THE DISABLED WIFE AND MOTHER: SUGGESTED GOALS FOR FAMILY COUNSELLING

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Abstract

The purpose of this article is to provide guidelines for counselling families in which the wife/mother is physically disabled. Common psychological reactions to disability are briefly discussed, followed by four goals of a counselling relationship with a family in which the wife/mother is disabled. These goals include: (1) helping the family accept the disability; (2) helping family members accept their feelings; (3) helping the family understand the psychological factors which affect adjustment; and (4) helping the family redefine the family relationship. It was concluded that once these goals have been achieved, a family with a disabled wife/mother can be treated in the same way as any other family requiring counselling.

Résumé

Cet article propose une ligne de conduite à adopter lorsqu'un conseiller travaille avec une famille dont la mère ou l'épouse est atteinte d'une infirmité physique. On présente les réactions psychologiques communes face à une infirmité. On élabore ensuite les quatre buts qu'un tel genre de consultation devrait poursuivre. Ces buts sont: 1) aider la famille à accepter l'infirmité; 2) aider les membres de la famille à accepter leurs réactions face à cette infirmité; 3) aider la famille à comprendre les facteurs psychologiques qui affectent l'adaptation; 4) aider la famille à redéfinir la relation familiale. Une fois ces buts atteints, on peut traiter une famille dont la mère ou l'épouse est infirme de la même façon que toute autre famille ayant besoin de consultation.

Recent years have seen expanding interest in research into the psychological impact of physical disability. Extensive reviews of the literature are provided by Janis and Leventhal (1965), McDaniel (1976), Pulton (1976), and Stubbins (1977). Although some works have focussed on counselling people with disabilities (Buscaglia, 1975; Vargo, 1978b), the strategies suggested have been general in nature. The purpose of this article is to offer guidelines for counsellors who deal with families in which the wife/mother experiences decreased mobility due to a physical disability. Some general considerations are discussed, followed by four goals of the counselling relationship.

SOME GENERAL CONSIDERATIONS

It is generally acknowledged that people who suffer traumatic disabilities react by going through three discrete, but often overlapping, stages of psychological development (McDaniel, 1976; Vargo, 1978a, 1978b; Wright, 1960). Because the loss of previous function may be perceived as analogous to loss of life, these stages are similar to those experienced by people who discover they have a terminal illness (Kubler-Ross, 1970). The stages are denial, mourning, and adjustment.

Denial: In the denial stage, the individual refuses to acknowledge the existence of the disability. For example, a woman who has been paralyzed by a car accident may insist that the paralysis is only temporary despite all medical evidence to the contrary. Denial seems to serve a protective function in that it protects the individual from the psychological devastation that would result from facing medical reality. The value of denial in disability has been extensively discussed (Dembo, Leviton, & Wright, 1956; McDaniel, 1976; Simon, 1971; Wright, 1960). Marmour (1974), in discussing the emotional reaction of cancer patients, claims that denial may last days or weeks.

Mourning: Once the individual is prepared to acknowledge the reality of being disabled, she moves into the stage of mourning. Common reactions in this stage are anger, hostility, grief, and depression (McDaniel, 1976; Simon, 1971; Sofilios-Rothschild, 1970; Wright, 1960). According to Simon (1971), the mourning stage may last from six months to one year.

Adjustment: In this final stage, the person becomes generally self-accepting and begins to devote more energies toward learning productive, self-enhancing strategies for dealing with difficulties encountered as a result of the disability.

It is important for counsellors who deal with disabled persons and their families to understand these stages of emotional reactions to disease and injury. The implications of the stages for counselling a person with a disability have been discussed elsewhere (Vargo, 1978b). What will be discussed now are four goals of a counselling relationship with a family in which the wife/mother is disabled.

GOALS OF COUNSELLING

1. Helping the family accept the disability

Before a family can provide the disabled wife/mother with the emotional support she will need to help her adjust to her new life, the family members must themselves accept the reality of the disability.

An important factor in family acceptance is understanding of the medical condition. The counsellor, through close liaison with the family physician and the rest of the rehabilitation team, can be instrumental in fostering understanding and acceptance by the family. Some questions the counsellor may need answers to include the following. What is the nature of the disability? Is it progressive or stable? To what extent will mobility be restricted? Does the disease process manifest itself in such psychological effects as cognitive impairment or personality change? The counsellor should be aware, for example, that multiple sclerosis is often accompanied by cyclical periods of euphoria and depression, or that a person who has suffered a stroke (cardiovascular accident) may exhibit personality changes depending on the location and severity of brain damage. The counsellor need not be well schooled in medical pathology to provide this service. Consultation with the family physician should provide adequate grounding to reacquaint the family with information they have probably received from the medical team.

The counsellor may also want to check whether the home requires modification to make it accessible or more manageable for Mother. The aid of a physical or occupational therapist willing to make a home visit will be valuable here.

These concerns, mostly of a medical (physical) nature, are extremely important for the adjustment of Mother and family. Of equal importance, however, are the feelings the family members have about the disability, Mother, and themselves.

2. Helping the family members accept their feelings

Disability in a family member brings with it conflicting and often contradictory emotions. Skipper, Fink and Hallenbeck (1968) found that disability often has a different psychological meaning for each person in the family. For instance, the disabled mother may feel devalued as a person. Feelings of shame and inferiority may be accompanied by self-pity and hope for a miraculous cure. Father might experience sympathy and overprotection mixed with resentment and guilt about being nondisabled. Young children are often curious about Mother's condition and may feel some fear and aversion towards the disability, particularly if it is accompanied by disfigurement. It is important for the counsellor to help all family members explore, understand, and accept their own and Mother's feelings as a result of the disability.

Family members often feel they are somehow responsible for the disabled person's condition. This sense of responsibility can be accompanied by guilt, fear, and a refusal to face reality. In a discussion of family reactions to the medical treatment of patients with cancer, Marmor (1974) writes: "In some situations, reassurance that they are not responsible through inattention or neglect for the patient's illness may be an important ingredient in enabling them to face it" (pp. 66-67).

3. Helping the family understand the psychological factors which affect adjustment

It is important for the family to be aware of the general considerations discussed earlier as they specifically relate to Mother. (For more information on how this may be accomplished, see Vargo, 1978b). Further, the counsellor may explore what Buscaglia (1975) considers to be the five major factors influencing adjustment to disability in adulthood. Buscaglia (1975) discusses these factors in terms of changes in a disabled person's life as a direct result of the disability. Here each of the changes is presented as it relates to a disabled wife and mother.

a) Changes in intentions of others

The family should realize that because Mother is now less independent (or healthy) than she was previously, many people will view her as being a totally different person. They may feel uncomfortable in her presence and express their discomfort in a variety of ways ranging from total avoidance to blatant pity. Pity is perhaps the most destructive reaction in that it can foster the creation of a negative self-image. Such is the case when Aunt Martha lets Mother know that because she can no longer devote her total energies to the family, Mother is not only less of a wife and mother, but also less of a person. The danger lies not only in

Aunt Martha's specific comments but in the cumulative effects of messages which tell Mother that because she cannot function as she used to, she is now worthless.

b) Changes in value system

The counsellor can assist the family in helping Mother become less concerned with comparative values and more oriented toward asset values (Dembo, Leviton, & Wright, 1956; Wright, 1960). Some people gauge self-worth largely through comparisons with others; such comparisons are logical extensions of our competitive society, a society which worships what the writer previously called "the ideology of normality" (Vargo, 1978a). If Mother measures her worth solely by the yardstick of "normality", she is doomed to perceive herself as being inferior. If, however, with the help of her family, she can learn to appreciate and respect her qualities with little regard as to how she measures up to others in those qualities, she will perceive her qualities as asset values. The result will be enhanced feelings of self-worth.

c) Changes in physical expectations

As mentioned in the discussion of helping the family accept the disability, it is important for the family (in conjunction with the medical team and the counsellor) to help Mother assess not only what abilities have been lost as a result of the disability but also what abilities are left. Everyone has limitations. What is crucial here is that Mother see that there are things she can still do and more that she can learn to do if she devotes her energies to focussing on strengths rather than liabilities.

d) Changes in perception

Buscaglia (1975) is talking here about perception in terms of the five senses. If hearing is impaired, for example, Mother requires help and support in learning how to use her existing senses more fully. As an illustration of how the nondisabled are unaware of their own impoverished functioning, Buscaglia (1975) relates the following exchange.

> I had a blind friend once ask me, "Have you ever heard a sunrise?" When I answered "No", he said "Pity!" (p. 218)

e) Changes in occupation

If Mother was previously employed and is now physically incapable of resuming her former work, she may require vocational assessment and counselling to help her choose, and perhaps train for, a new occupation. As with anyone who undertakes a new job, the disabled wife/mother will benefit from family help and support. Further arrangements may have to be made for housekeeping responsibilities, transportation, and many other logistic considerations. The important point here is that both Mother and her family should realize that, except in rare instances, her disability should not prevent her from continuing with gainful employment should she choose to do so.

4. Helping the family redefine the family relationship

The introduction of a disabled person into a family inevitably produces a strain on the relationship. If Mother becomes disabled, family members are affected individually and the dynamics of the family as a social system are also altered (Skipper et al., 1968). However, that is not to say that the marriage is necessarily jeopardized. Skipper et al. (1968) conducted an intensive study of 36 disabled women ranging in age from 21 to 60.

Their findings included the following: (1) There was little relationship between severity of disability and wives' expressed satisfaction of everyday needs; (2) There was little relationship between severity of disability and wives' satisfaction with marriage; and (3) There was a strong relationship between expressed need satisfaction (according to Maslow's need theory) and marital satisfaction for both husbands and wives. An important implication of this study for counsellors is that we cannot predict, with any degree of certainty, that marital satisfaction (for husbands or wives) will decrease as a result of the wife becoming severely disabled. On the contrary, Skipper et al. (1968) state that minor disability in wives may produce more problems than severe disability due to greater role ambiguity. This is consistent with Wright's (1960) concept of marginality which refers to the number of behavioural options open to the disabled person. Some disabilities (e.g., cardiac conditions) are less visible than others and thus the person may push to hide the disability, thereby frustrating adjustment. On the other hand, when a disability is such that it is impossible to conceal it from others, the individual has little choice but to try to accept him/herself as a person with a disability.

Little research has been done on marital breakup of families in which a spouse is disabled. What does exist is inconsistent and often conflicting. For instance, Sainsbury (1970) concluded that marriages were more likely to end in separation or divorce if the wife rather than the husband was disabled. Blaxter (1976), on the other hand, contended the opposite: that more marriages end in divorce when the husband had the disability. However, Blaxter (1976) and Sainsbury (1970) did agree on the finding that if marital breakup occurs, it is most likely to happen soon after the onset of the disability.

A topic of particular importance for counsellors

who are working with families in which the wife is disabled is the topic of sexuality. In redefining role relationship, the husband, wife, or both may believe that the disability necessitates abstinence of sexual relations. Only in rare instances is this true. In the previously discussed investigation by Skipper et al. (1968), only one of the 36 women studied was not engaging in sexual activity as a result of the disability. Both marital partners should realize that because a woman becomes disabled does not mean that she becomes asexual. Nordqvist (1972) reports a study of 21 women with spinal cord injuries which showed that, after the injury, the women said they experienced *increased* sexual fantasies, feelings, and interests. If the wife is severely restricted in mobility because of a disability, the counsellor can explore sexual options open to the couple such as those outlined by Mooney, Cole and Chilgren (1975). For information on how sexual function is affected by different types of disability, and a list of suggested readings, see Sidman (1977).

CONCLUSION

The general goals of family counselling are the same for a family in which the mother/wife is disabled as they are for a family in which all members are physically healthy. However, in the former, the counsellor will probably have to supplement general family counselling goals with the specific goals discussed here in an attempt to take into account the special needs of the family as a result of Mother's disability. Once these four goals have been achieved, the family becomes less of an exception and can be considered to be no more different than are any two families comprised of unique individuals.

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