

On the Other Side of the Reference Desk: The Patron With a Physical Disability

Francesca Allegri

Abstract. In order for reference librarians to overcome feelings of inadequacy which they experience in aiding physically disabled patrons, they must educate themselves about the special needs of these patrons. This article will address the concerns, common mistakes, and difficulties involved in personal interactions with disabled individuals, particularly as they relate to the reference setting. In addition, specific steps will be described to minimize the difficult aspects of these interactions; these will be presented in terms of attitudinal and service activities. An attempt also will be made to describe aspects of these reference interactions which are unique to various health care settings.

Many librarians at the reference desk have been intimidated by the approach of a person with an obvious mobility impairment. The librarian may experience ambivalent feelings in such situations and, whether or not these are conveyed to the patron, these feelings are disquieting and possibly disheartening. This need not be the case, however, and specific steps can be taken to prevent this reaction in the future and to lay the groundwork for these reference interactions to become gratifying learning exchanges.

As part of the preparation for writing this article, several disabled students were interviewed at the University of Illinois at Urbana-Champaign and Indiana University-Purdue University at Indianapolis. Their responses were incorporated with the author's own experiences and readings. Throughout this article, the emphasis will be on responding to physically disabled adults, whether they are health professionals or students, or members of the general public. Although not specifically addressed, interactions with mentally retarded, learning disabled, or emotionally disabled can often be guided by some of the same concepts. The reference situations under discussion are those exchanges of a temporary, usually unexpected nature. Thus, the steps described here do not involve providing new programs, services, or formats of materials; the needs of the institution will dictate such a necessity. Rather, the approach taken is to discuss personal and individual responses to encounters with disabled patrons. Prospective long-term association with a disabled patron indicates a need for more extended services and perhaps purchase of special equipment or structural changes to the facility.

Common Mistakes or Misconceptions

There are many "mistakes" which individuals, not just reference librarians, make during interactions with disabled persons. This is not meant to be discouraging; the first step in the change process is awareness. These mistakes are due in large part to the myths, labels, or stereotypes of disabled persons with which people are raised and thus, the mistakes which one reference librarian commits may be different from those of a colleague. The following is a list of common faux pas:

- Apologizing for using expressions like “. . . you see . . . “ or “. . . look at . . . “ with a person with a visual impairment (includes blindness).
- Assuming that disabled persons are incompetent.
- Forcibly “guiding” a person with a visual impairment.
- Thinking that it is better to take no notice of a patron with a disability for fear of embarrassing him/her or oneself, or drawing other patrons’ attention.
- Raising one's voice with a person who has a visual impairment or speaking in a loud singsong pattern to a disabled patron as if s/he were a child or mentally retarded.
- Referring to the patron in the third person while speaking with his/her reader or companion (also doing the same with an interpreter accompanying a person with a hearing impairment).
- Concentrating on the disability not the person.¹
- Assuming that the disabled patron's information needs are different from everyone else's.
- Assuming that once one knows how one physically disabled person thinks and acts, one knows how all persons with that particular disability think and act.
- Assuming that helping disabled persons will be a wonderful and fulfilling experience and that the disabled person will be grateful for the help.
- Assuming that a mental disability automatically accompanies a physical disability, particularly where communicative disorders or lack of verbal skills are involved.
- Assuming that persons with hearing impairments (including deafness) cannot speak or make sounds.
- Endowing the disabled with superhuman sensory capacities which have helped them compensate for their disabilities, e.g., super acute hearing accompanying visual impairments.
- Expecting extraordinary feats of accomplishment from disabled persons based on portrayals of disabled “heroes” and “heroines” by the media.²
- Assuming that a person's disability is the primary aspect of his/her life, overriding all other concerns.
- Assuming that library patrons with physical disabilities demand an inordinant amount of assistance or “hand holding.”

These common mistakes are often complicated by inappropriate attitudinal or emotional reactions to persons with disabilities; anxiety, condescension, pity, sentimentality, or impatience could also be brought to the reference setting by the librarian. These emotional reactions are often a result of fear of the unknown or unfamiliar, lack of respect for individuals, or a lack of appreciation for the unique qualities and differences in people, and viewing these instead as inadequacies or defects.

The discomfort, misunderstanding, and hurt which might possibly be caused by the above faux pas and inappropriate emotional reactions can be alleviated or avoided by a common-sense and courteous approach on the part of librarians. In general, there are a few specific guidelines to follow:

¹ Bopp, Richard E. “Assisting Library Users Who Are Disabled.” *LIRT News* 5(March 1983):1-3.

² Davis, Emmett A., and Davis, Catherine M. *Mainstreaming Library Service for Disabled People*. Metuchen, N.J.: The Scarecrow Press, Inc., 1980, p.31.

1. be aware of body language or nonverbal cues, especially with communicative disorders;
2. focus on the person not the disability;
3. approach the patron with respect, acceptance, and warmth as opposed to disapproval or reserve;
4. avoid pity;
5. offer assistance as one would to any other patron displaying some difficulty using the library;
6. know the library's collection and services in terms of the special needs of disabled patrons;
7. design services, where necessary, to accommodate special needs.

The Reference Interaction

A key word which repeatedly appears in the list of mistakes above is “assuming.” A basic tenet of reference work is to avoid bringing any assumptions to the reference interview. However, often this is forgotten when dealing with a situation so laden with social stereotypes. Being conscious of this common reaction will aid reference interactions with disabled patrons. The following are some examples of how to respond to specific situations. Librarians should remember, of course, that the needs of individual patrons are the keys to the success of the approaches described.

Reference librarians need to make a conscious effort to offer assistance early during the contact with a disabled patron and be prepared to gracefully accept either a polite or resentful declination. After offering help, the librarian should ask in what way s/he can assist the patron. Many individuals, in an effort to achieve as much independence as possible, may decline help at the onset but be willing to accept it later if they have been unsuccessful. Be willing to allow this approach and be attentive to both verbal and nonverbal cues which indicate help is needed. A way to alleviate embarrassment would be to apologize for the poor design of the furniture, equipment, facilities or such which prevent the patron from accomplishing what s/he set out to do. Any comments the librarian makes should be sincere, however, not contrived or artificial. Librarians also should recognize that not all communication problems that may arise are their fault. Disabled patrons can have bad moods, be tired, unhelpful, or unpleasant just as easily as able-bodied persons. Disabled persons recommend that librarians not accede to excessive and unnecessary demands and not let persons making such demands prejudice the librarian against other disabled persons.

If a patron has a mobility and/or neurological impairment, whether it requires the use of cane, crutches, walker, wheelchair, or other device, the librarian should walk with the patron rather than leave him/her to trail behind in a cloud of dust. Librarians should note that manual wheelchairs are much more maneuverable and smaller than electric ones. Often, people will stand too close to the wheelchair or not allow enough clearance around obstacles for motorized wheelchairs. Librarians also should remember that, for those on crutches or those marginally using wheelchairs, getting about is exhausting and it would be helpful if librarians did what they could to minimize the amount of travel required to obtain materials and services. Giving clear and specific directions as to where items are located is valuable assistance to these patrons. Mentioning if materials will be out of reach for the patron also will save him/her effort. If the person has severe spasticity, the librarian should guide the patron to a work area where s/he will have enough room and not feel as though s/he is unduly disturbing others. The reference librarian should be prepared for nonstandard coping techniques such as the person using

his/her chin to push buttons. Some patrons may have difficulty reaching or reading titles on low or high shelves or carrying materials-particularly heavy items. Other patrons may tire easily or function at a lower level on some days than on others. The librarian should be observant of the capabilities of disabled patrons to avoid such situations as handing a book to a patron who has limited arm movement or manual dexterity. If the librarian can think of offers of assistance to disabled patrons as being similar to offering to open a door for someone with both arms full of books, the offers of help will not be a favor but a way of being polite, as they should be.

When working with a person with a hearing impairment, the librarian needs to remember to face the person directly when speaking, in order to facilitate lip reading or allow the patron to turn a better ear toward the speaker. Reading problems typically result from language retardation experienced by those with hearing impairments. However, a distinction must be made between those who have hearing impairments from birth or early childhood and those who are adventitiously hearing impaired or hearing impaired later in life. Materials which would be understandable for the first group might offend the second group. Due to this language difficulty, using such tools as *Medical Subject Headings* might pose problems because of a lack of cross references from popular or common names. Using as many methods of communicating the same message as one can, such as visual cues, gestures, speech, and writing, will increase the chances that the person will receive the correct message. Touch may be useful in these situations in attracting the patron's attention. The librarian should try to avoid idiomatic or complex expressions as these may cause some difficulty for patrons who have had a hearing impairment from birth or early childhood. If the person has residual hearing, the reference librarian should speak loudly and clearly but without exaggerated lip movement. The librarian also should be prepared for the patron who speaks but has difficulty modulating the loudness of his/her voice or whose use of grammar sounds immature. Many hearing impaired persons feel uncomfortable with their voices and try to avoid using them. The librarian should watch carefully for nonverbal cues of comprehension, puzzlement or confusion. As for materials for these patrons, librarians should choose those which have good illustrations and straightforward, nontechnical language. Health or patient education materials which use a comic book style portrayal would be good because they have a very visual dialogue. Some of these have been produced by organizations such as the American Cancer Society, American Dental Association, and Alcoholics Anonymous.

For those patrons with visual impairments, seating them where there is good lighting and a less distracting noise level is helpful. Clinical skills models or materials with a larger typeface may be useful in some situations. Also, using the enlarging feature of a good photocopier produces beneficial results. The librarian will need to verbalize and use touch more since nonverbal cues cannot be relied upon in assisting patrons with visual impairments. Explaining what one is doing or where one is going, or what obstacles are in the patron's path are all helpful. Particularly, the librarian should indicate where there are stairs and whether they go up or down. In situations where the librarian also is working with the patron's reader, companion, or interpreter (in the case of the hearing impaired), communication should be with the person who has the information need. If one parallels the situation to that of responding to a physician's request through his/her secretary or research assistant, one realizes that the companion usually has no better idea of the information request than does the secretary or research assistant. Librarians should ask visually impaired persons, or find out on their own, what local services could be utilized to assist these patrons with access to print materials. The librarian could arrange to cooperate with other agencies who might have a Kurzweil Reading Machine or braille transcription services. As for

patrons who have communicative disorders such as voice disorders, the librarian's ability to understand will increase with time spent with them, just as it does when listening to persons with foreign accents or very young children. When something said is not understood, the librarian should ask the patron to repeat or write the request. If the patron stutters, the librarian needs to be patient and not speak anticipatively for him/her; being patient and remaining calm will help the patron to relax and enable more successful communication.

Unavoidably, the reference librarian will experience a situation where a person with an "invisible" or minimal disability will be seeking help. The librarian's relaxed and considerate attitude will help to overcome any errors or awkwardness which may have been created inadvertently. If one tries to be natural and professional in doing what is necessary to help the patron, whether it is speaking loudly, assisting with furniture, or guiding a person with a visual impairment, one will be more successful in creating an atmosphere conducive to exploring and fulfilling the patron's information needs. Patrons should always be given the opportunity to instruct the librarian on how to assist them. On the other hand, librarians need to allow patrons to "take risks," to learn library skills rather than having the work done for them. If one is attentive, the patron will let the librarian know if s/he is unable to undertake the task.

Creativity, attention, and patience are required in all reference interactions, but being aware of these while working with physically disabled patrons will help the librarian to respond with empathy rather than sympathy. One way to aid in relating with disabled patrons is to remember that they have families, hobbies, and social interests just like every other patron that comes to the reference desk. Realizing that this person may have things in common with oneself, should make it easier to look beyond his/her disability to the individual. This will assist in achieving a successful reference transaction.

Influences of the Health Care Setting

There are some aspects of providing reference services in a health care setting which influence the above discussion. Overall, the health care setting is likely to increase the number of contacts librarians have with physically disabled patrons. Some health care settings, such as hospitals or rehabilitation centers, will increase the proportion of these contacts which are from recently or temporarily disabled persons. Patrons in these situations will very likely bring a different psychological framework to the reference interview than a long-term permanently disabled individual. Understanding this difference will influence the approach that the reference librarian should take.

The disabled person's initial reactions to a permanent disability have often been compared to those of someone experiencing the various stages of grief: denial, anger, depression and acceptance. During the early periods of adjustment, situations in which the disabled person is out of his/her newly adapted environment or out of his/her routine are particularly stressful. In most cases, using the library would be frustrating and would emphasize the patron's awkwardness, forcing a constant contrast with the environment in which s/he feels most comfortable. Other emotional reactions to a new disability can be frustration, self-pity, resentment, fear, dependence, hesitation, self-absorption, guilt, or embarrassment. Other reactions may include lack of self-confidence or self-esteem, distorted body-image, or an extreme desire for independence. Although the likelihood is greater that the recently or temporarily disabled person is experiencing some of these reactions, the long-term permanently disabled also may retain some of these feelings. This is evidenced by continued lack of acceptance of the

disability, unreasoned expectations of a “cure” for their disability, continued pursuit of “miracle” treatments and so forth. The librarian needs to be aware of these possibilities in order to provide service with a minimum of strain or difficulty, to respond to unreasonable patron demands, and to achieve empathy with the patron’s situation.

Besides the psychological adjustment required of a recent disability, a person will be learning new mobility techniques. Particularly for the previously sighted person, balance, spatial arrangements and distances could be problems. The librarian should be observant of such problems and offer to reorient the patron to the facility, especially if the patron has just been shown several locations in the library. One way to reorient the visually impaired patron is to use the “clock method”, e.g., the card catalog is at 10 o’clock. Other patrons, inexperienced with wheelchairs, may be awkward and feel clumsy. Being sensitive, yet professional, will help to make the situation more comfortable. In the above situations, the librarian needs to be creative and suggest ways in which the patron can more easily use the library’s resources.

A difficulty for reference librarians which might come up more frequently in the health care setting is maintaining the patron's confidentiality. With some disabilities a third party, i.e., a reader, braille transcriber, or interpreter, is often involved to enable the patron to access information. Ways in which the librarian can help the patron maintain his/her privacy is for the librarian to read or tape the material for the patron, or to obtain access to a telephone TTY (teletype) machine (for the hearing impaired), or a Kurzweil Reading Machine. These efforts on the part of the librarian will be greatly appreciated for transmitting sensitive information or information which is needed quickly.

Library Services

Librarians, in addition to examining their attitudinal responses to physically disabled patrons, should assess library services in light of disabled patrons' needs. Both parties involved in a reference transaction approach each other with certain expectations of service and it is necessary that these be realistic.

Certain library services that already are provided may be of particular use to physically disabled patrons. Examples are telephone reference services, computer access to library collections or bibliographic databases, mediated photocopying, or audiovisual services. Others which would prove to be useful to disabled patrons may not be offered or offered to a lesser extent: analytical work, retrieving materials, delivery of materials, notetaking, filling out forms, reading, extending loan periods on noncirculating or short-loan materials, telephone renewal of materials and other phone services, and intensive research assistance. Allowing disabled patrons to drop off or send lists of materials which they need to have retrieved and held for them or mailed is a much-needed service. The reference librarian will find it useful to know the library's philosophy or policy regarding these services. In particular, in libraries where these services are not offered, decisions should be made as to whether special circumstances warrant certain services or whether alternatives exist. For example, if frequency demands it, carefully screened volunteers might be on call to help provide these and other services. Librarians need to make the individual patron aware of available services and library staff who will provide the special help that s/he needs. In general, patrons who need extensive assistance would prefer to make an appointment with the librarian to insure that the staff member has time to assist them. Librarians need to realize that

many disabled patrons feel responsible for bringing their own assistants to the library and taking some responsibility for letting librarians know what assistance they need.

The Library Environment

Although architectural accessibility is not being addressed specifically by this article, librarians should look at their facilities in terms of creating a welcoming environment. With a minimum of expense or effort, certain obstacles can be removed which would improve access by all patrons, not just those with physical disabilities. For example, having a low, rather than a tall, table, at the card catalog, with room for wheelchairs as well as chairs, would be less tiring for all patrons, as well as facilitate access by those with mobility impairments. Lowering the card catalog or photocopier will allow more disabled patrons to use these with minimal or no assistance. Making a room available where visually impaired patrons can work with their readers or use audiovisuals is a very helpful service. Allowing such a room to be scheduled for use saves the patron valuable time with his/her reader. Such services as keeping pathways and aisles clear of obstacles, adjusting the tension on doors, replacing chain entryways with swinging spring-loaded bars, having change for photocopiers available in the library, and designing large and clear signs, are helpful to everyone.

The library staff should be aware that disabled patrons would prefer not requesting assistance or bringing an assistant with them. They, like other patrons, are generally hesitant to approach "busy" librarians for help and often feel that what they are asking may be an imposition. In addition, forcing patrons to ask for assistance with inaccessible materials requires the patron to give up his/her privacy. With sensitive health care topics, this is an undesirable situation and should be avoided, if possible.

Self-Education

The best insurance reference librarians have of improving their approach to disabled patrons is to undertake a process of self-education. First, the librarian should examine his/her own attitudes toward persons with disabilities. The librarian should reflect on how she interacted with the last such patron encountered. What behaviors were appropriate and inappropriate and which should be changed? The self-education process may involve several methods. Some suggestions are: (1) asking questions of patrons and specialists out of genuine interest to provide better service, (2) reading materials and viewing audiovisuals about physical disability (some suggestions are listed at the end of this article), and (3) increasing contacts with disabled persons in other settings and being observant of such things as how a wheelchair operates. Direct contact with disabled persons is, of course, the best method. The process is a continual one, as it involves learning about individuals. Whatever method is selected, it will help to move the librarian along the continuum of being informed, empathic, accepting, and comfortable in providing reference services to disabled patrons. Rather than being intimidated by the prospect, the reference interview will engender mutual understanding and the information request will be satisfied—the goal of any reference interaction.

For Further Information

Bowe, Frank. *Handicapping America: Barriers to Disabled People*. New York: Harper and Row, 1978.

Cornelius, Debra A., ed. *Barrier Awareness: Attitudes toward People with Disabilities*. Washington, D.C.: Regional Rehabilitation Research Institute on Attitudinal, Legal and Leisure Barriers, George Washington University, 1981.

Davis, Emmett A., and Davis, Catherine M. *Mainstreaming Library Service for Disabled People*. Metuchen, N.J.: The Scarecrow Press, Inc., 1980.

Kleinfield, Sonny. *The Hidden Minority: A Profile of Handicapped Americans*. Boston: Little, Brown, 1979.

Mays, Maxine. "Attitudes toward the Handicapped: The Promise." *Information Reports and Bibliographies* 7(1978):29-32.

Needham, William L. "Academic Library Service to Handicapped Students." *Journal of Academic Librarianship* 3(November 1977):273-279.

Phinney, Eleanor, ed. *The Librarian and the Patient: An Introduction to Library Services for Patients in Health Care Institutions*. Chicago: American Library Association, 1977.

Quigley, Jr., John L. "Understanding Depression - Helping with Grief." *Rehabilitation Gazette* 19(1976):2-6.

Vash, Carolyn. *The Psychology of Disability*. New York: Springer, 1981.

Velleman, Ruth A. *Serving Physically Disabled People: An Information Handbook for All Libraries*. New York: R.R. Bowker Co., 1979.

Wright, Beatrice A. *Physical Disability - A Psychological Approach*. New York: Harper and Row, 1960.

Films

A Day in the Life of Bonnie Consolo. 16mm. Pasadena, Calif.: Barr Films, 1976.

I Am Not What You See. 16mm. New York: Filmmakers Library, 1975.

What Do You Do When You See a Blind Person? 16mm. New York: American Foundation for the Blind, 1971.

Francesca Allegri is an Assistant Professor and Assistant Health Sciences Librarian at the Library of the Health Sciences, University of Illinois. 506 S. Mathews Ave., Urbana, IL, 61801.

The author gratefully acknowledges the assistance of the following persons in the preparation of this article: Betty L. Connell, Rehabilitation Nurse at the Rehabilitation Education Center at the University of Illinois; Valerie A. Gondek, Acting Serials Librarian, Indiana University School of Medicine Library, Indianapolis, Indiana; Diane Stegner, President of the Disabled Students Organization at Indiana University-Purdue University at Indianapolis, Indianapolis, Indiana and the students interviewed at the University of Illinois at Urbana-Champaign and at Indiana University-Purdue University at Indianapolis. The author would also like to thank Julie Meyer, Library of the Health Sciences at Urbana-Champaign, for her invaluable help in arranging interviews and typing the manuscript.