COUNSELLING FOR THE PHYSICALLY CHALLENGED: A SOCIETAL IMPERATIVE.

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Abstract
Physically challenged persons are restricted or limited health wise to some specific lifestyle and mostly depend on others for their daily living since they can do little or nothing for themselves. There’s a growing worry among writers and civil society organisations that despite the growing increase of the physically challenged persons in the country, as Nigeria alone had over 20 million of them with reference to the 2013 declaration by the Nigeria National Assembly. Government has to stop paying deaf ears or giving leap service but carve out a proper plan which could be used in managing the challenges of those living with disability in the country with specific regards to the involvement of counsellors and social workers. In Nigeria, there is a growing awareness and recognition that counselling and social work can be effective in special counselling populations such as people who abuse drugs and alcohol, people with disabilities, victims of abuse, people with marital disharmony. In the light of this, the writers shall discuss how to administer counselling to the physically challenged individuals. Secondly, the article includes the definitions of physical challenged, causes and characteristics of physical challenged, effects of physical challenge on individual. The third section of this work features society, information needs of physically-challenged. The fourth section looks at the relevance of counselling and social work services in the management of physical challenged individuals. The fifth part of the work discusses critically the Disability Rights Act and the social problem facing people living with disabilities in Nigeria. While the sixth is the presentation of the theoretical frame work to explain the physically challenged predicament and before concluding, recommendations were proffered, among others, that a reorientation campaign should be launched especially through the national orientation agency with the aim of enlightening the general public with
regard to changing the old cultural beliefs and attitudes of discriminations and stigmatization towards the physically challenged persons. This project should be a societal imperative. In this wise, the government should show keen interest in the implementation of the disability rights act of 2018.

Keywords: Counselling, Physically Challenged, Disability Act, Societal Imperative, Nigeria.

Introduction
Physical disability is a universal phenomenon; it is not restricted to Nigeria or African alone but to the generality of the world at large. This suffices to say that the physically challenged has no restrictions because it has no boundary and cuts across countries with regards to sex, age, religion, race, and class, economic and political positions. It is estimated that millions of disability persons exist in the world over but disabilities featured more in the third world countries and over 20 million of them are in Nigeria going by the 2013 declaration of the Nigeria National assembly (www.nassnig.org/nass/).

Disability is often sometimes pejoratively misunderstood by counselling professionals and the generality of society. More often than not, persons without disability perceive it as a negative event and as something undesired, although this is not necessarily the experience or belief of many persons living with disability. Counsellors and social workers who work with persons with disabilities and their families need to understand and utilize the experiences needed by the disabled. Unfortunately, many counselling, psychological and social work programs do not offer extensive training in this area.

“Only the person wearing the shoe knows where it pinches” a simple saying but filled with a lot of wisdom. Indeed, unless you have gone through a certain situation, it is very hard to understand how one feels in such a situation. Thus, the least is being empathetic. This may perhaps explain why many (individuals, institutions and government) do not understand the struggles (physical and mental trauma) faced by people living with disabilities. Different and varied factors can lead to disability in individuals which may leave them on crutches or a wheel chair for the rest of their lives existence. From that point onwards they are sentenced to a life of constant dependency, making them doing little or nothing on their own and have to look to others for assistance. Simple day to day tasks like buttoking up a shirt that they would previously do without giving it a second thought now become as difficult as scaling a mountain. Some even need help bathing and using the restroom. This is bound to strip them of their dignity and leave them feeling helpless, thus becoming a burden to themselves and others.

Definitions of physical challenge
Physical challenge has been defined in varied forms by different researchers, Ogbebor (2010), defined physical challenge as when the movement of an individual is restricted due to problem of limbs or as a result of respiratory disorder, so that the individual has little energy to allow him/her go about his daily duties. Also Adebiyi, Bakare and Timothy (2013) define physical disability as a condition that interferes with individual’s ability to use his body. Most of these conditions affect the nervous, muscular or skeletal system and in most cases they have mild, moderate or severe impact on mobility and motor skills. Itayi and Rachael (2015) noted that physical disability refers to any impairment which limits the physical function of limbs, fine bones, or gross motor ability. Therefore it implies that physical disability is a condition that significantly limits a person’s basic activities such as walking, lifting or carrying things. The writers, therefore, define physical challenged as the inability of the individual to experiences locomotion due to problem of limbs, muscular or skeletal system dysfunctionality.

Causes and characteristics of physical challenge
The following can be possible causes of cerebral palsy; material infections, diseases, toxic substances, excessive exposure to x-ray during pregnancy. The use of forceps, high fever, hypoxia cerebral bleeding, oxygen deprivation, direct trauma to the brain. Skeletal impairments: This includes joint movement limitations (either mechanical or due to pain), small limbs, missing limbs, or abnormal trunk size. Some major causes of these impairments can be explained as follows.
Arthritis: Arthritis is defined as pain in joints, usually reducing range of motion and causing weakness. Rheumatoid arthritis is a chronic syndrome. Osteoarthritis is a degenerative joint disease. The incidence of all forms of arthritis is now estimated at 900,000 new cases per year.

Cerebral Palsy (CP): Cerebral palsy is defined as damage to the motor areas of the brain prior to brain maturity (most cases of CP occur before, during or shortly following birth). CP is a type of injury, not a disease (although it can be caused by a disease), and does not get worse over time; it is also not "curable." Some causes of cerebral palsy are high temperature, lack of oxygen, and injury to the head. The most common types are: (1) spastic, where the individual moves stiffly and with difficulty, (2) ataxic, characterized by a disturbed sense of balance and depth perception, and (3) athetoid, characterized by involuntary, uncontrolled motion. Most cases are combinations of the three types.

Spinal Cord Injury: Spinal cord injury can result in paralysis or paresis (weakening). The extent of paralysis/paresis and the parts of the body affected are determined by how high or low on the spine the damage occurs and the type of damage to the cord. Quadriplegia involves all four limbs and is caused by injury to the cervical (upper) region of the spine; paraplegia involves only the lower extremities and occurs where injury was below the level of the first thoracic vertebra (mid lower back). Car accidents are the most frequent cause (38%), followed by falls and jumps (16%) and gunshot wounds (13%) as recorded by Connor, F. (1988).

Head Injury (cerebral trauma): The term "head injury" is used to describe a wide array of injuries, including concussion, brain stem injury, closed head injury, cerebral hemorrhage, depressed skull fracture, foreign object (e.g., bullet), anoxia, and post-operative infections. Like spinal cord injuries, head injury and also stroke often result in paralysis and paresis, but there can be a variety of other effects as well.

Stroke (cerebral vascular accident - CVA): The three main causes of stroke are: thrombosis (blood clot in a blood vessel blocks blood flow past that point), hemorrhage (resulting in bleeding into the brain tissue; associated with high blood pressure or rupture of an aneurysm), and embolism (a large clot breaks off and blocks an artery). The response of brain tissue to injury is similar whether the injury results from direct trauma (as above) or from stroke. In either case, function in the area of the brain affected either stops altogether or is impaired.

Loss of Limbs or Digits (Amputation or Congenital): This may be due to trauma (e.g., explosions, mangling in a machine, severance, burns) or surgery (due to cancer, peripheral arterial disease, diabetes). Usually prosthetics are worn, although these do not result in full return of function.

Parkinson's Disease: This is a progressive disease of older adults characterized by muscle rigidity, slowness of movements, and a unique type of tremor. There is no actual paralysis. The usual age of onset is 50 to 70, and the disease is relatively common - 187 cases per 100, 000 as sourced from Connor (1988).

Multiple Sclerosis (MS): Multiple sclerosis is defined as a progressive disease of the central nervous system characterized by the destruction of the insulating material covering nerve fibers. The problems these individuals experience include poor muscle control, weakness and fatigue, difficulty walking, talking, seeing, sensing or grasping objects, and intolerance of heat. Onset is between the ages of 10 and 40.

ALS (Lou Gehrig's Disease): ALS (Amyotrophic Lateral Sclerosis) is a fatal degenerative disease of the central nervous system characterized by slowly progressive paralysis of the voluntary muscles. The major symptom is progressive muscle weakness involving the limbs, trunk, breathing muscles, throat and tongue, leading to partial paralysis and severe speech difficulties. This is not a rare disease (5 cases per 100,000). It strikes mostly those between age 30 and 60, and men three times as often as women. Duration from onset to death is about 1 to 10 years (average 4 years).

Muscular Dystrophy (MD): Muscular dystrophy is a group of hereditary diseases causing progressive muscular weakness, loss of muscular control, contractions and difficulty in walking, breathing, reaching, and use of hands involving strength.

Effects of Physical Challenge on Individual
An individual who is physical challenge may be affected physically, emotionally (psychological) and socially (sociological) thereby negatively limiting their functional levels. Switzer, (2013) observed that people with disabilities are stigmatised leading to economic marginalisation where they are impoverished. Individuals with physical disabilities have mobility restrictions than those who are able bodied due to environment features. At school, pupils with physical disabilities may have mobility problems to get around the school premises as well as having relationships with peers and teachers. They may rely on their peers assisting them to move from one place to another within the school premises. This restrictions suffered by
them is not solely limited to school environment alone but also to the generality of other activities in the larger society (cultural, group and institutional levels etc). Stigma is defined as the process by which the reaction of others spoils normal identity (Cox, Abramson, Devine and Holon 2012). Stigma may be described as a label that associates a person to a set of unwanted characteristics that form a stereotype. The stigmatized are ostracized, devalued, rejected, scorned and shunned.

Disabled people often experience discrimination, insults, and attacks. At workplaces, persons who are physically disabled face isolation and discrimination, and may not be treated well. This calls for awareness training on disability as that would enlighten both persons who are disabled and non-disabled to be sensitive and respond positively to issues of disabilities. A disability not only affects a person who is disabled but family members and friends as well. Physically they may have restriction in movement such as moving from home to school or supermarket (Scheidies, 2013). Emotionally, the individual may be depressed, angry and blame others for being disabled for such situations when they cannot walk or even dress themselves again as before they acquired the disability. Counselling and social work services would assist the individual who is disabled to deal with negative emotions such that they move on and play a part in living life to the fullest, despite the challenges they may be facing. Psychologically, the way the person who is disabled views their disability or disabling condition has a bearing in their life, such as taking their life as no longer whole or are less than other human beings, and hence feeling no longer worth living. Counselling would encourage a person who has a disability to channel their passion in a healthy manner.

Information Needs of Physically-Challenged

On the issues of coping with disability and relevance of Information to the physically challenged, Adesina (2003) itemised the under listed as the information needs of the physically challenged:

Information for educational development: This is of paramount importance. As a student, additional information would be needed to build on what was taught in the classroom.

Information for social and personal development: Information is needed on assistive devices that could aid mobility.

Information for recreational purposes: These may include materials for light reading. The challenged students will need assistance while in the library but the normal students may need little or no assistance. Onifade and Sowole (2009) quoting Ojo rightly noted that, for libraries to add to the advancement of knowledge, they must not only provide resources but also ensure that the resources are effectively used. In this regard, public libraries that are created to serve community irrespective of their educational, sex and tribes should be committed to providing equal access to all categories of students, whether normal or challenged

The Relevance of Counselling and social work Services in the Management of Physical Challenged Individuals

Oluka and Okorie (2014) view counselling is viewed as a personalized, intimate interview or dialogue between a person experiencing some emotional, social, educational, physical, and vocational problems and a professional counsellor. It can also be seen as a service that helps individual to solve problems and learn to cope with these problems that are not easy to solve. This is why the special needs population can be focused so that they are assisted out of their needs. Counselling is designed to remove the emotional, psychological and personal social roadblocks placed in the way of an individual by the multidimensional problems of the day to day life. Counselling services would enable family members and a client who is disabled to express their emotions and adapt to a range of demands (Townsend, 2010). The objective of counselling and therapy is to enable the client who is disabled to understand that locus of control is in the client, to take responsibility for their condition to the situation, and hence thus getting the client to fully participate in the healing process as well as working towards a harmonious life. Counsellors or social workers may need to work collaboratively with the client who is disabled to investigate what he or she wants to do (Shallcross, 2011). This implies that an individual who is disabled should be encouraged to accept that they are disabled, express a desire to take control of their disabling condition and willingly make an effort to improve their lifestyle. The counsellor or social worker would also equip family members with skills to live with a member who is physically disabled.

However, it should be noted that, it is not solely the counsellor or the social worker that is responsible in assisting clients (those living with disabilities) hence, others include the parents, siblings, friends, specialists, religious organisations, and community groups also play a pivotal roles in the
management of a disability. This implies that benevolent organisations would provide items and some financial assistance to individuals living with disabilities for their upkeep.

People with disabilities do not need sympathy or pity only; they need skills for coping with daily challenges. Persons living with disabilities are viewed as a curse, incapacitated /incapable, economically unproductive, receive limited acceptance by their families as well as their communities. People who are disabled also do not want to live on hand outs, but want to manage their lives and take their destinies in their own hands.

The involvement of counselling with Physical Challenged Individual therefore is to improve and possibly remedy the challenges, facing people with special needs. The educational challenges facing this category of people are quite obvious and they need new strategies in resolving them through counselling. This is because according to Deng (2009), the individual learns new ways of interacting, new ways of obtaining information, new ways of making decisions, and new ways of responding to the environment. The task of counselling therefore as seen by Deng (2009), Mallum (1983), Okon (1983), Akinboye (1982) and Bulus (1990) is to give the individual the opportunity to define, explore, discover and adopt ways of living a more satisfying and resourceful life within the social, educational and vocational groupings within which he or she is identified or finds himself or herself.

The challenges of life has made some people feeling as not existing well, but through education as a tool for moral, social, economic, political and technological development, has affected some changes in human lives and the society as well (Nweze & Okolie, 2014). Human communities have used education to improve their standard of living, develop new methods and skills of production, so is the need of counselling practices for Physical Challenged Individual. Counselling has been used to designate a wide range of procedures comprising advice giving, support in times of trouble or need, encouragement, information giving, and test interpretation. Counselling is a process by which a person is assisted to behave in a more rewarding manner. Often times, people with Physical challenged needs are very difficult to handle and teach; the counselling strategies that can be employed for such people or groups should include the following:

a) Confrontation 
b) Accurate education 
c) Assertiveness training 
d) Decision making strategies 
e) Peer cluster involvement

The Disability Rights Act and the Social Problem Faced by People Living with Disabilities in Nigeria

The Nigeria Disability Decree of 1993 and the Disability Rights Law of 2018, with just a mere look at the general tenets of these acts present a promising hope for people living with disabilities in Nigeria, but with a closer observation of those living with physically challenged in the Nigerian state one might conclude that the Acts are mere blue print of paper work yet to transform into actual reality with the sole aim of alleviating the very suffering of individuals living with disability.

The thrust of the act ‘Discrimination against Persons with Disabilities (Prohibition) Act, (2018)’ is clearly stated in the vignette of the Act and it is quoted below as saying:

“This Act provides for the full integration of persons with disabilities into the society and establishes the National Commission for Persons with Disabilities and vests the Commission with the responsibilities for their education, health care, social, economic and civil rights”

The Act also further gave special considerations to various issues and challenges faced by the disabled persons in Nigeria which affects their everyday existence. These issues includes as follows; The rights & privileges, education, vocational rehabilitation, employment, housing, accessibility, transportation, supportive social services, sports and recreation, telecommunications, voting access and legal services. Going by the above luminary mantra of the disability acts, as clearly stated above, the cogent questions that comes to one’s mind with reference to the 1993 and 2018 Disability Rights act’s might goes as follows;

1. What is the percentage ratio of disabled persons that has favourably benefited from this acts?
2. How many percentage of Nigerian’s are aware of the act? and
3. What is the percentage ratio of disabled persons that has favourably benefited from this acts?

These salient questions thus led the writers to polemically criticise the disability acts of failing to address, curb and alleviate the daily challenges and problems faced by an average disabled person in Nigeria. Likewise one can obviously lay claims that despite the existence of these very acts in the country, disabled
persons still experiences day to day challenges like assaults, deprivations and frustrations as they manage to struggle for survive. Thus Haruna, (2017) further criticised the acts in line with the key issues raised in the very disability right act (blue print) which are outlined below as follows;

Attitude towards Disabled Persons: Haruna, observed that disability conditions such as deafness, blindness, mental retardation and orthopaedic impairment in traditional settings are mostly attributed to punishment by vengeful gods in the present or past incarnations including murder, infidelity etc. These beliefs are applicable to children and adults and these affect their day to day relationship and interactions with others in the various society. The impact of these attitudes towards them is enormous and disturbing and they experience agony in their daily lives (Iyabo, 2014).

Access to Education: The level of commitment demonstrated towards the education of individuals with special needs in some states, there are enormous problems and much need to be done in order to accommodate and provide qualitative education to a large number of children with special needs in the country.

Johnson and Wiman, (2001) further observed that financial cost of educating a child with special needs in Nigeria, where the government’s support is insufficient, is more than four times compared to that of a none disabled child. It is observed that the incentive of household to enrol their disabled individuals is discouraged by lack of appropriate schooling options, poor accessibility of facilities, long distance and lack of transportation, school fees and coast of uniforms and/or low expected returns to schooling for disabled children.

Access to Health: The attitude of some health workers towards the disable persons who managed to access the general hospital and other health centres is sometimes negative. In a 2007 study conducted in Calabar-Nigeria, revealed that 56.33% have negative attitude towards the handicapped persons, 63.2% are of the opinion that health of the handicapped persons is not as important as that of the normal persons, 57.74% indicated that handicapped persons are only good enough for drug trial testing and experimentation of new medical inventions and 57.36% would prefer separate hospitals for the handicapped persons (Ogunjimi, 2007).

The Rights of Persons with Disability: Haruna, finally alleged that Nigeria a signatory to the United Nations Convention on the rights of persons with disabilities, but lament the ineffective and blunt disregards for disability laws in the country by government and the general masses in terms of human rights. People living with disabilities seem to be absent and there are no existing serious legislations and policies that recognize the right of people with disabilities to be consulted, involved and allow participation in decision making processes that directly concern them (in most cases reference is made to the human rights documents or the rights of the citizens as contained in the constitution). According to the president of Joint National Association of Persons with Disability (JNAPWD) disability work in Nigeria is done in a non-coherent manner and most people with disabilities are not consulted by the government when decisions are taken.

Therefore, participation of persons with disabilities in mainstream decision making process is a huge issue in Nigeria because over 90 percent of the populace still views persons with disabilities from the charity perspective, they are regarded as people who are good enough to receive aids, support and other forms of humanitarian efforts rather than being active citizens in society and in National development. Most time they are excluded from participating in decision making.

Theoretical Framework
The Interpretivist Approach in Sociology

The theory most appropriately suitable for this work is the interpretivist approach falls under the micro sociological theory which explains the interactions of individual’s everyday life experiences within small group formations. The reason for adopting this theory as a focal point of explaining the problem in that the theory can best explain ill health behaviour or illness behaviour perfectly.

The interpretative approach of sociology as presented Nettleton, (2001) focuses on how the person who is ill or disabled and those around him make sense of or interpret illness or disability, and how these interpretations impact upon the actions of the disabled persons. Another cogent feature of this theory in that disability is considered to be a social construct and is not a characteristic of the person, instead it is created by social environment and addressing it requires social change in reorientation (Mitra et al., 2011).

Bozo, (2009) thus asserted that how people make sense of their disabilities is within the context of their personal biographies and in turn this must invariably be influenced by, and meshed in with, the cultural
values of the society in which they live. Hence, disability itself is a function of a society which fails to take account of people who have physical impairments. Disability is a consequence of a society in which disabling attitudes and disabling environment prevail. Thus, disability is not only a function of the physical incapacitation of an individual but it is socially created. The theory accuses society for denying disabled persons access to the basic social services, developing their potentials fully and from enjoying their rights.

Kurawa, (2010) presented an apt instance, quoted as follows;

“The onset of blindness may limit movement of the disabled which means becoming dependent upon others to perform tasks previously carried out by him, alone. He may therefore be asking or demanding so many things which may turn him to be an object of ridicule”

Disability can impact upon the disabled persons’ daily living, their social relationships, their identity (the view that others hold of them) and their sense of self (their private view of themselves). Thus, disability is at once both a public as well as a private phenomenon which requires appropriate attention.

Conclusion
To conclude, the writers had observed that physical disability is part of humanity. No one is its victim of choice. Therefore, we cannot use it as a reference point to discriminate or stigmatize those that suffer from it especially as they relates in their everyday social interactions and relationships with one another in their various environment. That most Nigerians possesses negative beliefs and cognitive map for those living with disabilities as a result of their cultural practise and belief system. It was also observed that disability operates in cultural and social contexts a wrong social construction perceived from the disabled. Disability itself is a function of a society which fails to take account of people who have physical impairments. And lastly, it is a fact that adequate and functional facilities for the health care of disable persons, their education, transportation, training and empowerment as enshrined in the disability acts are not readily available and the few but limited facilities put in place don’t give credence to counselling and other social workers experts in them, even when those offices are available it is usually operating in distances and far from the grass root where the disabled can access them. Thus the disabled are to a large extent discriminated against, segregated and marginalized in Nigeria.

Recommendations
• Government should put in a lot of efforts in re-orienting the generality of the Nigeria public, especially through the national orientation agency using schools, religious organisations, civil society organisations and other institutions in campaigning to changing the old cultural beliefs and practises that forms degrading attitudes towards the physically challenged persons in the country.
• Government should hold the issues of welfare of the physically challenged seriously; if possible an establishment of the physically challenged department should be introduced to carter for the disabled solely in the country and professional trained experts in counselling and social works practise should be employed to man the facilities.
• The rights and privileges of persons with disability should be given greater cognisance as their rights are often trampled upon daily without any legal action.
• Empowerment of disadvantaged individuals in terms of special education, vocational skills and employment should be given keen interest as we all deserve a life. Indeed, disability is not inability or deniability.

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