudice. Being physically disabled is clearly not the same as lacking in fitness or stamina: think of the paralympics. We can only hope that that the more disabled people fill responsible positions, the less they will be seen as exceptional.

'Numerous times psychologists have advised me that many of my goals are unrealistic, and yet I have ignored the advice and achieved the goals'

When I inquired about clinical training some time ago, it was suggested by an admissions tutor that it was not worth applying because the practical difficulties would be insurmountable. For example, I would find it difficult to tell a patient they were doing well while writing a statement saying the opposite. The same clinical psychologist suggested that I would find it difficult to do the block design or digit symbol test on the WAIS. I believe computer applications and lateral thinking can resolve both, or, it may well be possible to have a psychology assistant to undertake such duties if necessary. Again, why so rigid when in many instances, psychologists teach clients to solve problems by innovative thinking?

Numerous times psychologists have advised me that many of my goals are unrealistic, and yet I have ignored the advice and achieved the goals. It was once considered 'unrealistic' for me to have an academic career and to drive. I have yet to see any evidence that psychologists are able to make accurate assessments of the potential abilities of disabled people. Chubon (1982) showed some of the negative attitudes held by health professionals who work with disabled people, and I suspect that such attitudes are likely to influence recruitment decisions of disabled people in these professions.

I have visited a number of occupational psychologists over the last 10 years asking for good-quality advice. Unfortunately, none were able to tell me anything I didn't already know in relation to securing employment in their own profession. I have found that there are occasions where it appears appropriate to 'test' a sample of the professions' acceptance of disability: for example, I have asked many occupational psychologists if they think a totally blind person could work as a colour chemist and the answer is usually no. But there is a blind colour chemist and his employers obviously acknowledge his ability. (A colour chemist, among other things, measures the intensity of hues of colour, but it does not rely on sight!)

When being unsuccessful in applications for posts, I have sometimes written to the organisation to enquire where any shortcomings were identified. I have received one direct response, which was beneficial. Many responses were pre-prepared and were so general that they could have been applicable to just about every unsuccessful candidate. Others have relied on the opinion of a medical practitioner who informed the employer I could not achieve many of the things I had been doing for years. My evaluation from these experiences is one where individual psychologists display an inability to use strategies to adapt, which the profession so often advocates to clients or patients. One solution might be for the BPS to undertake rigorous vetting for prejudicial attitudes of psychologists towards any minority group. Such checks could be undertaken by interview, observation and seeking the views of others.

I would like to see the discovery and acceptance of the contribution disabled people can make to the profession. We need a reduction of the paradox between

the presented acceptance of disability in a clinical setting and the content of research articles, which clearly show cases of patronisation, opprobrium and lack of genuine understanding. In many situations, such as in counselling concerning the use of drugs, the counsellor has been a drug user, and this is seen as an asset. So why not view disability in the same way? There was a letter in *The Psychologist* (Gillingham, 1999) from a clinical psychologist who worked with people with neurological disabilities. He had a heart attack and a stroke in quick succession and suggested that his professional understanding before his heart attack and stroke was not as insightful as he once believed.

An increased flexibility in how tasks are completed would also be beneficial. It is interesting to note that many objections I have received concerning working in the profession of psychology concern the lack of flexibility resulting from disability. Yet it seems that the refusal to accommodate people with various disabilities demonstrates, in many cases, a lack of flexibility and innovation from a different perspective. The Disability Discrimination Act 1995 does little to change attitudes. The Act is based on the notion that employers should make reasonable adjustments to accommodate disabled people. The notion of reasonableness is open to expedient interpretation, and hence is of little value.

I hope that attitudes do improve substantially, profoundly and quickly. Graduates and postgraduates with disabilities contribute to the profession a standard of education equal to their non-disabled counterparts. But they are also able to bring substantial personal experience of coping strategies and practical solutions to problems, and they may even prove to be beneficial role models to others.

Reference

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