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Blind clients perceptions of sighted counselor's empathy in the counseling relationships

Mae Porter
University of Northern Iowa

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Blind clients perceptions of sighted counselor's empathy in the counseling relationships

Abstract

The research paper was designed to study the ability of sighted counselors to counsel blind clients with empathy. While blindness should not pose a difficulty, many sighted counselors do have difficulties working with blind clients. Based on the research done for the study, this problem occurs mainly because of their difficulties in distinguishing empathy from sympathy. A major problem is the counselor's understanding of his/her own feelings about the blind client. Many counselors cannot get beyond the label "blind" and view the total person, not simply the handicap.

BLIND CLIENTS PERCEPTIONS OF SIGHTED COUNSELOR'S
EMPATHY IN THE COUNSELING RELATIONSHIPS

A Research Paper
Presented to
the Department of School Administration
and Personnel Services
University of Northern Iowa

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

by
Mae Porter
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Entitled: BLIND CLIENTS PERCEPTIONS OF SIGHTED COUNSELOR'S
EMPATHY IN THE COUNSELING RELATIONSHIPS

has been approved as meeting the research paper require-
ment for the Degree of Master of Arts.

Robert T. Lembke

11/22/82
Date Approved

Director of Research Paper

Robert T. Lembke

11/22/82
Date Received

Graduate Faculty Adviser

Robert Krajewski

11/24/82
Date Received

Head, Department of School
Administration and Personnel
Services

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The author wishes to give reverence to God for providing her with the strength to complete another journey.

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CHAPTER ONE

Introduction

The research paper was designed to study the ability of sighted counselors to counsel blind clients with empathy. While blindness should not pose a difficulty, many sighted counselors do have difficulties working with blind clients. Based on the research done for the study, this problem occurs mainly because of their difficulties in distinguishing empathy from sympathy. A major problem is the counselor's understanding of his/her own feelings about the blind client. Many counselors cannot get beyond the label "blind" and view the total person, not simply the handicap.

There is no reason that the sighted counselor should not be able to counsel the blind client effectively -- provided he/she approaches the client with the proper attitude. This proper attitude involves a true feeling of empathy and is defined by the ability to look beyond the sight disability in order to perceive the potential and capabilities of the individual.

In a counseling relationship, the attitude of the client is equally important to that of the counselor and, therefore, client attitudes were also explored in the study. While blind clients should be able to work

effectively with sighted counselors, occasionally blind clients may view the sighted counselors in a prejudicial way. The blind client may become overly defensive and aggressive in expectation of patronizing, label-conscious treatment.

This paper includes a review of the literature on the subject, surveys administered to both counselors and clients, and personal recommendations drawn by the researcher from the study. The study therefore divides itself into two primary parts: 1) the personal definitions of empathy by those working in the field and the definitions of empathy as proposed by major theorists, and 2) the attitudes of counselors and clients involved in the counseling process. Surveys were sent to counselors and clients throughout the United States in order to ascertain the problem areas in communication between blind clients and sighted counselors. Responses to these surveys will be discussed in a separate chapter.

One of the reasons for problems in the counseling relationship between blind clients and sighted counselors is an ambivalence between feelings of empathy and feelings of pity on the counselor's part. This problem is illustrated by responses to the survey sent to counselors.

"Webster's New World Dictionary of the American Language, College Edition" (1960) defined the following terms:

"pity" (which is synonymous with sympathy) as:

- 1) sorrow felt for another's suffering or misfortune; compassion; sympathy
- 2) A cause for sorrow or regret (p. 876).

"empathy" as:

The projection of one's own personality into the personality of another in order to understand him better; intellectual identification with another (p. 373).

The difference between the two is that pity is not required to intellectually identify with another. Pity is not a necessary part of understanding because in order to empathize one needs to mentally walk with another, not feel sorry for her/him. If a counselor can walk with the client, he/she can feel what the client feels and see what she/he sees. Feeling pity or feeling sorry for the client reduces objectivity and also reduces understanding.

Major theorists in the counseling field (Carl Rogers, Fritz Perls, Albert Ellis, William Glasser) have slightly differing views of empathy deriving from their theoretical approaches. It is important to look at the major theories and their conceptions of empathy in order to gain a complete definition of empathy as it relates to those working as counselors. Therefore, each of these will be discussed insofar as they define empathy.

Rogers (1959) explained empathy as interwoven with his other concepts of congruence and unconditional

positive regard. Therefore, in his opinion, empathy is "walking in another's shoes and feeling with that person while maintaining genuine concern and care for the individual as a human being" (p. 184).

Gestalt therapy, originated by Perls, is founded on different principles. Gestalt therapy is physical, sensual, and oriented in the present. It concentrates on the integration of unrealized elements of personality which may become real through awareness to physical cues within the client's behavior or emotions. The concept of "integration" is similar to that of Rogers' "congruence," though Gestalt is physical and oriented in the "senses" while Rogers is verbal and oriented in the "emotions" (Corsini, 1979). In describing the counselor-client relationship in Gestalt therapy, Rosenblatt (1973) stated:

I want to assist you, individuals, persons to become whole, to integrate . . . your lives. . . . We become partners in an open ended, free-wheeling venture to get to know each other, to assist each other . . . (p. 3).

In this, Rosenblatt (1973) describes the relationship as a partnership in which both client and counselor can learn and grow. This seems to be the ideal of the counseling relationship, as both client and counselor are strengthened through it.

In contrast to many other theories, Albert Ellis' Rational-Emotive Therapy (RET) does not depend upon a strong concern of the counselor for the client:

Because they tend to have complete tolerance for all individuals, no matter how exacerble their behavior, RET therapists are often seen as "warm" and "caring" by clients, even though they may have relatively little personal interest in them (Corsini, 1979, p. 221).

Though strong caring for the client is not an element, empathy is present. The RET therapist listens very closely to what the client is probably telling himself, and thus enters the client's world empathically.

Rational Emotive Therapy seems somewhat harsh, but its orientation to reality and its strong encouragement to each person to grow beyond personal liabilities into a functioning and beneficial existence is its strong point (Ellis, 1974).

In contrast to Ellis, William Glasser's Reality Therapy stresses that a counselor should be involved with the client. Empathy is seen as involvement with the client and the counselor's expressed concern for the client. Because he believed that basic human needs are to belong and feel worth, involvement in Reality Therapy becomes the instrument through which the client can learn to fulfill these needs. The counselor allows himself to become involved with the client and also allows the client to care for him until the client is able to function responsibly without therapeutic assistance. The Reality Therapist cares for the person, emphasizing responsible behavior and the value of each person (Glasser, 1965).

Though each theorist has his own conception of empathy, all contain similar points. Each theory emphasizes the importance of empathy for the counselor to feel what the client feels. Yet it is necessary to feel with the whole person, not isolating one aspect of personality, but concentrating on the totality of individual experience and emotion. Often sighted counselors working with blind clients lack this total vision of the human being and pity the handicap. Empathy is reduced, in this case, as is effectiveness.

Pity reduces motivation and reinforces self-defeating attitudes in blind clients. A blind person is a human being with the same problems, crises and feelings as any other person. Pity allows the individual to let go of responsibility and to give control of his/her life to the counselor. When pity is present, the counselor builds on the disabilities by assisting the client to do things he/she could and should do alone. In this way the pitying counselor actually harms the client by taking possession and control of his/her life, reinforcing the client's handicaps, and removing potential areas of strength.

Empathy allows the counselor to look beyond the handicap of sight disability to perceive the actual abilities of the individual. The blind client with an empathic

counselor may learn, as does any other client, to find his/her own abilities and strengths through exploration of available resources. The blind client has many abilities to learn and grow. It is the counselor's job to help with the exploration and growth toward independence.

Blind clients know their own limitations well and often concentrate on these. Pity serves to emphasize them, while empathy searches beyond limitations to find abilities and strength. In any counseling relationship, the counselor seeks to build strength and capability in the client and this is especially true for the blind client who well knows and understands his limitations but needs encouragement to find his strengths.

The sighted counselor need not make any major changes in technique when working with blind clients. Counseling is predominantly verbal as a rule, and though the blind client cannot see facial expression, and body language, tone of voice and words carry meanings just as vividly to the client. The blind client has learned to listen effectively and can maintain eye contact by following vocal cues, can sense to some extent the physical position of the speaker, and can sense discomfort in another by tone of voice and movements. The only major change in technique necessary involves the use of visual aids (charts, books, pictures) which have to be described

verbally in detail. Counseling techniques as they relate to counselor attitudes will be discussed more fully in another chapter.

The paper contains (1) a review of the literature available upon the subject, (2) a discussion of a survey administered to counselors and clients, and (3) conclusions drawn from the research by the researcher. Such research will be beneficial to both clients and counselors in order to strengthen the counseling relationship and to ameliorate difficulties which may occur.

CHAPTER TWO

Review of Literature

Attitudes toward blindness and attitudes toward blind people: It is correct to assume that the former affect the latter, but still there is a difference between the two (LuRoff and Whiteman, 1965). There are many and varied problems of counseling which demand solutions because of ill-advised and uninformed counselors. This research paper will point out some of the attitudes of some counselors toward blind clients so that attitudes can be altered. This paper is also concerned with the problems of counseling the blind and whether or not the counselor is confusing empathy with pity or sympathy. Truax and Carkhuff (1967) defined empathy as the counselor's ability to perceive the client's world as though it were his own and to move about in it freely. Webster (1960) defined pity as sorrow felt for another's suffering or misfortune; compassion. Wispe (1968) defined sympathy as "the capacity to apprehend the pain, suffering, or signs of negative emotions in man or animals and to respond to these with appropriate negative feelings" (p. 441). In other words, the counselor will portray his/her sympathetic responses as more accurate than the statements or actions of the blind client.

It should be noted that sympathy is not qualitatively the same as empathy. She also noted, "empathy may comprehend the presumed consciousness of another person" (p. 441). In empathy, the counselor attends to the suffering of the client and the feelings are the counselor's rather than the client's.

Everyone is handicapped. No one is perfect in every way. Everyone has his/her own peculiar, particular restrictions and limitations. Most blind people adjust to their blindness in a few months, but they spend the rest of their lives trying to adapt to the way the sighted world treats them. The sighted world should remember that a blind person is not necessarily handicapped from the point of view of intelligence, educational achievements, vocational aptitudes, and personality. They should also remember that counseling is necessary in all phases of life because everyone must try to work out solutions and adjustments to problems. Some are able to do this without assistance and some require counseling services. It is evident that most counselors assume blind clients need assistance only in rehabilitation and job placement. This is not always the circumstance because most blind clients seek counseling in other everyday situations such as family problems or anger at themselves. The mere fact that clients seek

counseling shows that some adjustment on their own has been made.

The sighted world's attitude toward blindness or blind people is usually negative. One of the most harmful of attitudes is that blind people are very much limited in what they can do. It deprives blind people of opportunities and unnecessarily restricts them in what they are allowed or encouraged to do. Counselors must be concerned and aware of the negative attitudes of the sighted world and the negative attitudes that he/she may foster in counseling blind clients. He/she should initiate actions to change those negative attitudes. Usually a counselor will change his/her attitude once awareness is increased.

Warnath (1979) found that the sighted world reacts to the blind along a scale ranging from uncertainty and uneasiness to avoidance and outright discrimination. If a blind client is to function appropriately in a counseling situation, the counselor must modify or change those feelings. The feeling of uncertainty or uneasiness usually comes about because the counselor has had little or no contact with blind clients. Wright (1974) stated that what often strikes a counselor as he/she views a blind client is the word "blind." Counselors tend to avoid the word and use words such as "sightless," "non-

seeing," etc. A counselor tends to be uncertain as to how he/she should react because of his/her own conflicts about blindness which dominates the attention. The counselor remains in an awkward position of wanting to help but being reluctant to offer or not knowing how to help and then reluctant in asking the client.

Another situation which counselors must modify is their traditional ways of giving nonverbal cues particularly where nonverbal communication is involved (e.g., nonverbal cues such as eye contact, nodding of the head, glancing away as one collects one's thoughts, etc.). Counselors make use of these nonverbal cues, although they are not conscious of them. When they are no longer functional, the counselor becomes ill at ease without realizing why. Wright (1974) said it would be respectful and appropriate for the counselor to look directly into the face and eyes of the client just as if he/she were fully sighted. She noted that blind clients are often aware that counselors are not looking at them and they get the impression, which may be true, that the counselor is not listening.

Another counselor tradition that needs modifying, since the usual eye contact and other nonverbal communication is not effective, is for the counselor to use more "yes's" and "umhum's." Silence over a considerable

period of time often takes place in counseling sessions, but when the counselor is working with a blind client, silence may be interpreted at times as disinterest or rejection. Counselors should also be particularly careful about shuffling papers, tapping pencils on the desk, or making other sounds that are distracting.

The sighted world reacts to the blind in avoidance and discrimination basically by stereotyping. Allport (1954) defined stereotype as an exaggerated belief associated with a category. He says the power of stereotyping is a device for rejecting an individual on the basis of his membership in certain categories. He writes that stereotype plays an important role in prejudice and blind people are victims.

Both Dembo (1956) and Wright (1960) mentioned how humans tend to draw inferences about a person based on a single, prominent characteristic of that person. People may feel that blind people are not only visually limited, but they may also have the mistaken idea that disability is also associated with one's general health, emotional maturity, etc. Wright (1974) felt that as long as a counselor was locked into the belief that a blind client can only fumble and stumble, he/she will not notice evidence to the contrary. A great deal of effort seems directed toward maneuvering blind clients into a pattern

of adjustment that conforms to the counselor's notion of appropriate blind behavior. Counselors should remember that each client is an individual and should be accepted for precisely what he/she is worth. It is essential for the counselor to master the background data prior to the interview and establish a relationship of confidence by words and manner. He/she should separate facts from inferences and get to relevant facts without undue confusion.

A counselor may experience guilt that he/she ought to accept and help someone who is regarded as less fortunate. He/she may try to abort guilt by avoiding situations that give rise to moral conflict. He/she may, then, only make gestures toward acceptance and helping. A counselor cannot help the client if he/she does not believe in that individual; therefore, he/she should look beyond stereotypes and help the client develop untapped potential. If the counselor cannot get beyond stereotyping himself, how can he/she appropriately convey to society that the client is capable of functioning as an individual?

In order to have a good relationship with a counselor, the blind client has to have a healthy attitude of his/her blindness. The client has to see him/herself as a healthy individual and be positive so that he/she is not using

his/her blindness as scapegoating or as a defense mechanism. The client can also alleviate some of the discomfort a counselor may feel by helping to minimize the strain. Blind clients need to remember that counselors do not have answers to all problems.

One of the most common reactions of the sighted world in even the most superficial contact with a blind person is a feeling of pity and sympathy. These appear to be the most socially-accepted reactions toward blind people.

Routhand Thomas (1970) felt that pity and sympathy have absolutely no place in any program of counseling for the blind. They noted that an empathic understanding of the problems of the blind holds a definite place in a counselor's equipment. A blind person needs to feel that he/she is a human being and that self-pity only further reduces motivation and mobility. The counselor must maintain an assisting role in helping to solve the client's problems. No counselor, regardless of his/her training experience, or skill in dealing with human nature, should tell a client how to live or run his/her life.

All counselors should have certain personal qualities to assist in his/her work and hopefully benefit the client. Routh and Thomas (1970) expressed ten basic qualities a counselor should possess in counseling blind clients:

- a) The counselor should be patient.
- b) The counselor should have a sincere and genuine interest in the client.
- c) He/she should be imaginative because it is more effective than textbook theory.
- d) He/she should have a reasonably good memory.
- e) He/she should have the ability to interpret things told him/her by the client, even if it is conveyed by a gesture.
- f) He/she should be persistent in his/her efforts.
- g) He/she should be objective.
- h) He/she should have the ability to absorb facts in an impartial manner.
- i) He/she should be at ease with the client.
- j) Above all, he/she must relate to the client in a meaningful fashion.

In conclusion, the review of literature has identified how many counselors tend to display negative attitudes toward blindness. It is difficult for some counselors to cope with the word "blind." Many experience difficulty in allowing clients to make final decisions. Another problem discussed was stereotyping, which tends to further impede the client's progress.

CHAPTER THREE

Procedures and Findings

In the course of this research two surveys were developed and administered, one to sighted counselors and one to blind clients. The survey sent to the counselors included five questions eliciting comments and recommendations. The survey sent to the blind clients included two questions, also to elicit comments and recommendations (See Appendix A).

Sighted Counselor Survey

The survey was sent to practicing counselors in Iowa, Nebraska, California, Hawaii, New Mexico, Pennsylvania, Arkansas, and Arizona. Their fields of specialty included vocational rehabilitation, alcohol/drug abuse, social work, mental health, physical rehabilitation, and vocational counseling. It was also sent to the Commission of the Blind. Seventy-five surveys were sent and 28 were returned. The returned surveys represented all of the fields and states listed above. The responses indicated a wide range of comments such as "pity," "discomfort," "empathy," and "much ease in working with blind clients."

In order to explore the premise that sighted counselors are able to work with blind clients with empathy, questions used in this survey were devised using Truax and Carkhuff's (1967) definition of empathy. They defined empathy as "the ability to perceive the client's world as though it were his own and to move about in it freely. The counselor experiences an accurate, empathic understanding of the client's awareness of his/her own experience" (p. 373). This definition is the most concise and inclusive of those which were considered by the researcher. The questions were designed to ascertain what difficulties sighted counselors encountered in working with blind clients and what suggestions they might offer to improve the counseling relationship. Two questions, (numbers 2 and 3), were designed to measure on a scale of 1-7, the degrees of empathy and discomfort experienced by the counselor working with blind clients. The survey was designed to discover what difficulties exist in the counseling relationship and what problems are most prevalent in order to offer concrete suggestions for the improvement of the counseling relationship.

In response to question number 1, there were many who had never worked with blind clients, but there were also some who had considerable experience working with blind clients. Four counselors stated that they had never

worked with a blind client and four stated that they had limited experience (less than five blind clients). Two counselors wrote no comments but completed the questions which included a scale. One counselor completed no part of the survey, but wrote a comment explaining his lack of response. One counselor added the comment that his responses were based upon 23 years of work with blind clients.

The two questions which used a scale for response and did not elicit written comments will be discussed first. These questions dealt with the degree of empathy experienced and the degree of discomfort experienced by the counselor. The format and scale used were:

2. Using the scale below, please indicate the degree of empathy you feel toward blind persons.

	Pity	1	2	3	4	5	6	7	None	Empathy
	←—————→									
RESPONSES	2	0	2	5	5	10	5		1	

3. To what degree do you feel discomfort in a counseling relationship with a blind client?

	High	1	2	3	4	5	6	7	None	Low
	←—————→									
RESPONSES	0	1	3	2	6	5	9		3	

In responding, one counselor answered by encircling both #1 and #6 on question number two. Another counselor responded with both #2 and #3 on number two and another with both #3 and #4 on question number three. On question

number 2, 18 responses indicated moderate to high empathy (5-7) and 9 responses indicated moderate to high pity (1-4). On question number 3, 18 responses indicated moderate to high comfort (5-7) and 6 responses indicated moderate to high discomfort (1-4).

Slightly less than half of the responding counselors fell into the middle range on both questions. Because the middle range on most surveys indicates a neutral stance, this may indicate an uncertainty on the part of these counselors as to their feelings and attitudes toward blind clients. This may also indicate an ambivalence between feelings of empathy and pity and uncertainty of the definitions and practice of each. This is shown by the fact that only four counselors encircled response #7 as indicating a very high level of empathy with blind clients. This is also illustrated by the comments elicited by the remaining three questions.

The responses to question number 1, which asked what difficulties the counselor had encountered in working with blind clients, ranged from no difficulties to personal fears and problems of expectations on the counselor's part. The counselors responded with comments on their own attitude and that of the client; sometimes indicating a need which the client had, sometimes one which the counselor had.

Among the practical matters mentioned as difficulties by sighted counselors were transportation, paperwork, examinations, and visual materials used in working with blind clients. One woman working in a vocational-technical institute stated that the two blind clients with whom she was in contact were discouraged by the lack of Braille materials and the visual teaching methods.

On the surface, these practical matters appear to be highly problematic but can actually be resolved without considerable difficulty. The counselor may have to expend additional energy and effort in order to procure materials or give examinations or paperwork verbally, but this can be done without great stress. The primary function of a counselor is to enable the client to become a healthy individual, and part of the process is overcoming practical difficulties. Any counselor who decides to work with blind or other handicapped people must be willing to take the responsibility for making practical adjustments and take the necessary risks to assist the client. A counselor must assess the actual needs of the clients with whom she/he plans to work and be willing to meet those needs in a realistic and helpful way. If a counselor is not willing to meet the practical needs for adjustment in routine or acquiring materials for blind clients, perhaps she/he should work with other types of clients.

The counselors who commented had some personal concerns, primarily about non-verbal communication. Three counselors indicated that the client's inability to see non-verbal cues were difficult for the counselor, and that the need to be more verbal was also a concern. One counselor indicated an embarrassment in using sighted words (e.g., "see," "look into that," and "see you later") with blind clients.

These concerns are not as important as they seem. A client usually can pick up the counselor's attitude toward him/her from the counselor's tone of voice. The counselor sometimes lets pity overwhelm his/her judgment because they are not aware that the client is not sensitive to another individual using sighted words such as "see you later." Some counselors do not realize just as non-verbal communication is irrelevant when counseling over the telephone, so is it when counseling a blind client.

Counselors need not stay away or become embarrassed from sight related words, for those are a valid part of the blind's language. Many blind people use sighted words in their own speech with no discomfort, but discomfort felt by the sighted in using these words indicates an overconsciousness of the handicap and a patronizing attitude.

Two differing concerns which emerged were the lack of confidence and over-confidence for the client. The first implies a lack of belief in the client's ability to function while the latter indicates too great attribution of skills, maturity, or abilities to the client. One counselor stated that a concern is "overlooking the handicap so thoroughly as to have to be constantly reminded that the individual is actually blind." It seems that if an error is to be made in either of these two areas, the latter is better for it encourages the client to stretch and grow whereas the first area cripples.

The blind client, when properly instructed and assisted, can function normally and efficiently. Blind clients know their own limitations and the counselor's role is to help the client explore his/her own capabilities. Each individual needs encouragement and assistance to realize his/her potential, whether blind or sighted, but must neither be held back and protected nor forced to do more than is possible for his own circumstances.

In considering the clients, the counselors found difficulties in motivation, work incentive, and expectations of the client. A resistance to control one's own life was mentioned by one of the counselors and that statement sums up the comments made by the other counselors about the clients. These counselors saw a lack of

motivation to take responsibility for themselves as a major difficulty for clients. One counselor viewed work incentive as a problem particularly evident in those with "social security disability or Veteran's Administration assistance." An underlying problem seems to be the client's lack of believe in him/herself which leads to lowered expectations from the client and from those around him/her.

Sighted counselors also felt that blind clients lack belief in a non-handicapped counselor and felt a need to make the client more comfortable and to reduce the discomfort. This may be an initial problem, but can easily be talked through in the first few sessions with the client. If rapport is established, trust is likely to follow whether the counselor is handicapped or not.

Question number 4, How do you deal with conflicts in communication with the blind, elicited a range of responses from "no conflicts experienced" to listings of techniques used. Seven counselors stated that they had no conflicts; other counselors did not answer the question. Ten counselors indicated that they dealt with the conflicts in the same way as in any other counseling situations. One counselor wrote, "The blind are no different than other human beings with whom I have counseled over the years." Another counselor stated, "I don't see any

conflicts in communication with the blind. The only conflicts I see are the usual kinds of conflicts that two people have in communicating--occasional misunderstandings, disagreements, etc., which are to be expected and are healthy."

Some of the techniques which counselors indicated that they used stress clarity in speech and honesty. Encouraging the client to be verbal and to talk out any difficulties which arise openly and honestly was indicated as a useful technique. Two counselors stressed repetition by the client to clarify feelings and needs as important to communication. Detailed explanations and clear specific messages were mentioned as important both for the client and counselor to use.

One counselor stated, "I try to really listen--beyond the spoken word and then tell it like it is." This statement implies that empathy is vital to the counseling relation, and that listening for what lies beyond the "content" of the message is important. It also stresses honesty with the client, without which trust cannot be established. Question number 5 dealt with, As a counselor, what suggestions can you offer to improve relationships and communication with blind clients? The responses varied from practical and educational measures to descriptions of a proper "counselor attitude."

The more practical suggestions dealt with office space, literature, and training for counselors. It was recommended that the office be uncluttered and easily accessible to the blind client, providing an open atmosphere and a feeling of closeness. Counselors advised that those working with blind clients be familiar with community resources and organizations which could benefit their clients. One counselor encouraged other counselors to join organizations for the blind and to listen to what the members said in order to better understand blind people. Another counselor indicated that a greater availability of self-help books in Braille would be helpful.

The majority of counselors who responded to this question indicated that honesty and acceptance are important aspects of a counselor's attitude. The counselor needs to listen to the client and respond in an honest and open way. The counselor also needs to "deal with the blind client as a person who happens to be blind, rather than as a stereotyped 'blind person.'" Several were in agreement with this statement, emphasizing the need to view the blind client as an individual first and to accept that person as a fellow human being. Capabilities need to be emphasized and limitations acknowledged and worked around. The counselor needs to search out the client's strong areas and build them up, rather than emphasizing the handicap.

Counselors may be assisted by courses in handicap awareness or by role play situations. One recommendation was that counselors engage in "trust-walks" or blindfold walks, in which they get a short-term experience of limited vision. This experience builds a sense of empathy for the blind, as it increases awareness on the part of a sighted person of how one must function without vision.

An interesting comment was made by Larry Sweet, counselor at the Northeast Council on Substance Abuse in Waterloo, Iowa. He stated:

I have never worked with a sight handicapped person in a counseling situation. None of the other counselors in our agency have worked with blind clients. I believe that substance abuse problems are often overlooked or 'covered up' when dealing with other emotional and living problems of handicapped people.

This is an interesting point, and well worth considering further, but is beyond the scope of this research. Some surveys which were administered as part of this research were sent to other substance abuse treatment facilities, and were returned with responses indicating limited or no contact with visually handicapped persons. These support Mr. Sweet's statement, which could lead to further research.

Most of the comments elicited by this question could easily apply to any client/counselor relationship. The basic tenets of a counselor/client relationship are

trust, openness, honesty and empathy. An acceptance of the client where she/he is and a nourishing of strengths in the client is fundamental to the therapeutic relationship in any counseling situation. Thus, these comments serve to underscore the point that blind clients differ very little from any other client, and need few "special" techniques.

The comments elicited from the counselors indicated that sighted counselors can counsel blind clients with empathy when they maintain a positive attitude toward their clients. Problems which occur are primarily the counselor's problems of discomfort with handicaps and unwillingness or inability to view the client as a person, rather than a stereotype.

While these surveys point to some conclusions concerning the sighted counselor's abilities to work with the blind, the study can be improved by a long-term approach. The long-term study of client/counselor relationship could be extremely beneficial to both clients and counselors.

Blind Client Survey

A discussion of the survey administered to the blind will further develop the thesis that sighted counselors can counsel blind clients with empathy. Of twenty-two surveys sent, 14 were returned (See Appendix B and C for client's responses).

The survey was administered to blind people with the cooperation of the Iowa Commission for the Blind. This survey asked two general response questions which elicited comments. The first question read: What qualities do you desire a counselor to have in order to best help you?

In response to this question, most respondents stated that understanding was their top need in a counselor. Only two respondents felt that another blind person could understand better, while some felt that understanding combined with other traits was essential.

The respondents also regarded patience, open-mindedness, caring, and being a good listener as very important. As all of these characteristics help build the sensation of understanding between client and counselor, it is clear that they contribute to the necessity of the first trait listed by the respondents.

Many respondents stated that their counselors should be especially competent in the practical areas of job placement, assisting the client to enroll in schools, and locating resources which the client may need. One respondent stated,

I also would want them to be responsible enough to let you know what you are supposed to do in communicating with libraries and schooling facilities; how to prepare for them and use them to your advantage.

Some respondents stated that the counselors should show interest in the client's occupational interests and assist them with procedural matters involved with entering schools or finding jobs. The counselor should know the resources of the community well and be able and willing to direct the client to whatever groups or organizations may be most beneficial.

The promptness, availability, and flexibility of the counselor were also important qualities stressed by the respondents. The counselor should be available when needed and should be prompt to appointments. The counselor should provide enough time for counseling sessions and not have to cut a client off abruptly. The counselor should be flexible with time and schedules, working to meet the client's needs for time and sessions.

Respondents also stated that they value a counselor with common sense who has realistic expectations for the client. It appears important that the counselor help the clients set goals and work to achieve them, but that these be realistic goals and within the capabilities of the client.

Of the blind people who responded, stated, or implied that they preferred their counselors to treat them with intelligent caring, empathy, two stated that their counselors should also be a friend and one stated that the

counselor should treat the client "as a friend not as a number." The attitudes of caring, understanding, patience, and listening are qualities of a good counselor, and of basic human decency. These respondents are stating indirectly that they want to be treated as any other person is treated, with human concern and as human beings.

The second question asked, What do you dislike in the way a counselor works with you. Only two respondents had no complaints and much praise for their counselors. The majority of respondents had many complaints.

The most significant area of dislike in the way a counselor worked with the client was that of the counselor's being too directive. Eight respondents indicated that they did not like counselors who imposed their own goals and expectations on the client. These respondents disliked counselors who expected clients to do things in the way the counselor thought was correct. One comment on this reads: "I dislike counselors who try to make decisions for me in an attempt to avoid my making the wrong decisions. You have to try, and fail, on your own. Or, you have to succeed on your own."

Some respondents also disliked counselors who were overprotective and overly-sympathetic. This feeling relates to the dislike of the counselor-imposed goals,

which protect the client from possible failure and from "wrong" decisions. Some respondents complained that the counselors were not understanding enough or did not really listen.

The problem of counselor-imposed goals, lack of understanding, and lack of listening to the client all point toward an attitude of superiority and a tendency for the counselor to rate him/herself much higher than the client. One respondent commented on this attitude saying, "I dislike counselors who look upon the work they do as noble. That kind of attitude implies that you are working with clients that are less than desirable; that extraordinary patience and effort are required."

Another area of complaint was time that counselors spent with clients. Many respondents felt that the counselors were only available when it was convenient for them, and that counselors did not make efforts to see clients when the clients had the time. Some respondents complained that the counselors didn't spend enough time with them and cut them off short. Other respondents complained that when counselors made home visits, they did not check ahead to see if the client would be in or available.

I dislike the irresponsibility of a counselor in that they don't call you ahead of time before they come to your area

so that you can be home or don't have plans made. I also dislike that if a counselor misses you when they are in your area, they don't bother to contact you until the next month. They don't seem to be consistent.

For instance, one respondent stated: "My counselor doesn't check with me ahead of time to see when I am home and if she missed me it seems to be my fault; which I would argue with."

This lack of time and inconsideration of the client's schedule and needs points to two differing problems. One is the overworking of a counselor with too great a case load. The other is the negative attitude of a counselor toward the blind, implying that they are always available, cannot go somewhere else, and should sit idly and wait for counselors' impromptu visits. Of the negative attitudes portrayed, it seems that the first is a more likely reason, for it seems improbable that counselors with overly negative attitudes toward blind persons would care to work only with them. However, busy as a counselor may be, considerateness is not impossible and can only express caring for the client. Warmth and empathy can be expressed in a three minute phone call to set up an appointment.

One respondent stated that what was disliked was the counselor's "not reaching beyond the blindness to

the whole person." This seems to be the core of the problem of overprotectiveness and patronizing attitudes.

As the responses of the clients and counselors are analyzed, some similarities occur. Both stress the need for a counselor to be caring and empathic. Both sense that the client and counselor need to communicate with openness and honesty. But where the counselors view the clients as under-motivated and prone to self-pity, the clients view the counselors as pushing goals upon them. Perhaps clients need time to make their own decisions and mistakes, time to explore their capabilities and to find their talents. Resources should be readily available to them, and they should be provided with information and help which they desire. This enables those who wish to use it to grow and to expand their capabilities.

Some comments from both counselors and clients indicate that frequently counselors overemphasize the blindness of the client. One respondent commented that a counselor problem is "assuming that all problems are due to blindness." Blind clients may seek counseling due to other problems or situations besides their blindness. If a counselor cannot see more than the client's blindness, the counselor has a problem in labeling the client and is unnecessarily limited him/herself.

Any counselor who wants to work or is involved in working with blind clients must have a proper attitude toward the blind. The counselor must go beyond sympathy and the desire to protect the client to an earnest desire for the client's growth. Growth cannot occur in a static and secure environment. The counselor must be able to see the whole person and encourages growth. If the counselor cannot counsel the blind client with empathy, with a positive attitude toward blindness and an understanding of blind clients, perhaps that counselor should refer blind clients elsewhere.

CHAPTER FOUR

Summary and Recommendations

This research was begun because of a personal interest in the topic, as I am a blind person. I wanted to explore through surveys and literature the various communication difficulties existing between the blind and the sighted in the counseling situation. In working with my own counselor, who is also blind, I experienced many difficulties in communicating, but experienced none which I had not encountered previously with either sighted or blind persons. I discovered that difficulties in communication exist between persons as a matter of fact, regardless of visual ability.

Summary

It was not the intent of the research project to criticize counselors who are sighted and are working with blind clients. It was developed to get input from both sighted counselors and blind clients in order to strengthen relationships. The input from counselors was necessary to gain a working definition of empathy from those in the field and to obtain the feelings and impressions of the counselors concerning blindness and blind clients. Most research states that the counselors

who are not blind have difficulty empathizing with blind clients, and that the clients have difficulty empathizing with sighted counselors.

The research also pointed to stereotyping of blind people by counselors. This phenomenon tends to handicap the counselor's effectiveness in dealing with the whole person. Blind people are a heterogeneous group with only the physical handicap in common. Therefore, they cannot be grouped by handicap alone. Certainly, difficulties in communication will naturally exist between the blind and the sighted counselor, but they should not be allowed to become barriers.

Failure and success in communication can be potential assets as each leads to growth in both client and counselor. The client learns from the counselor as communication is sought and achieved, and the counselor learns from the client also. Difficulty which is faced and appropriately dealt with, leads to growth.

This research may be viewed as a springboard toward further and more extensive research. The sample used in the research was limited, and one must therefore be cautious not to infer broad generalizations from the data. Further research would benefit from a longitudinal approach which could follow counselor and client progress over a longer period. This would possibly express a shifting in

attitudes toward blindness on the part of the counselors, and could reflect learning which occurs as work with blind clients is done over a period of years.

A very small sample of blind clients from only one institution was used in this research. The number and availability of the clients surveyed was problematic due to confidentiality requirements at the agency at which the clients were located. A larger sample with greater geographical variety would be beneficial to the research, and a follow-up survey periodically could also be helpful to monitor the growth and perspectives of these clients after the counseling relationships are terminated.

This research pointed to two primary needs for those working with blind clients: a non-judgmental attitude and a conscious rejection of any inclination toward pity. Blind clients need to be regarded past their physical handicap, and helped to assume self-responsibility and self-confidence. Such a client does not need pity, but does need to be able to adjust to reality and what is possible to achieve in life. His or her strengths need to be encouraged, capabilities explored, and potentials acted upon.

Recommendations

After researching the literature and survey, then coupling it with my own personal experiences, these

recommendations are suggested. The counselor should set up certain awareness goals when he/she counsels blind clients. The goals are as follows:

1. The counselor should become aware of his/her and others' attitudes and views toward blind clients.

2. The counselor should become aware of myths and stereotypes he/she may hold about blind clients and be willing to change them.

3. The counselor should become aware of the blind client's uniqueness. He/she has untapped potential which needs developing with the counselor's assistance.

4. The counselor should become aware of his/her services as viewed by blind clients.

5. The counselor should develop a realistic plan of action aimed toward greater contact.

6. To change attitudes toward blindness is to improve the way in which blind people are viewed and treated.

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APPENDIX A

Blind Client Survey

I am a blind graduate student at the University of Northern Iowa. The topic I have selected for my research paper is to attempt to investigate how effectively sighted counselors empathize with blind clients. In order to gain a valid definition of empathy, some input from blind people would be helpful and would make the project more successful. To gain necessary responses, it would be helpful if I could have answers to the two questions following. Your assistance is gratefully appreciated.

What qualities do you desire a counselor to have in order to best help you?

What do you dislike in the way a counselor works with you?

APPENDIX B

Client's Response to Question Number 1

Question number 1, What qualities do you desire a counselor to have in order to best help you?

- 1) "A counselor should be understanding and caring. They should have a basic understanding of blindness. They should be hardworking, reliable and trustworthy."
- 2) "Availability; knowledge; ability to take guff-complaints and even personal criticism; ability to roll with the punch, and to treat client's complaints calmly and rationally, with some ability to discern what really is bugging the person; willingness to let client explore his own ideas."
- 3) "Have patience and understanding, to put it bluntly they should go with the flow and not make waves."
- 4) "Open mindness, good listener, positive attitude about blindness and life in general, realistic expectations."
- 5) "I think a counselor should have a good understanding of an individual's problems and treat you as a friend and not just a number. He should be willing to help you get set and reach the goals you have set for yourself."
- 6) "A counselor should be prompt, one who is easily available to counsel with if a problem arises, one who has plenty of time for the counseling session."
- 7) "I understand you are Blind yourself and I feel this a quality one should have in working with the Blind. All to often we work with people who know nothing about inner feeling of blindness and as a counselor you would know a lot more about it."
- 8) "Honesty, empathic mind, promptness, and the ability to see a task through to final completion. One that will do what he says he will do when he says he will do it."
- 9) "Intelligence, understanding, good at job placement, patience, experience, give pertinent information."

- 10) "The most important quality is a good understanding of blindness and a positive approach to the problems blind people encounter. It is important that a counselor not limit a client by passing on any preconceived notions he/she might have about the capabilities of blind persons. Counselors cannot, nor should they try to make decisions for their clients. They should be a resource, support system, and source of encouragement."
- 11) "A counselor needs to have the ability to listen with a caring ear and an open mind for many different situations. I feel that they should also be flexible enough to set a schedule to see you around a certain time every month or whenever you can arrange a meeting."
- 12) "I feel that a counselor should be able to or needs to be able to understand another's feelings and ideas. A counselor should or must be able to recognize the fact that a blind person needs to be able and should be afforded the opportunity to let his or her ideas and or feelings be known. He should be open-minded and willing to listen."
- 13) "The qualities I like are competence, caring and creativity. A counselor needs to have helpful resources to share with his clients. A good counselor should be able to help motivate a client toward a reachable goal."
- 14) "I think a counselor should at least show some interest in the occupation of the person that the counselor is counseling. The counselor should at least be able to help a person get enrolled in a college or trade school. He should at least be a patient person, and understanding person. The counselor should be able to help or give advice to a student. The counselor should be a person who has at least some common sense."

APPENDIX C

Client's Response to Question Number 2

Question number 2, What do you dislike in the way a counselor works with you?

1) "I dislike a counselor who just takes over and runs the show. I dislike it when they act as though they know what's best for you because they are the counselor."

2) "Attitude that everything must be the counselor's way, or else! Feeling that the counselor knows best, and the client is too ignorant or unqualified to have an opinion worth listening to."

3) "I dislike the way some will always expect a blind person to do all things in the way they may feel is right. Although this may only seem harder to me."

4) "Too much sympathy, overprotection, not reaching beyond the blindness to the whole person, assuming all problems are due to blindness."

5) "I feel a counselor should not just try to push his ideas on you and just do what he wants. A counselor should not be making remarks that can hurt your progress rather than help it."

6) "Not being available when I need the counselors, doesn't always have the information I am looking for, needs to have more time to spend with me and not cut me off short, needs to be more prompt, there is too much red tape to go through sometimes."

7) "I don't feel I can answer this question because I have known my counselor I dislike nor have been around them enough to give any judgment one way or other."

8) "Inability to listen, I dislike sympathy, don't patronize me."

9) "Not friendly enough, lacks experience, lack patience, lack intelligence, didn't try to understand me, imposed his goals on me."

10) "I dislike counselors who try to make decisions for me in an attempt to avoid my making the wrong decisions. I dislike counselors who look upon the work they do as noble. That kind of attitude implies that you are working with clients that are less than desirable, that extraordinary patience and effort are required. I dislike counselors who pamper their clients."

11) "I dislike the irresponsibility of a counselor in that they don't call you ahead of time before they come to your area so that you can be home or don't have plans made. I also dislike that if a counselor misses you when they are in your area, they won't bother to contact you until the next month. They don't seem to be consistent."

12) "I have found that it takes a mighty special person to understand what a blind person faces in the way of obstacles. Most counselors can be very obstinate as I have found out. Even some Vocational Rehab. counselors can be an ass. Then they turn around and say "If you're not willing to do your part and try too work with the system, how can you expect the program to do anything for you.""

13) "I have no complaints but only praise and admiration for my counselor. I only wish all counselors were as competent as I feel mine is."

14) "There isn't really anything that I dislike about the way my counselor works with me."