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**DREAMS, DISABILITY,
PSYCHOTHERAPY AND SUPERVISION:**

“We are such stuff as dreams are made on”

A project submitted to Middlesex University in collaboration

with Metanoia Institute

in partial fulfilment of the requirement for the degree of

Doctor in Psychotherapy by Professional Studies

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KEY TO ABBREVIATIONS

BACP	The British Association of Counselling and Psychotherapy
BASPR	British Association for Supervision Practice and Research
COSCA	(previously The Confederation of Scottish Counselling Agencies)
LCIL	Lothian Centre for Integrated Living
PF	Counselling Service (previously The Pastoral Foundation)
SCOC	Scottish Churches' Open College
CP	Cerebral Palsy
DS	Data Set
IPR	Inter-personal Process Recall
NREM sleep	Non-rapid eye movement sleep
PET	Positron Emission Tomography
REM sleep	Rapid eye movement sleep
TA	Transactional Analysis

KEY TO COLOUR AND TYPEFACE

When I record the actual words people used when telling me a dream, I have recorded these in blue italic script.

Dream summaries are recorded in blue upright typeface.

When research participants used words, written or spoken, not about dreaming, their words are in black italic script.

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PREFACE

In **CHAPTER ONE**, in the first three of six sections, I trace aspects of my professional journey – processes of experience, reflection and formation – which woven together have brought me to create this document. This doctoral study is the culmination of my professional life and in the first section I show how my professional growth and development has evolved naturally to this point. The second aspect has felt quite different, and more like a sudden forced hothouse growth. Never in my wildest dreams did I think I would read neuropsychology to understand and enjoy them, but the evidence is there! As I wrote up my experience of the professional seminars in the third section I realised how effectively they had provided a strong organic framework - a cumulative support and stimulation as I was ready for it, complementing and permeating my thinking. In section four I outline the work I have achieved and sustained at doctoral level. In section five I set out the effect my work might have both in the profession of psychotherapy and for others in their lives and relationships. The final section looks at the limitations in my work and future possibilities for further research.

In **CHAPTER TWO** I describe how I used the agency that employed me as an external trainer along with my private counselling and supervision practice and various contacts outside my work, to set up experiential learning projects for others through which I could collect the evidence I needed to study the symbols, metaphors and themes in the dreams of disabled people, and compare them with those of non-disabled people, including my own. I became deeply involved in the research process. I hope I convey my amazement in the discovery I made that the physically able self-representation in the dreams of disabled people which I and many others before me had thought to be an odd phenomenon, is as it is because it is exactly the same as that of non-disabled dreamers! Along the way towards that discovery I found other fascinating dream features that I have illustrated throughout the chapter.

CHAPTER THREE looks at the relationships - the professional context in which dreams are explored. Few reports gave evidence that dreams had been discussed in them, but that in itself was not essential for my study. I wanted to understand what would be likely to happen to such relationships in this area of diversity, and what more might be needed for them to be safe enough for dream exploration. This chapter is a catalogue of pain and struggle, in total contrast to the delight and surprise of chapter two. It is a record of what others told me of their experience in counselling and supervisory relationships where there were disabled and non-disabled people working together. I found what I suspected I would find, and because I dreaded finding it and then revealing it to others, I set out to be sure of my facts. I looked at the issue from several sides, and by including visualisation I encountered it also in depth. The record combines and analyses material from twelve different data sets. My findings are in the area of the effects of the differing body image on the dyadic partner and the working relationship, and in the contrast between the practice of those with long experience in

working in this field with those new to it. From these I draw the conclusion that this area of diversity in our profession needs much more help than is currently given in training courses. I set out what I believe are essential areas for exploration and growth for all who choose to work in this field, and trust that those who supervise practice in our profession will take them on board.

CHAPTER ONE

ACCOMPANYING DOCUMENT

Chapter One has six sections:

1. My journey towards a doctorate in psychotherapy
This sets my course towards doctoral level study within the context of much of my previous study and professional life
2. My journey towards an intellectual understanding of the dreaming brain
Here I trace the beginnings of the greatest academic challenge I faced within my doctoral studies. Figure 1 indicates my progression to understand the self-representation in dreams and present a different theory of its meaning.
3. The value for my journey of participating in specialist seminars at Metanoia
I discovered an on-going dialogue between the specialist seminars I chose at Metanoia and the course of my research in Scotland as each informed the other.
4. Indications that I have worked at Level Five
Reading the descriptors for Level 5 study in the handbook as I began my studies I wondered would I cope with such complexity. As I worked through the research process each fell into place as of right.
5. The value of my work to the profession of psychotherapy and beyond
Some of my work on dream symbols breaks new ground, yet may be of interest only to a few counsellors/psychotherapists who work in this area. Some has a much wider application. If more disabled clients are to find counselling accessible, the profession may find my contribution valuable in this area of diversity.
6. Limitations of the project and possible future research
I look critically at what I have done and left undone, and hopefully to the future

1. 1: MY JOURNEY TOWARDS THE DOCTORATE

Thirty-three years ago in a seminary in Chicago, Illinois, nearing the end of a post-graduate scholarship year in Adult Education, I was stunned to be offered a place on their doctoral program. Impossible! My funding was limited to one year, I still felt like a stranger in a strange land – but the real block was that I could not believe that I had it within my gift to be academic. I laughed at the very thought, closed the door on such a promise - yet stored it like bright treasure in the dark recesses of my memory. The scholarship year had opened up new horizons of thought to me, and I had caught the vision of a personal odyssey where I could risk being pro-active - taking responsibility for investing life with my own meaning. I returned home.

In 1979 I became a Certified Transactional Analyst in Education. Preparation for the viva had been a project where I translated current grief theory into Transactional Analysis (T.A.) terminology, and demonstrated how I adapted this in an educational programme for church workers in pastoral care. Encouraged to publish this, the time seemed not right for me. A few years later, however, having experienced a number of major life changes, and accompanied others through theirs in a counselling relationship, I wrote a simple, non-academic book called 'Loss – an Invitation to Grow' (Grigor, 1986) – and included a chapter on dreams. The trigger for that was my amazement at how, during sleep, nightmares and dreams began to work me through the grief process during months where overwork during waking hours had been my technique to avoid the pain of a particularly traumatic separation.

As Director of the Edinburgh Pastoral Foundation in the late nineteen eighties, a time when counselling training was developing formal courses in Scotland, I realised the need for someone to launch a training course for counselling supervisors. The Board responded by funding my study at Metanoia Institute in London towards a Diploma in Supervision to equip me to offer training to others. T.A. had grounded me in being able to diagnose and work with specific negative unconscious processes in training groups and therapeutic relationships. Until this time, however, in my professional journey I had not grasped the joy of working with the complexity of what Christopher Bollas (1987) names 'the unthought known': to identify unhelpful processes without shame or blame and lead these towards transformation. I began to own and acknowledge my intuitive, reflective and creative power in accompanying another human being to discover and believe in the riches of what they already know. I wrote my dissertation on 'The Forum of Consultative Supervision: Room for discovering the Unthought Known.' Not only has the focus of that work been fundamental to my doctoral research, but also I believe that the surprise and delight I had in being awarded distinction for it encouraged me to believe I might go further academically.

It was the summer term of 1998. The Lothian Centre for Integrated Living (LCIL) invited me to be a trainer on their Peer Counselling Course where people with physical or sensory impairment were being prepared to offer counselling to disabled clients.

Lunch break was relaxed: the chat ranged over many topics. One woman announced, 'In my dreams I walk and run!' The response was quick: 'me too!' 'I sometimes dance in mine.' 'So can I!' 'Once I climbed a mountain!' All the wheelchair users in the group agreed. I felt astonished, and sat back watching eager expressions as they compared notes and realised that something each had thought was a personal and private experience was a shared one.

Eventually I broke in with 'That sounds wonderful for you!' To my consternation this was severely challenged by two trainees, demanding that I examine my assumption. 'Well,' I said, thinking quickly, 'I remember dreams I had where I could fly, and I loved that experience of freedom. I thought it would be the same for you.' Back came the response, 'We have to waken and know we can't just jump out of bed and walk.'

A year later when accepted on the doctoral programme, I was still finding working in that agency one of the most challenging experiences of my professional life. I asked the Board of LCIL if I might use their training programme as a research base to look at specific aspects of counselling and physical disability. Their response was positive, but guarded. They set up a support group, not only to support and encourage me, but also to monitor and challenge my research each step of the way. I learned to be grateful for this.

Having reached a place in my professional life where I was an experienced counsellor, trainer and supervisor, it was years since I had been on such a steep and painful learning curve. Often the only way I could describe this was that I felt professionally disabled. I was trying to function in another culture where I did not belong. Brought in because my expertise was useful, I was still an outsider: I could not know from the inside.

The usual ageing process had, of course, taken its toll: I could not read without spectacles. My hearing was slightly damaged, and in that setting where some trainees had speech impairment I had to use a hearing aid. For many years I have lived with no sense of smell, but I did not belong in the world of disability.

I navigated my way cautiously, but successfully through a pilot research project:

'A pilot investigation into how counsellors might be equipped and supported to work with clients with physical impairment or disability', and then wondered how I might proceed towards further research.

Dreams have always fascinated me. Often I help clients explore the possible meaning of their dreams. I remembered that lunchtime conversation in the training group. How would I handle the situation if a counselling client with chronic motor impairment told me of a dream where she was dancing alone along a beach? Which assumptions might I make if she said this dream was not unusual in her experience?

First of all, I would assume that her experience was unique. I would probably think she was showing a classic example of Freud's theory of dreams as wish-fulfilment, and because of that might be slightly embarrassed if she asked me to help her discover what her dream meant. I would believe that it probably meant that she wished she were not physically disabled, and I found that thought disturbing. Each group I worked with contained people with a range of physical and sensory impairments. Very quickly I realised that my past experience had not adequately equipped me for the impact of entering a culture where disability was a norm.

But – could it possibly be that all physically impaired people dreamed of being non-disabled? If this were so, I wanted to know why! I wanted this for myself as a counsellor, for all other non-disabled counsellors who might be counselling clients with physical or sensory impairment, and for all counselling supervisors who might be as thrown off balance as I would be, faced with such a phenomenon. I was paid to train physically disabled counsellors to counsel others who were physically disabled. I should know about this so I could help them know this aspect of themselves as well as for their client dreamwork. I needed to know!

When I began my study there was no book in the counselling catalogues on working in this generic setting. One chapter (Spy and Oysten, 1999) in a recently published book dealt with counselling supervision and disability. Was there nothing to write about generic disability and counselling needs: nothing held as common experience amongst people with differing physical impairments not likely to be experienced equally by non-disabled people?

I discovered through reading books lent to me from the library shelves at LCIL that this question addresses a contentious issue. Many disability activists (Barton and Oliver, Eds. 1997) would firmly answer 'Society has to remove the barriers that disable us, giving equal opportunities with other people. These, and nothing else, make and keep us different.'

In the conclusion to my Pilot Research Project I had stated:

'Counsellors are equipped to help clients with 'personal troubles' (Borsay, 1997), but we allow processes within ourselves to warp our abilities to help disabled clients. We are part of the society that expects disabled people to adapt to us! We are not seeing clearly, neither are we listening – even to ourselves. For as long as this happens, the responsibility to change is ours.'

I realised that literature written for counsellors, supervisors or trainers working with disabled clients, supervisees or trainees, should have a strong emphasis on the inner reality of those who were not themselves physically disabled as they came into relationship with disabled people, and vice versa. In attitude, assumption, false belief and fear might hide material to disable the health of the counselling, supervisory or training process.

Tentatively I decided to approach the Board of LCIL with an offer, knowing that refusal was a distinct possibility. If they allowed me to carry out research at doctoral level on this dream phenomenon with their trainee counsellors, I would offer two free training days at the end of the project - 'Helping disabled clients work on their dreams'- using material gleaned from the students. As a rich experiential component of the offer, I would listen to the dreams they offered in a way that would provide each with some experience of being counselled about their own dreams. To my relief and joy, my offer was accepted, with warmth and anticipation. I laid plans to take this work to doctoral level.

Soon I realised that I had to read more widely – not only to dip my toes into the unknown waters of neuro-psychology – but also to learn to doggy-paddle in them, often feeling out of my depth! Life belts were accessible through e-mail correspondence with Dr. Mark Solms of the Anna Freud Institute in London, a world authority in the neuro-psychology of dreaming, who was interested in what I was doing as it appeared to complement some of his research.

As my interest developed, I felt I had to pay attention also to the therapeutic relationship in which dreamwork might occur, and to the supervisory relationship that would support and challenge counsellors – especially non-disabled counsellors - as they related to their disabled clients. I wanted to advance my exploration of 'the unthought known' within the counselling relationship and its interplay with the supervisory relationship in this area of diversity and produce material to guide practitioners to create a more aware and therefore a safer arena for effective dreamwork.

1. 2: MY JOURNEY TOWARDS AN INTELLECTUAL UNDERSTANDING OF THE DREAMING BRAIN

In this section I

- describe starting the journey
- tell of my first felt breakthrough
- highlight an ethical issue for me in making this journey
- record the results of meeting a professor of veterinary neuro-science
- show the relevance to my study of the discovery of mirror neurons
- describe my contact with Dr. Mark Solms
- explore the relevance of his work in the neuro-psychology of dreaming to my research

MY JOURNEY BEGINS

Having decided on the focus for my research I had a renewed interest in books on sleep and dreaming. High street bookshops and local library presented a colourful variety from the bizarre but seductive that promise immediate slick interpretation of dreams to those with some relation to scientific research. From the former I was aware again of the emotional pain in the human condition that lay behind their marketing potential. Leafing through them reinforced my motivation to produce material to enable some people understand more of this mysterious and confusing part of human experience.

I fully expected to find in the available scientifically based books on dreaming, all I needed to know about this dreaming phenomenon. I gathered fascinating information, but no book I accessed looked at the dreams of disabled people. From its absence, I concluded this to be a specialised field.

I found information in journal articles. I discovered a number on the dreams of people with visual impairment (Blank 1958; Berger, Olley and Oswald 1962; Kirtley and Sabo 1983; Rainville 1994; Hurovitz, Dunn, Domhoff and Fiss, 1999; two on hearing impairment (Mendelson, Siger and Solomon, 1960; Sherman 1970), one on people with limb amputations (Frank and Lorenzoni 1989), and children with spina bifida (Muller-Breckwoldt and Lipinski, 1988)¹. Most of these were written more than a decade before; all mentioned the existence of this dream phenomenon, but the explanations they offered to explain it – where they offered any – were more psychological than neurological, and eventually I thought I was in a position to challenge some of these.

¹ Appendix 1.1.1 contains an extract from this article

Reading through the classical texts of Freud (1899) and Jung (1967), searching for references to body image and dreams or to the dreams of disabled people, did not give me what I wanted. I spent time sidetracking myself by trying to link up my thoughts with what appears to have been an emphasis during the time of Freud (1999:20 – 38) that many dreams were stimulated externally to the sleeping body through the senses, and triggered off dream content.

MY FIRST BREAKTHROUGH

Eventually I thought I had discovered the physiological explanation I was seeking! Aserinsky and Kleitman (1953) in their sleep laboratory discovered the existence of what became known as 'Rapid Eye Movement' (REM) sleep. The closed eyelids of their subjects during sleep would flicker for some minutes, and then resume normal stillness. Through a process of waking sleepers at such times, they discovered this to be an indication of dreaming. As technology advanced, scientists discovered more about the human brain and body during phases of dreaming sleep. Dreams occur during sleep that is not REM sleep (non-REM or NREM dreaming). Dream research has focused over the past few decades, mostly on REM sleep, and often called it 'dreaming sleep'.

With great interest I read:

'An amazing characteristic of REM sleep is that the body's musculature becomes paralysed, although breathing is automatically maintained. There is active inhibition, so that only slight twitches are occasionally observed. Reflexes, such as the tendon reflex, are suppressed. The purpose of this paralysis would seem to be a protective ploy so that we do not physically act out our dreams!' (Melbourne and Hearne, 1999:13)

I also read (Dement 2001:210, Fontana 1999:21,22) that REM sleep begins with something happening in the brain stem at the top of the spinal cord that cuts off the activity of the neurons whose task is to relay messages from the brain to command muscles to move.

With the naivety of a novice I thought, 'That's it! If every dreamer's body is paralysed during dreaming sleep, and commands don't get through the brain stem, then the sleeping brain of someone with an acquired disability might not be aware that the body is different in any way from the body before it acquired impairment.'

ENCOUNTERING AN ETHICAL ISSUE

It may or may not be quite straightforward to take an isolated fact established in a professional area other than your own, believing you understand it, and weave it into your own work. From this point on, however, I was trying as a novice to work in an area and with texts that I had neither training nor

background experience fully to comprehend. It was going to be all too easy to say, 'Oh – that's it! Now I understand', and take something out of context without realising the complexity or nuances assumed by anyone trained in that science. This became obvious when eventually I was in touch with experts, and asked them what seemed to me a question that would require a very short and simple answer. Sometimes they hardly knew where to start in order to give me a comprehensive enough answer, which might not prove misleading! How could they condense their years of learning and experience into a few succinct sentences? This meant that e-mail correspondence became difficult at times when the experts were too busy for such replies. Unwittingly, I was demanding the impossible.

MEETING A PROFESSOR OF VETINARY NEURO-SCIENCE

The first person I contacted was Gordon Arbuthnott, a professor in vetinary neuro-science. He seemed very interested in my research, especially that people with congenital motor impairment experienced themselves as walking in dreams. He discussed this issue with me, told me about current work on something called mirror neurons, and gave me an article on their function. This became an important part of my understanding of how it might be possible for people with congenital motor impairment to experience themselves walking unaided in dreams. Arbuthnott lent me textbooks, but wisely advised that I find someone studying the dreams of human beings!

MY CONTACT WITH DR. MARK SOLMS

My other contact proved to be Dr. Mark Solms, the author of 'The Neuropsychology of Dreaming' (1997). Middlesex Library ordered this for me. I opened it eagerly - and couldn't understand it! Barbara Hathaway from Middlesex Library came to my rescue by discovering for me the Journal of the Association for the Study of Dreams - 'Dreaming'. A review (Moorcroft, 1998) in one issue outlined the significance of Solms' research and its publication. With the help of this distillation I was able to begin to access his text, but it was many months before I was able to understand exactly how I could use it in my research! He was writing for his peers, who had already their shared technical language, along with an excellent understanding of the workings of the brain.

By e-mail I introduced myself and my work to Mark Solms. He responded very warmly and eventually I was able to have him as an official consultant for my work.

I began to have an awareness of some basic neurological facts about dreaming. In waking cognition, information is constantly bombarding the brain via the senses, and has mechanisms for making sense of the information, passing instructions to the body for responding to it, and storing it. The dreaming

brain in sleep, however, rarely responds to external stimuli. It processes what is already stored in the brain. I held on to the hypothesis that I had formed about the body being unable to communicate to the brain in sleep that it was disabled, till around the time I was preparing to meet Mark Solms face-to-face. I then began to have niggling doubts about my hypothesis. One thing that made me unsure was my work with adventitiously blinded people. They were exhibiting the phenomenon of being non-disabled in their dreams in their own way that had nothing to do with the flaccidity of the voluntary motor muscles of the body normally controlled via the brainstem. The process seemed to be happening within their brain, and probably could not be affected by a cut-off in the brain stem. Another major contra-indication for my theory was the fact of the role memory plays in dreams. I was used to my participants in the dreaming project saying 'In my dream I was back in the street where I lived as a child...' or even 'I was watching a programme on television last week about an earthquake, and I think that's where I got the image of the house crumbling.' Surely the brain could not be cut off from remembering that the body in which it lived was disabled?

Just before I met Solms I found another theory in a journal article (Frank and Lorenzoni, 1989). The authors wrote about men they interviewed (with limbs amputated in the Second World War) having phantom limbs in their dreams. Were they describing the phenomenon I was researching? I concluded that they were. I had no measure by which to assess the validity of their hypothesis, but decided that Solms would provide the answer!

I was able to check out both hypotheses with Solms when I met him for two hours in London at the end of June 2001. He replied to the phantom theory by saying that he didn't think that was the brain mechanism behind the dreaming phenomenon I was trying to understand, but that I should read V.S. Ramachandran's writings to explore phantom phenomena. He thought the dream image might come from a different place – deeper in the brain than where phantom phenomena were generated. He was not about to supply short cuts: I was to do my own legwork!

But he told me about body maps in the brain. At this point I had not heard of these, and enjoyed the information he shared. He said we have two bodies mapped on the cortex of our brain – our visceral body and our somato-sensory body. The somato-sensory one in the cortex has tactile receptors, vibration receptors, and temperature receptors, pain receptors and so on. The visceral body is mapped in a functional rather than a topographical way, and monitors the state of blood sugar, blood oxygen, and core body temperature, how much water is in the body and so on and this information is conveyed not by neuronal activity that could be inhibited in the brainstem, but by hormones and chemicals in the blood stream and by cerebro-spinal fluid that is not blocked at the brainstem during dreaming. This information has to be communicated exactly the same as when waking: for safety's sake the sleeping body has to be awakened if any of these drop to a life-threatening level.

I quote now from the transcript of our discussion. My interventions are in italics:

'It wouldn't convey information about your body in the sense of whether you are paralysed or not, or still active. Now your question is, 'Surely that's why people who are paralysed aren't aware that they're paralysed when they're sleeping, because they're not receiving any information about their bodies'. In a manner of speaking that's true, but the map you have of your body is not just an on-line map, saying 'How is my body right now?' It is also a long-term structure. It's a structure that is built up in your brain, which is a representation of your body which has stability – you don't reconstruct your body image every second of your waking life. You have an existing – called a body schema – that is there all the time – and that's in your brain, not in your body.

So that's not influenced by ...

That's not influenced by muscle atonia or by the inhibiting of your sensory-motor function. That map is still there, still in your brain.

Yes. So in your sleep, though – in REM sleep, is that bit of your brain in touch with your dreaming brain?

This is where, to my mind, things get very interesting, and this is where things are not absolutely finally resolved yet. We're still busy learning about that level of what goes on during sleep. What happens in the forebrain itself? And it's only in the last four years that we've begun to understand it. We as a group knew next to nothing about it. What we do know is that certainly during sleep, and during REM sleep in particular - in REM sleep these symptoms are simply exaggerated - there are parts of the brain, which are inactive, and parts of the brain, which are highly active. So there's the possibility that there are certain parts of the brain that would normally be working during waking cognition or out of action during sleeping cognition. Indeed there are even parts of the brain which are even more active during sleeping cognition than during normal waking cognition – and the body maps – are they activated during sleep? It's not an easy question to answer, because there is not one map of the body you see. There are many maps... So when you say 'Is the body map switched on or off during dreams?' you see, it's not so simple.'

He went on to explain that, using imaging technology to look at the brain and observe whether or not cells are metabolising, it appears that the main motor map of the body in the brain is not active during sleep, in particular, during dreaming sleep.

EXPLORING THE RELEVANCE OF SOLMS' RESEARCH TO MINE

His own research, which was able to link cessation of dreaming with damage to specific areas of the brain, found that damage to that motor map area did not influence dreaming. And he concluded:

‘So that’s further evidence that even at the level of this memory of your body – your memory image of your body is also off-line during dreaming sleep. At least as far as the main image is concerned. Now how do you make sense of that? Now, that’s really difficult to understand, because then, how can you have any body in your mind during sleep? Actual, current, on-line bodies?’

My guesswork had been based on faulty reasoning because I had so little knowledge of the workings of the brain. But this amazing fact was a teaser!

Kaplan-Solms and Solms (2000: 44 – 57) have a chapter on the neuro-dynamics of dreaming. In a section sub-headed ‘the functional anatomy of dreaming’ they claim there are six regions of the brain involved together in the dreaming process – the left inferior parietal region, the right inferior parietal region, the deep ventromesial frontal region, the ventromesial occipio-temporal region, the frontal limbic region, and the temporal limbic region.

Solms (1997: 225) explains that he reached his conclusions on which areas of the brain were involved in the dreaming process by interviewing neurological patients in hospital who ‘complained about changes in their dreams, the onset of which they dated to the beginning of their illness.’ He had access to their medical records. He found that when certain areas were affected, dreaming stopped altogether, whereas with others, certain aspects of dreaming changed. He compared his findings meticulously with all available past work in this area.

Apparently his results match work done by others through Positron Emission Tomography (PET) scan studies of REM sleep. (Domhoff, 2001:17)

For people like me, who do not have sufficient knowledge of the working of the brain, the following guidance is given:

‘The function of dreaming cannot be localised within any of these regions; rather, it must be thought of as a dynamic process that unfolds *between* these different component parts of the functional system as a whole.’ (Kaplan-Solms and Solms 2000: 52)

I cobbled together the following table (Table 1) from the descriptions of the work of Solms given in Kaplan-Solms and Solms (2000) and a description of the work of Solms (1997) by Domhoff (2001:17). I did this in an effort to understand what each region might contribute towards the psychological aspects of dreaming.

Table 1: Brain regions in the forebrain network for dreaming and their psychological functions

	Name of region of the brain	Its psychological function for dreaming
1	Left inferior parietal region	The ability to distinguish spatially between left and right and the ability to derive abstract concepts from spatially organised heteromodal information: the ability to represent perceptual information symbolically. Contributes symbolic (quasi-spatial) mechanisms
2	Right inferior parietal region	The ability to hold visuo-spatial information in mind for short periods (visuo-spatial working memory): to concretely represent information mentally in a visuo-spatial medium. Contributes concrete spatial mechanisms.
3	Deep ventromesial frontal region	The fibres of this region contribute an elementary function that is crucial to human motivation. This is done by linking the frontal cortex with the dopaminergic circuits that provide the 'appetitive interest' necessary for dreaming.
4	Ventromesial occipito-temporal region	The ability to represent visual perceptual information concretely. This is from the visual association cortex located in the occipito-temporal area and is necessary for the dream to have a visual aspect.
5	Frontal limbic region	An ability to differentiate between perceptions, thoughts, memories, fantasies and dreams and real experiences. This provides an element of 'selectivity' to the dream's content.
6	Temporal limbic region	Probably locates the initiating mechanisms of the neural network for dream generation. Provides 'affective arousal'

A FOREBRAIN NETWORK FOR DREAMING

There is a controversy between what are known as 'the brainstem theorists' and those who agree with Solms (Domhoff, 2001:17). The brainstem theorists claim that all dreams are triggered in the sleeping brain by the mechanism in the brainstem that triggers REM sleep and dreaming, including NREM dreams. Solms' theory is that more than one area of the brain can trigger dreaming. He thinks dreaming can also be triggered by activity in the temporal limbic region (Solms 1997:243).

In his article in 'Dreaming' – the Journal of the Association for the Study of Dreams, March 2001, Domhoff says

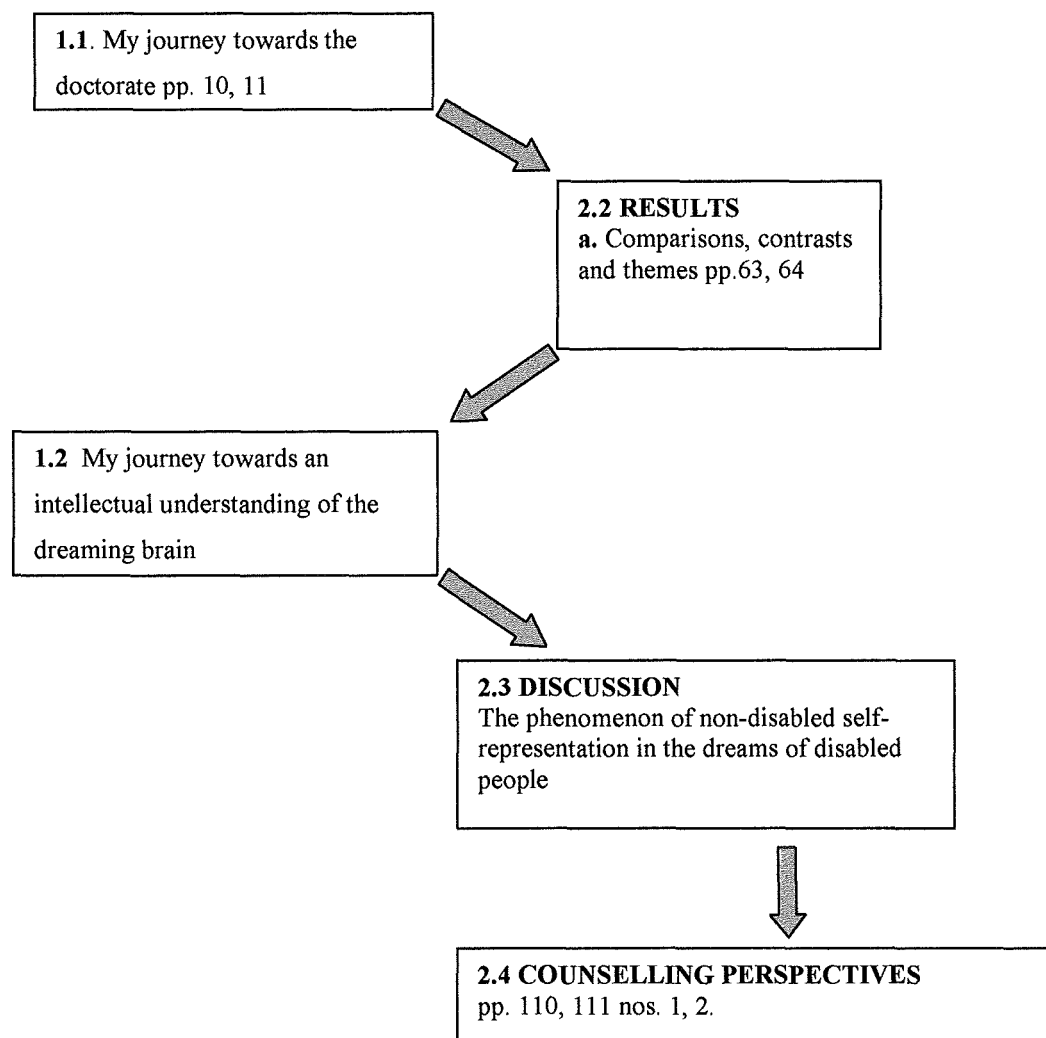
'Despite these arguments about the role of the brainstem, there is nonetheless broad agreement that a forebrain network along the lines suggested by Solms is necessary for dreaming. There is also agreement that this network plays the major role in terms of shaping dream content.' (p.17)

SUMMARY

I felt that from this basis, I had enough basic understanding of the working of the human brain in dreaming to consider issues that had emerged both from my own research into dreams, and also to discuss some assumptions and conclusions expressed in journal articles I had gathered.

Figure 1 shows how the thought in this section connects to others throughout chapters 1 and 2, tracing the journey towards understanding the self-representation in dreams.

Figure 1: Following the journey to understand the self-representation in dreams



1.3: SPECIALIST SEMINARS

GILLIAN STRAKER, MAY 1999

The effects of fascination and horror from this Gillian Straker specialist seminar began in preparatory reading. Straker² wrote about working with survivors of trauma, but it seemed to me as if she also addressed issues experienced working with physically disabled trainee counsellors. I felt confused and guilty of imagining them in the same league: there could surely be no comparison! The traumas and atrocities in her situation were literally a world apart from ours. Dare I claim similarity? By the seminar's end I believed I might be researching something on the same continuum of human reaction. In both, workers were faced again and again with something that just shouldn't happen in a safe and fair world.

Straker's writing was so personal, so open and written so clearly from a training perspective that it was no surprise to discover our seminar with experiential components. What was surprising was that she normalised the horror by asking us to share with each other a trauma we had been through.

Re-reading her article (1993) as I pull my work together, I can see how seminal it has been to my research on supervision.

I still hesitated to call the reactions I experienced and identified in non-disabled practitioners 'traumatisation', either secondary or vicarious. That seemed too extreme, and yet if those who have been through the process own to becoming in reaction, temporarily professionally disabled, that is a traumatic experience. It is a way of identifying ourselves vicariously with our perception of the suffering involved for disabled people, and of somehow suffering psychologically on their behalf.

Whatever we label the reaction, it blocks effective communication. Straker (1993:34) writes of what workers with survivors need:

'At the deepest level, this capacity for receptivity and for openness to the other presupposes that listeners have integrated the myriad of powerful emotions that workers with the survivors of trauma elicit, most particularly the emotions of horror, helplessness, sorrow and anger.'

One of her key concerns in work with trauma survivors is the emotional health of workers. She outlines the content of the workshops she offers them. The ground covered is similar to what I subsequently have found to be necessary for practitioners who work with disabled people, and for whom I have written my handbook (Appendix 3.1.37).

² Straker (1993)

PETER REASON, JULY 1999

I picked up two issues applicable to my research from this seminar on 'The action turn towards a transformational science'.

One was his emphasis on discovering 'what works better than what we are doing now' with the added quality of the workers 'thriving not just surviving'. He gave two examples of black women studying with him reaching an awareness of their way of operating (surviving) in a predominantly white society, and who took transformational action to thrive there instead. This challenged me to set the scene for challenging non-disabled workers with physically impaired clients to thrive rather than reach the 'enough is enough' level, and have to leave.

Secondly, it was because of this seminar that my research involved others, not only to have a research team of two others working with me on the supervised counselling project when my original thought was to be a lone researcher, but to ask more involvement of disabled people than I had envisaged.

I approached the seminar having read Reason's paper³ on 'The Action Turn toward a Transformational Social Science' and decided it did not apply to me, since my disabled students were so overstretched that they had no time and energy to work with me. After that seminar I realised I was protecting competent adult people eager to learn by deciding on their behalf. I was doing a bit of vicarious suffering – a 'Poor me' game⁴ of 'I can't do research this way because the participants are disabled people.' Yuk!

I listened for their motivation, and was creative in what I offered. One example of this creativity was to do dreamwork by phone. When I first thought of its convenience for all concerned I rejected it as unprofessional in counselling. Instead it challenged me to listen for rather than watch body language, and made research possible in terms of energy. It did not disable my trainees.

MICHAEL BARKHAM, SEPTEMBER 1999

Barkham's seminar was practical and political, and although I gained some interesting insights during his presentation on the political and economic factors that have influenced research into psychotherapy in Britain, his was a seminar I had difficulty in applying. Had I chosen inappropriately in deciding to attend?

³ Reason (2001)

⁴ Stewart and Vann Joines (1987: 253)

One clear, not new, message – was to ensure those involved in the research owned it. I applied this principle vigorously to my dreaming research, using more than one occasion to keep participants actively exploring with me what they wanted to know, feeding them back results, eliciting their reflection on my findings then feeding this back again in a mutual on-going learning process.

VALERIE SINASON, NOVEMBER 1999

If exposure to the work of Straker was a mix of fascination and horror, then to that of Sinason it was of fear and the need to face it. I avidly read three of her books prior to the seminar, held in thrall as she acknowledged feelings and thoughts during encounters with clients. How could she risk confessing these to the world?

It was a small seminar group: I listened and watched. I observed her sitting between flipchart and projector stands like an animal at her burrow's mouth testing if it was safe to come out. She asked each in detail why we had come, then talked, making reference to each of us pertinently as she talked, filling each moment: no dialogue.

Directly to me in the group Sinason said that disability is a trauma by itself, and the trauma is repeated in how the person is treated time and again because of the disability: disability is cumulative trauma. Until that point I could understand that acquiring disability was often⁵ traumatic. She said those congenitally disabled reach a place where they know they are different from others: the moment of knowing is their trauma.

As the afternoon session began I communicated my fantasy about her position. She laughed, pulled her chair out and joined the group. And in the afternoon session, the group attacked her! How dare she paint in gory detail what we didn't want to know about child abuse!

My desire was to rescue Sinason in some way, but I felt scared and knew her able to defend herself. I sat on tiptoe. One student left. The group enacted the fear response of the public to such inhumanity: some froze, some ran, some attacked the messenger who brought the incredibly awful news that this happened in our society. Yet this messenger was facing it, not only acknowledging its existence, but actively working at great personal cost with its survivors and those who should be protecting them on society's behalf – and we were psychotherapists!

⁵ I have to accept from my contact with some disabled people that for some it is not defined as traumatic. For one I know well, having a cancerous limb amputated was a relief: he could now get on with his life.

I know why I reacted as I did in that seminar. I had an early traumatic, physically painful incident when I split and decided life was too risky to show vulnerability, followed by years of accepting religious beliefs that demanded I act in society the fear-inducing role of being saviour for the needy. At this seminar I was acting out where I was on my 'echo journey'⁶. Sinason gave us an awesome example of how far she had travelled on hers.

MILLER MAIR AND DAVID HART, JANUARY 2000

I so enjoyed this seminar. For me there was no pain, but permission and space for reflection. I use poetry to express thoughts and give birth to personal meaning, and needed no encouragement to continue.

In the seminar Mair said 'Now give your total attention to your doctoral project. Enter into an intimate relationship with it.' Into my mind sprang ambivalent feelings from a training day with disabled trainees, and I wrote:

*'Yesterday a wave of love swept over me towards you.
Yet lunch time came, and I walked off
leaving you when I had meant to stay:
so ambivalent.*

*I left to dispel my over-concern for X,
I needed a break.*

*But I sat lonely in the café –
Knowing I was accepted, but did not belong.'*

In these few lines I highlight a personal theme that I did little to explore in my write-up despite its possible influence on my research.

GILLIAN STRAKER, NOVEMBER 2000

Having received so much benefit from my first Straker seminar I wanted more. One preparatory paper was hers: 'Thinking under fire: Psychoanalytic reflections on cognition in the war zone.' I was

⁶ A concept I offer for those who work with disabled people and those who supervise them

surprised when it stimulated me to compare what her colleagues said in interviews about working in a war zone, with my experience and that of my colleagues in training and assessing disabled counsellors.

'In this circumstance the individual is left not only with incomplete images and fantasies of action but is also left with fantasies of taking such action, fantasies which usually pertain to ... the body self (2000:6).'

Straker was talking about situations where decisions made might rebound in attacks on a decision maker's body – e.g. punishment for hiding a person who had burned an informer. Our situation was so different, but we constantly at that time worked under unsatisfactory conditions that threatened our professional self. Our training room was on the second floor of a large adapted building, and for months the newly installed lifts jammed, leaving supervisors or trainers with groups of stranded wheelchair users. Working with students with a wide range of physical impairment needed much more time and infrastructure than was possible in an organisation strapped for funding. Our values were severely challenged. If we tried to think things through we became fearful, overwhelmed and felt helpless. Students' work was sometimes assessed as satisfactory when we could not have given an external examiner evidence for this⁷. This brought more fear: more blocked thinking. And throughout each grew increasingly conscious of the vulnerability of our body self.

Another Straker article contained a dream shared by three daughters of a murdered African chief. In their dreams his mutilated body was again whole. Straker wrote:

'The dream itself can be further analysed in terms of its psychological functions. It clearly gives expression to a need to make reparation and it should be noted that the fantasy of bodily integrity of those who have died is a common fantasy in children who have witnessed the murder of a parent. It represents a need to heal damage and to have things as they were before the trauma. As such it represents an unrealistic wish-fulfilment and while such a fantasy plays an important part in the initial stages of recovery it can be counter-productive in the long term.' (1994: 458)

By this time I was deeply into listening to the dreams of disabled people and pondering on the phenomenon of their self-representation and of other disabled people being whole. Eventually I reached a different conclusion for this than that of wish-fulfilment.

Before this seminar I was struggling to read Solms (1997) 'The Neuropsychology of Dreaming'. Straker handed us a diagram representing the brain in times of trauma. With that diagram, a light switched on for me! I understood I was attempting to enter a new field with its esoteric language and concepts at post-doctoral level! I found an undergraduate level basic textbook and began to read with increasing ease and speed.

⁷ This is no longer the situation

JOHN McLEOD. JANUARY 2001

I approached this seminar asking how I was going to know when enough reflexivity was enough. I emerged knowing I needed to use others' judgement as well as my own on what is useful, appropriate and enough.

McLeod asked us to select one part of our research for deeper reflexivity. We relaxed while his voice supported us through a guided reflexive experience on our choice. I cannot recall his words, but looking at what I wrote subsequently I had explored various ethical issues from different perspectives. Possibly I had a fantasy conversation with one research participant, because some emergent perspectives were what might be his. I was in touch with my assumptions and challenged them, with my usual feelings and with deeper, scary emotions whose presence I usually choose to deny. I examined the boundaries I had fixed, and looked at possible consequences of shifting them.

Through this experience I understood better than through prescribed reading what reflexivity in qualitative research can be. Once home I compared what I had written after that experience with what I had written about my work with the research participant some weeks prior to the seminar. Of course there were similarities, but in the guided experience I had been held while I dared to look at what I would rather have denied.

An additional value in this for me was taking permission to include a visualisation experience (Appendix 3.1.30) as a research tool in my supervisors' workshop. What McLeod did with us I could easily label 'a self-supervision experience'. So much emerged through it for me: so much emerged for the supervisors in the workshop and through the taped version, for others working alone. Good supervision is enabling reflexivity in others while they feel held by the experience.

Meanwhile I was listening to dreams of disabled people who were not my trainees or supervisees, and as a result of my learning I developed reflexivity with them. I received their dream report, worked with them on it, further reflected on it by myself, then phoned some again enabling them to go further into the meaning and symbolism of their dream experience. This enriched my work.

COLIN LAGO. SEPTEMBER 2001

My value from this seminar lay in the preparatory work with given articles. Attending it confirmed for me that the area of differing cultures was so huge that the time and energy I had for it could not do it justice. There were too many differences, although some helpful similarities, between racial culture and that of disability.

One idea transferable from the area of cultural difference in counselling and supervision to that of disability was Lago and Thompson's (1997) 'The Triangle with Curved Sides'. It highlighted precisely the area in communication within the supervisory triad where difference in either physical disability or culture may cause trouble: that when people are faced with visible difference in the other, they present to the other a 'false or proxy self' adapted from previous experience of similar others. My research results were in total agreement with this, and their series of diagrams (pp.123 – 128) useful to illustrate the concept.

During preparation I listed similarities applicable in counselling. Similarities might be most marked in people with congenital disability, separated early from their non-disabled families, brought up within the cultural environment of a single disability and who then had to leave it to make their way, visibly different from others, in the adult world. Few disabled people have that background. People born with hearing impairment, communicating principally through British Sign Language are probably those whose difference from the majority in the population is most likely to be experienced as cultural.

I spent time playing with an idea in one article by Lago and Thompson (1996: 150):

'... Cox (1982) produced a diagram of three intersecting circles in which individual uniqueness, human universality and cultural specificity are representative of the interactive components influencing humans. To understand fully, Ibrahim (1985) asserted that it is necessary to understand the unique and simultaneous influences of these three domains upon individuals' worldviews in order to achieve counselling effectiveness (Speight et al, 1991)'.

This will result in a page in my Handbook of Resources for Supervisors (Appendix 3.1. 37) in a section on working with dreams (in process).

COMMENT

I was struck how at each seminar there was something of value that I could apply to exactly where I was in my research at that time. Preparing for and attending seminars fit in to the general pattern of a researcher's way of experiencing the world from one angle of heightened awareness around one issue!

1.4: WORKING AT LEVEL 5

The following is an indication of how I have fulfilled the Level 5 Competencies in my research: the challenges and dilemmas faced, the decisions I had to make, the various matters to which I had to be sensitive and the original thinking I offer to the profession.

THE CONTEXT

Carrying out research in voluntary agencies over the past four years has meant working in a vulnerable context. LCIL and SCOC have both managed to survive having faced closure, but extreme vulnerability continues and both are likely to close in 2003. Such a climate has affected staff and trainees, those who pay and those provided with training because of inability to pay, and their clients. The effects of 'September 11' continue in our society. These issues surround many of the physically disabled participants in my research, who know from direct experience how fragile and unpredictable life is and who continue to be some of the most vulnerable, yet resilient, in our society.

The very act of asking one agency in such an insecure situation to make the political decision to expose their trainees to not one but eventually to two research projects that might siphon off precious time and energy from their usual training programme, was risky, perhaps audacious.

Constantly I had to make decisions that closely paralleled those my research participants have to make for themselves daily, in terms of what they want to do and the resources they have to do it. My ingenuity was challenged. How could I make it feasible for this organisation to absorb this extra work? I would have to offer it free: their budget was fully stretched. It must be profitable for them: their trainees learning something useful. It must catch their imagination and motivation or sink under the weight of their essential tasks. It should cost little to participants in energy and time resources and not disable any potential participant. And I needed it to be something worthwhile researching that could be carried out to exacting ethical standards.

This was the background against which I created two new training modules.

THE COMPLEXITY OF WORKING WITH MY CORE PROJECTS

It was quite a challenge to obtain the evidence I felt I needed to gather as a counsellor researching for what would be useful to other counsellors.

Firstly, I knew I wanted to collect freshly experienced data for my research on the dreams of physically disabled people: to hear the dream story in a live interaction with the dreamer - if possible, on the actual day of the dreaming – because I wanted to be able to work with the meaning behind the dream as counsellors do.

Secondly, I wanted to know why disabled dreamers dreamed that their bodies were not disabled because I knew I would find it most embarrassing to address as a counsellor if the reason for its existence was Freud's theory of wish-fulfilment.

WORKING WITH SENSITIVE ETHICAL ISSUES

If I were to collect dreams I needed to be a particular kind of researcher for research participants – one that was compatible with the role of counsellor. Neither impersonal nor unknown, I needed to be in a relationship of sufficient mutual respect with each dreamer for them to trust me with something as deeply personal as a dream they did not yet fully understand. Because I was not their counsellor I risked invading the privacy of those who participated in my research since I wanted not only to hear the story of each dream, but also to work with the dreamer on its possible interpretation – on the meaning for them of the various symbols and metaphors in the dream. If I could not do this within a bounded therapeutic relationship where vulnerability is a carefully managed norm, I had to be prepared to go against what is normally acceptable in our British culture.

Dreams have a peculiar place in our present day culture. By a large section of the public they are handled with embarrassment and hidden, or with bravado with any possible meaning distanced through humour. Dreams are frequently linked to a popular conception of Freud and sexuality and dream-tellers made the butt of raunchy jokes. Many do not think to own the meaning of their dreams: they believe this to be the province for expert interpreters – anything from psychoanalysts to those who compile dream symbol dictionaries. Others fear bad dreams, believing they might somehow 'come true'. The experience I had gained over years of counselling and handling sensitive issues within the bounds of confidentiality meant that I was aware of the need to be cautious.

I uphold the stance that trainee counsellors need to experience being counselled by others on real live personal issues. Through such experience and reflecting on it they are likely to gain some sensitivity in being a counsellor listening to the emotionally painful problems their clients will present. There was little doubt in my mind that trainee counsellors, should they ever be in the position of a client trusting them with a dream, would benefit from having had the experience of a counsellor working with them on their own dreams. The physically disabled trainees in the agency where I was one of their trainers had had no training in handling the dreams of their disabled clients.

Could I be the person who listened to their dreams for my research? This was quite a challenging ethical issue. For some I was already in a dual role, albeit one usually acceptable within the profession – that of both trainer and also group supervisor of their counselling practice. If I worked with them on the interpretation of their dreams was I then also assuming the role of counsellor for a limited period? That would not be so professionally acceptable. In my training role I occasionally offer to demonstrate a counselling skill with a volunteer trainee in the group. Could listening to their dreams be similar? I was well used to contracting with such a volunteer in front of the training group about boundaries of confidentiality, about the volunteer having the option to stop the progress of the demonstration at any time if she felt she wanted to do this. Trainees can rarely interpret easily their dream material and therefore cannot edit and make an informed selection of which dream stories to offer, and which to withhold because they might reveal intimate issues. Working with me they could feel suddenly trapped, exposed. Within a training group such a demonstration is in public, and becomes part of the total group learning process and shared knowledge. What I was planning to do with my trainees, if acceptable, was to engage with each on a one-to-one basis privately, and to listen to issues that might turn out to be intimate. I would have to ensure that they each had the option of not being a participant in my research, and the option and power, should they volunteer, to say to me ‘I want to stop now.’ Inevitably I would get to know each at a more personal level than I would with most trainees. If I continued as their trainer in the agency after this experience, as I fully intended to do, I would have to hold what had been shared in confidence in the context of that role, as well as maintaining the confidentiality required in handling material generated for research purposes. This would not be shared training group knowledge to which I might refer in teaching.

It was through this thought process that I came to design the first experiential training module I offered to LCIL in this project.

I offered, over a six-week period, to hear the dreams of physically disabled trainees by phone and give each an experience of facilitated dreamwork. This experiential component should prepare them for a training day on helping clients work with their dreams, but it would also provide me with data about the dreams of disabled people to feed back to them on that training day: a joint learning experience of mutual benefit. I reckoned that the results would be sufficiently beneficial to my research needs that I could offer it free to the agency.

To manage the ethical issues in hearing the dreams of my trainees, I said that any could attend the training day without first having phoned me a dream, but on the other hand they knew I thought it desirable that they all gained the preparatory experience! I told them to give me only dreams they chose to share, and that they were welcome at any time to say they had gone as far as they wanted to with the interpretation of any dream. My part was to be alert to any signal during the phone

conversation that might indicate a wish to stop. I would then say, 'For my research, I don't need to know any more about what your dream might mean. If you like, I'll suggest a way you might take your interpretation a bit further by yourself. I often do that with clients.' Two participants exercised their right to wait until the final week to tell me about a dream, and each shared only one and was guarded in their exploration of its meaning. All others came back for more.

In the control group of non-disabled dreamers (Group Two), one supervisee from my private practice brought me a dream she thought we could laugh about together. She had dreamed I told someone I had fallen in love and was about to start an affair! In the dream a meeting was called where the counselling world of Edinburgh was aghast because I had lost my integrity. On the phone with the dreamer I attempted to maintain my usual role of facilitative researcher but felt increasingly uneasy, and by the end of the allotted time neither of us understood the dream. It was later, as I finished transcribing our taped discussion, that I realised my 'affair' might be my research. If I had stumbled on a possible interpretation, I had evidence that my research was damaging my private professional practice! I was extremely concerned. At our next scheduled supervision session I negotiated with her for time to discuss this issue. I did not attempt to facilitate her further understanding of the dream, I told her my hunch and asked her to discuss with me how my research was affecting our supervisory relationship. She was able to say she wondered if I might be so enthused by my research that I would be less interested in the work she brought to me. For me, this was a timely warning, and I believe discussing this openly and then checking on it subsequently, dealt with the issue between us. I also overtly monitored dual relationship thereafter with others during the project's duration.

The second learning module through which I conducted research was the supervised counselling project that raised similar issues around boundaries that required astute handling. Years before I had been involved at national level in setting up⁸ the Confederation of Scottish Counselling Agencies (COSCA), and had both seen and benefited from the potential for counselling in Scotland in co-operation with other agencies. Until COSCA was born each agency normally acted as if fiercely independent, and perhaps was blind to the consequences of this.

The awareness gained from that experience produced the structure for my supervised counselling research project – that two diploma level training agencies in Edinburgh work together in an innovative training scheme. In it, trainee counsellors from the Scottish Churches Open College (SCOC)⁹ who rarely had the experience of counselling disabled clients would be in a counselling dyad with trainee counsellors from LCIL who rarely had the opportunity to counsel non-disabled clients. In this I was introducing a large experiential and reflexive component into training in counselling for

⁸ This happened at the insistence of what was then, before devolution, the Scottish Office

⁹ The counselling diploma course in Scotland to gain accreditation from COSCA and a university

working with diversity, in stark contrast to the usual short module required at counselling diploma standard.

But I was placing twelve trainee counsellors in a situation that on a few fronts would take them outside their usual comfort zone, and I would be handed for analysis, direct reports of their anxiety and discomfort, and of their ways of coping in a situation designed to raise their awareness, not just of 'the other' but of their internal psychic process.

I had to make this safe enough for learning to take place, so first of all I built in support for myself by limiting my role to that of researcher/administrator and asking two trusted colleagues to be the project team with me. We had regular meetings for mutual support, reflexivity, adaptation of the project and on-going learning. One was a disabled practitioner and the other non-disabled, and they became supervisors in the project to keep the practice of the trainee counsellors as safe as possible. I wanted this to be a fully integrated project where disabled and non-disabled participants were in equal numbers with equal status.

Some colleagues with whom I discussed the project in advance expressed surprise that I allocated the disabled supervisor to the disabled counsellors and the non-disabled supervisor to the non-disabled counsellors. I thought through this matter very carefully and made my decision on the basis that having diversity within the counselling dyad, and having supervision sessions audio taped was enough for the trainees to cope with in this project: to have participants feel like the meat in a sandwich was to research an additional issue. I already had evidence from my pilot research project of two years before that experienced non-disabled trainers and supervisors tended to hide the reactions they had to working with disabled trainees and supervisees. For the purposes of my research it was crucial that I make it as safe as possible for counsellors to own their reactions and begin to work through them: my decision was both professionally and politically motivated.

I had not foreseen that trainees from two similar courses would feel the need to prove that their training was better than the other! One supervisor had to use considerable skill to enable her supervisees to cope with the consequences of this issue, and sometimes I found it difficult to diagnose which processes were attributable to diversity and which to competition, so we discussed such in the project team.

For six sessions of counselling the supervisors gave three sessions of supervision, a far higher ratio (1:2) than those required by BACP (1:8) or by COSCA (1:6). Each participant, whether in the role of counsellor or client, had a workbook to encourage reflexivity after each counselling session. We saw the workbook as also giving the client a degree of self-supervision, an aid to reflexivity and empowerment. Each client was given my phone number in case of need.

The administration of this project was complex. I had to communicate effectively with seven counselling service or training managers who had to argue the case for my research at Board level with three agencies (with written papers from me), to visit both training agencies to talk with their trainees about the project and encourage some to volunteer. A training evening had to be planned and executed. Funding had to be sought, in particular for transport and personal support staff of the disabled trainees, but also to pay the supervisors and for transcription of the taped records of each supervision session. All the administration in connection with the volunteers was done twice because the whole project was deferred for four months after the unexpected death of one participant. Some volunteers had to withdraw because of changed dates, and replacements sought. Suitable accessible venues and times had to be found for counselling: most SCOC students were in full-time employment, while energy levels of most LCIL students was better early in the day. One dyad was cancelled after the project began because of a close personal bereavement, and in the other five dyads not one managed counselling sessions in six consecutive weeks for a variety of reasons. The project, already four months late, took a further four months to complete instead of the envisaged two.

MY PERSONAL ECHO JOURNEY

During the time I was conducting this research I was aware of being deeply challenged to reconsider my attitudes and personal philosophy about my relationship with disabled people.

This was eventually to become a key concept I would ask others to notice and address. Towards the end of Chapter 3 I focus on what I call 'The Echo Journey': the reflexive journey into self-awareness and towards personal and professional growth made by a non-disabled practitioner in the context of working with a physically disabled client.

The support group given to me within LCIL at the beginning often challenged my use of language as not politically correct, indicating that I might not yet be thinking as much within what is known as 'The Social Model of Disability' (Appendix 1.1.2) as in the medical model¹⁰. The more I read of current disability literature the more I understood what they meant - that there was something going on inside me that might result in my causing another person to feel or to be disabled by my attitude towards them. It was a time of deep frustration for me because at the same time as the support group pointed this out they would say how much they valued my services and the way their disabled trainees responded to me. There seemed to be something more radically challenged than my ability to learn to use politically correct language. I began to look deeper into myself to discover what was going on.

¹⁰ Roughly speaking, this is the philosophy that says 'There is something wrong with disabled people, and it needs to be fixed.'

My father's brother was disabled in the First World War. I was born into a family whose duty it was to do what we did for him, no matter how greatly it embarrassed, and even shamed us as children; no matter how much resentment we expressed to our parents. We had a strict church upbringing that told us that we belonged to a highly privileged section of society, who had somehow to pay for this by suffering on behalf of 'those less fortunate'. I think it was an aberration of Jesus' teaching to love our neighbour as we loved ourselves. I would not want to be 'loved' as my family related to that uncle. As a Christian, I lived out this family script, and throughout my adult life have chosen to have many physically disabled close personal friends and acquaintances. I believe I have been trying somehow to rework my childhood experience, to get it right.

Why would I find it so difficult to suggest to a disabled client if she asked, that the reason she dreamed that she was able bodied was that that is how she really wanted to be? During the nineteen-sixties I was trained then employed by the church in pastoral ministry. I was fascinated with the concept of faith healing, and wanted miracles for the sick and disabled people I knew. *I* wanted disabled people to be able-bodied. When with them, my youthful health and strength embarrassed me. Very few suggested that was what they most wanted for themselves. I organised a support group for them where we often discussed 'the problem of the existence of suffering'. Perhaps it was more my problem than theirs.

It was thirty years later, when I began as a trainer in LCIL, that this philosophy of having to suffer began to give me trouble. I would have groups of four or eight or ten disabled people with various physical and sensory impairments. Some were visually impaired and therefore as their trainer I spent time making tactile models of various diagrams since I could not use worksheets or flipcharts, nor training videos, nor engage them in artwork. Some had speech impairments and I found it very difficult to hear what they said in the group. Some could not grasp a pen to make notes. Many had mobility impairment. Sometimes there were two personal assistants on call, sitting outside the training room, ready to help. I could not use them for filling out a worksheet to a trainee's dictation, because, naturally enough, the trainee did not want her PA to know the substance of her reflexivity. I would go home exhausted, depleted, having tried to be all things to all trainees, feeling deeply that I was failing – that I was disabled as a trainer. All the childhood feelings would comeback: I would often feel embarrassed, shamed, resentful, but of course 'doing my duty by those less fortunate', living as I ought to live. The worst thing for me was to assess their written work, knowing something of what they had to do, physically, in order to produce it. My sleep was affected. I had dreams of being in wheelchairs, being helpless, or of being unable to speak or make myself understood. I felt tense. My joints ached. My back hurt. I began to think I too would become physically disabled in some way – the suffering that would ultimately be required of me by God!

The process of doing the research, and of receiving supervision for my training and supervisory work, helped me greatly to become more fully aware of what I was doing to myself. My ability to reflect on my practice and on the roots of my behaviour helped me change the philosophy in ways that would positively affect my practice.

One thing that was eventually very positive for me to own was that, without fully realising why, I had organised my research projects so that during them I remained as completely within my areas of felt competence as I could. Being in a one-to-one relationship with a disabled person has rarely been difficult for me, and in the dreaming project this is what I chose to do, by phone. I could adapt easily to any one person's needs and story at a time, and I was caught up in the fascination of what each shared with me. In the supervised counselling project I removed myself and related as 'where the buck stopped' researcher and as part of a team of trusted and known equals in the project team. My personal struggle to be a good enough trainer in groups of disabled people continued as a backdrop to the research within the agency. It informed the research, and I believe it was ultimately constructive for the process. It was contained within my own reflexivity and supervision.

One of the most difficult parts for me was to acknowledge that what I had believed in myself to be highly ethical professional practice was in fact unethical. In this need, mostly unconscious, to suffer for them I was neither fully respecting them nor myself. Some issues I accepted as the burden of duty belonged to the training agency, not to the trainer. Eventually I discovered the freedom to relate to each physically disabled person as I would to any person for whom I was trainer: by challenging, not rescuing, by giving appropriate feedback that respected their ability to be in charge of their own growth and development as adults.

EXPLORING AREAS OF KNOWLEDGE

I had to read widely to understand from various angles, the subjects I chose to explore. These included counselling and dreamwork, counselling and physical disability, counselling supervision, supervision of counsellors with disabled clients, models of disability and their implications for disabled people in our society, scientific studies of sleep and of dreaming, various journal articles on specific disabilities and dreaming – and the greatest challenge for me – neuro-psychology! For relaxation I read autobiographies of and novels about physically disabled people.

WORKING AT THE LIMITS OF PRESENT KNOWLEDGE

The most exhilarating part of my study has been the pursuit of why disabled dreamers normally experience themselves as being able-bodied. I searched for someone who would tell me what others had discovered. Eventually, in some specialist journal articles, I discovered researchers stating that it was a result of Freud's theory of wish-fulfilment. I felt strongly that this was unlikely to be true of some disabled participants in my research. Then I read that some thought it was an example of phantom phenomena. I couldn't believe that! I was totally amazed that Mark Solms, author of 'The Neuro-psychology of Dreaming' did not supply an answer on the spot when I talked with him. Although scientists may soon, with ever more efficient technology, be able to see what happens in the dreaming brain, nobody yet knows for certain, and leading experts in this field disagree on details.

I am working at the current limits of theoretical and research understanding in an inter-disciplinary way, because as a result of my research with dreams I gathered evidence to challenge the wish-fulfilment assumption in this specific context of dreaming. This has included the opinions and experience of the disabled dreamers themselves, and not what others have assumed on their behalf. I have also advanced an argument based on my results in which I question the theory of those who attribute it to phantom phenomena of various body parts, or even of intact bodies. My arguments include recent discoveries about some neuronal aspects of the brain – mirror neurons – and what these might mean in dreaming for those born with impaired motor control. The findings of my dreamwork research on this phenomenon complement the work of one strand of neuropsychological writing on the brain's neural network of dreaming.

My innovative conclusion is that disabled dreamers are no different from non-disabled dreamers in their experience of having an able-bodied self-representation as a norm. I believe that the self-image experienced in dreams represents, not our current waking body image, but is symbolic of our feelings about our inner identity - our current psychological or spiritual well being.

Dr. Mark Solms who is a leading world expert in neuro-psychology working in this area, has read my material and recommended I present it in article form to the professional journal in this area – 'Dreaming' - the Journal of the Association for the Study of Dreams. I plan to do this early in 2003.

DISSEMINATING MY FINDINGS ON DREAM SYMBOLS

I have already disseminated my findings on dreaming and disability to different groups. First within the course on using dreams in counselling for the LCIL students, then in a meeting on October 18, 2001 to which the participants in Groups One and Two were invited along with along with LCIL

Board members, supervisors, trainers and management staff. There I tape-recorded feedback and incorporated it into the Results Section Ch. 2 'Comparisons and Contrasts'.

At the Scottish Counselling Research Conference on November 9, 2001, I presented it to many experienced counsellors, supervisors and trainers, a few of whom were disabled people. Although there was little time for questions in the session, many – especially disabled people - gave me feedback personally later, and showed interest by asking further questions.

I dealt with this material interactively over a morning at a day's continuing professional development workshop for twelve supervisors interested in working in this area on February 23, and again at a workshop at the BASPR¹¹ Conference in London in July 2002.

During 2003 it is my intention, after publishing in academic journals, to offer an article to a counselling journal to help counsellors understand and apply the relevance of this part of my research in their dreamwork with disabled people.

DISABILITY AND COUNSELLING IN U.K.: A CURRENT IMBALANCE

Disabled scholars in the U.K. are active in research, and many justifiably resist non-disabled people appearing to research on their behalf. I honoured this and sought to direct my work towards those who like myself are non-disabled. I have attempted each time to balance the input of non-disabled and disabled people, and have recorded faithfully what disabled people have told me, so that they speak for themselves in my record.

In proportion to their percentage in the population¹², disabled practitioners are scarce. For some years to come disabled clients are likely to be counselled by non-disabled counsellors almost certainly supervised by non-disabled supervisors. This is an area of diversity with a low profile in our profession. My findings have indicated a need to enable non-disabled practitioners to examine their past history of disability in order to work safely and creatively in this area.

From disability research has emerged descriptions of various models of understanding disability. The social model of disability (Appendix 1.1.2) emphasises that society disables people with physical impairment by not providing facilities so that disabled people can function in the world on equal terms with able-bodied people: that disability is a social phenomenon rather than a personal, physical one.

¹¹ The British Association for Supervision Practice and Research

¹² Although precise figures seem impossible to obtain, most sources cite this to be 14%

Using my understanding of the social model, I take that further, to the conclusion that in the counselling world what disables the physically impaired client is not so much inaccessible premises or the counsellor's politically incorrect use of language, important as these are. It is the idiosyncratic reaction, partly conscious but often largely unconscious, of the counsellor to her client's impairment. This is a major disabling factor in that relationship and its effect depends on where the counsellor is in her personal journey to explore and update these reactions.

To emphasise its importance, and the need for non-disabled practitioners in our profession to make this journey, I have named it - '**The Echo Journey**'.

Since most practitioners are already trained without specialist input in this field, and few choose to attend workshops on disability when there are other options available at conferences, I made a political decision to produce material for supervisors, rather than for counsellors. My understanding of supervision in our profession is that it enables on-going professional development at the moment of need and readiness for learning at a very intimate, hands-on level, so I am currently creating a handbook for the use of supervisors: for personal use and for use with their supervisees.

DISSEMINATING INFORMATION ON THIS AREA OF RESEARCH

I was able to open up this area at the day seminar for continuing professional development I held for supervisors in February 2002 and to present some definite findings about the processes between disabled and non-disabled people in counselling at a training day for social workers and counsellors held in Edinburgh by the local Social Work Department and LCIL on June 14, 2002.

A working group is presently being set up in Edinburgh, following the interest shown at that meeting to investigate together how to develop further specific training for all areas of diversity in counselling.

I have also been invited to share with the present supervisors and trainers in LCIL the findings of this part of my research at one of our regular meetings in January, and to take part in leading a Disability Equality Training event in February on the complexities involved for counsellors in following the Social Model of Disability.

My formal academic presentation will be offered during 2003 to Counselling and Psychotherapy Research for publication.

SELECTING APPROPRIATE RESEARCH METHODOLOGY

Prior to being accepted on to this doctoral programme I had no formal experience of research. I feel pleased that for working at Level 5 competency I was able combine my competency as an innovative trainer with adaptations of qualitative analysis informed by both heuristic and grounded theories, using them where the nature of the work to be analysed was most suited to the material I was working with, and towards what I wanted to produce. I felt I was using my more intuitive, receptive and maieutic aspects in working with dreams and their symbols, and my more organising, controlling and objective aspects in analysing and categorising the work of others informed by the work of grounded theory. There was some of both in each procedure, but in bringing them together I visualised these two parts of myself creating together frameworks and theoretical models for practice that make counselling relationships a good enough context for the dreams of disabled people to be explored.

1.5 VALUE TO THE PROFESSION

If the results of my study were known and accepted within our profession, they could result in changes

1. within the attitudes and practice of non-disabled practitioners relating to disabled clients and supervisees
2. within the attitudes and practice of some disabled counsellors new to counselling non-disabled people
3. in the understanding and interpretation of the self-representation in all dream work, but especially in the dreams of disabled people
4. in the increased confidence some counsellors would feel in helping disabled people work with symbols and metaphors in the dreams of disabled clients – perhaps especially in the dreams that include symbols of disability
5. in counsellors working with their own dreams of their disabled counselling clients and their clients' dreams of them

1. CHANGE IN ATTITUDE AND PRACTICE WITHIN THE PROFESSIONAL RELATIONSHIP WHERE PRACTITIONERS ARE NON-DISABLED AND OTHERS ARE DISABLED PEOPLE

There still exists a measure of distrust of the counselling profession amongst some disabled people who express their opinions on the subject¹³ and, having completed my present research, I believe we have earned this.

Until now, our literature has not taken seriously the effect on non-disabled counsellors of living their lives within a culture that does not automatically accord the full respect to disabled people given to non-disabled people, and still relates to them as if they were somehow different in ways other than in having a body with physical or sensory impairment.

The real difference lies in the past history around disability still exerting an influence on each non-disabled person. It is often outside conscious awareness, but affects their emotions, thoughts and behaviour towards disabled people. We in the counselling profession have neither yet looked at that in depth, nor taken steps to change the way we are.

¹³ The book 'Disabling Barriers – Enabling Environments' first published by Sage and the Open University in 1993, is now in its fifth reprint (2001) still carrying Lenny's chapter 'Do disabled people need counselling?'

Our profession is in the business of helping others change their intra- and inter-psycho processes: we know how to enable a change process. We even have the structure of compulsory supervision to enable and monitor the necessary change within practitioners.

My work looks at this issue in enough depth to acknowledge that it exists in counsellors, and provides guidelines and tools directed at supervisors to help us become more aware of the potentially destructive and idiosyncratic processes within ourselves, and to take steps to change and enable change.

2. CHANGE IN ATTITUDE AND PRACTICE WITHIN THE PROFESSIONAL RELATIONSHIP WHERE DISABLED PRACTITIONERS ARE NEW TO COUNSELLING NON-DISABLED PEOPLE

My findings showed a difference between disabled practitioners with many years of experience and those new to working with non-disabled people.

Those new to this work operated from unhelpful assumptions that negatively influenced their counselling relationships. What the experienced practitioners had learned matched what those new to this work had not yet learned.

Believing that it might make a positive difference to their practice if they were to benefit from the experience of the pioneers in this work, I collated what experienced counsellors told me they had learned through experience. (Ch. 3 Section B)

3. CHANGE IN THE UNDERSTANDING AND INTERPRETATION OF THE SELF- REPRESENTATION IN DREAMS, ESPECIALLY OF THE PHYSICALLY DISABLED DREAMER

I began this work because I believed that disabled people represented themselves differently in dreams from non-disabled people. To my total surprise I came to the conclusion that we did not. In their dreams, their norm was to have a non-disabled body, and in the dreams of non-disabled people the norm was exactly the same.

The difference lay not in the dream representation of the disabled dreamer, but in an assumption I had never thought to challenge: that when I saw myself in a dream, my body image would normally be similar to what other people saw when they looked at me in waking life. The extension of that was that I assumed that, for instance, a wheelchair user would normally be in a wheelchair in her dreams, a

blind person would be accompanied by a guide dog or using a long cane, and so on. I was eventually able to explain the sameness, rather than the difference, through reading recent developments in neuropsychology.

If what I have linked together is dreaming reality, then in the dreams of non-disabled dreamers our self-representation is as much a symbol as is any other part of a dream, and should be interpreted symbolically instead of taken for granted. In the dreams of disabled dreamers the key questions would be the same for all:

‘In this dream, was your self-image in any way different from your usual dream self-image? ... and if so, what was different? ... Can you think of any reason why it might have changed in this way at this point in your life?’

I believe that other counsellors who do dream work with clients might benefit from this discovery – in particular with disabled clients – but also in their work with all clients and on their personal dreams, because my discovery has implications for dream interpretation. This would confront - and hopefully will begin to change - the way both researchers into dream work with disabled people and counsellors have in the past dismissed the phenomenon of able-bodiedness in their dreams as ‘wish-fulfilment’. I believe this diagnosis patronises disabled people. Behind it lies an assumption that most of the dreams of disabled people are dominated by a wish to have a non-disabled body – so much so that they do not give space to process other concerns they share with the rest of humanity in their dreams.

4. CHANGE IN CONFIDENCE IN WORKING WITH OTHER DREAM SYMBOLS

It has been very helpful for me to discover symbols of disability (wheelchairs, etc) in dreams expressing metaphorically what is happening in the life of the dreamer. Before this study I might have regarded these as embarrassing symbols to ask questions about. Now I accept them as highly significant aspects of the dreamer’s life, and therefore likely to be significant in their dreams.

5. CHANGE IN ATTITUDE ABOUT THE EFFECT THAT WORK WITH CLIENTS HAS ON THE COUNSELLOR’S DREAM LIFE

It is exciting for me to know that I dream of my clients and see them as able-bodied. It has been salutary to use those dreams for self-supervision of the work I do with them. It has been scary for me to dream so frequently of being in a wheelchair. Now that I have experience of working with clients and supervisees where my relationship with them enters their dreams, I know how useful it is to look with them at what their dreams are saying about my work as well as theirs: about our relationship. I

have made friends with this part of my life, and I hope others can read of my experience, befriend theirs, and reap the benefit.

MY WORK MIGHT HELP OTHERS, NOT IN OUR PROFESSION

I believe my work might have value beyond the boundaries of counselling and psychotherapy.

- A. It may well be of interest to any disabled persons interested in their dreams.
- B. I hope it will be of interest to researchers from various professions who study dreaming, and even to those who keep personal dream diaries.
- C. It may be helpful for any non-disabled person in a caring profession or who works in the voluntary sector closely relating to disabled people and who see in their own reactions some symptoms of unease about disability. The Handbook of Resources for Supervisors (Appendix 3.1.37) could easily be adapted as a self-help guide.
- D. I believe that most of my work would be of interest to the growing number of disabled researchers who use the Social Model of Disability (Appendix 3.1.41).
- E. It should be of interest to disabled trainers who offer courses to enable non-disabled people to understand and respectfully work alongside disabled people.
- F. It may be of interest to anyone wanting to understand better what influences personal relationships when one person is disabled and one is not.

1.6: LIMITATIONS OF THE PROJECT AND POSSIBLE FUTURE RESEARCH

DREAMING AND DISABILITY

Although the participants in my research on dreams involved people with congenital and acquired disability, people with sensory and mobility impairment and some with hidden disabilities, disabled people in full employment and those who were no longer in employment but were volunteer counsellors in training – an amazing variety for just 23 people – there were people with other sensory or physical impairment not represented amongst them. I came to the conclusion that my research into dreaming was not affected by that: the same principles for dream interpretation would apply for those with any impairment if they wanted dreamwork within their psychotherapeutic relationship.

There were six in my sample born impaired, but only one with sensory impairment. He, David, greatly challenged me through claiming to see in some dreams although he has never had waking sight. From reports of the research of others, that should not be possible – and it defies my imagination – but I noted that one or two research reports contained hesitancy and ambiguity around this possibility. I would love to explore this further with David, but would want to involve others like him if this were ever to be possible.

COUNSELLING AND SUPERVISION

In this part of my research I had so much material that I found myself sometimes feeling overwhelmed and unmotivated to continue. With hindsight, I would have appreciated narrowing my field to working only with symbols, images and metaphors: with the dreaming material along with the visualisation reports, and exploring the images and their associations raised by each. I would like to know of the neural network for visualisation and to explore whether symbols in the visualised experiences of any individual are likely to be selected from the same personal symbol smorgasbord as their dream symbols. I use visualisation in my counselling and supervision practice and in my role as trainer of counsellors. It is a tool that does not require a disabled client or trainee to move, hold pen or paper, or read a flip chart¹⁴, and can be used to facilitate further exploration of a dream's meaning. I could have done more work on the visualisation reports but had to limit myself to the time and energy I could spend.

¹⁴ I have no experience of working with deaf-blind or deaf people.

Clients had a voice in my supervised counselling project, expressed in workbooks given for reflection on the counselling process. If my handbook of resources for supervisors proves helpful, it could be adapted for use by some clients in any area of diversity, to be a resource for the client in review sessions.

It would be useful to have research done on why non-disabled practitioners seem to avoid courses offered in this area of diversity. Apart from the workshop I held for continuing professional development for supervisors, all of whom know me well as previous trainer, it has been my experience that this is so. The reason for doing such research would be to discover how such courses could be promoted to positively encourage and enable practitioners to do the personal work required to equip them to meet this challenge they fear to face.

CHAPTER TWO

**SYMBOLS, METAPHORS AND THEMES IN
THE DREAMS OF PHYSICALLY
DISABLED PEOPLE:
PERSPECTIVES FOR COUNSELLORS
WORKING WITH DREAMS OF DISABLED
CLIENTS**

In chapter two I set out the methodology, participants and procedure with which I gathered and analysed the symbolic content and some themes in the dreams of disabled people and compared them with those of non-disabled participants.

The results of my work are set out in five sections:

- a. Comparisons, contrasts and themes in the dreams of disabled and non-disabled participants
- b. The wheelchair symbol in dreams
- c. Other symbols of disability in dreams of disabled participants
- d. Parts of the body symbolically affected in dreams of disabled participants
- e. Symbols of disabled people in the dreams of non-disabled participants and others

A discussion follows on the self-representation in dreaming.

Finally a summary is given of what counsellors and supervisors need to know when disabled clients are helped to interpret their dreams.

2.1: METHODOLOGY

INFORMED BY PHILOSOPHY AND PROCEDURES OF HEURISTIC RESEARCH

Around the time when I was choosing my project I discovered 'Heuristic Research' by Clark Moustakas (1990). In the first paragraph of his book he writes:

'The root meaning of *'heuristic'* comes from the Greek word *'heuriskein'*, meaning to discover or to find. It refers to a process of internal search through which one discovers the nature and meaning of experience and develops methods and procedures for further investigation and analysis. The self of the researcher is present throughout the process and, while understanding the phenomenon with increasing depth, the researcher also experiences growing self-awareness and self-knowledge. Heuristic processes incorporate creative self-processes and self-discoveries' (p.9).

This research project was born because I had an experience in the past four years of passing through Moustakas' stages in my venture into the world of disability as trainer and supervisor. Its stages of immersion, incubation and the beginnings of illumination were amongst the most painful experiences in my professional life as counter-transference issues surfaced for me and I attempted to respond to what I was experiencing.

'The entire process of explication requires that researchers attend to their own awareness, feelings, thoughts, beliefs and judgments as a prelude to the understanding that is derived from conversations and dialogues with others.' (Moustakas, 1990, p.31)

What Moustakas described is in keeping both with the process through which I came to select this specific research subject, and with the process of dream interpretation with which I work (Appendix 2.1.17). It appealed to the dreamer in me. I respond warmly to the terms Moustakas uses to describe its six-stage process: 'Initial engagement, immersion, incubation, illumination, explication' – and then 'creative synthesis' – so I use them as headings below to describe my method more fully.

I diverged from the methodology advocated by Moustakas. I set up a structured experiential component of a counselling training module for disabled trainees and compared the findings of their dreaming experience and symbols with the dreams of a control group. I explored one dreaming phenomenon through various theories published of recent neuro-psychological research. These were all incorporated with my own experience into my creative synthesis. I could not have produced such material from any personal experience or process, but my approach has been loosely informed by the philosophy and procedures of Heuristic Research.'

INITIAL ENGAGEMENT

I discovered during a casual lunchtime conversation amongst my trainees that people with impaired mobility who were wheelchair users, regularly dreamed that they walked, ran, danced and climbed mountains. Not only was I amazed: I was also concerned for my professional practice as a counsellor who enjoyed helping clients work on their dreams. I realised that, had I been counselling any of these people, I would have made assumptions in my work about the content of their dreams. These assumptions I could no longer believe to be valid.

Engaged at the same time on a work-based doctorate, I had to incorporate my research into my work as trainer and supervisor of physically disabled counsellors. I contracted with the Board of the training agency to give training in working with dreams to their trainees, in return for having access for research to the dreams they might choose to share with me, over a period of six weeks. It was, furthermore, to be a key part of their training to experience my facilitation in enabling them to interpret their dreams (Appendix 2.1.1 with enclosures Appendices 2.1.2, 2.1.3 and 2.1.4)

Eventually I had a transcribed record of the story of each dream given to me, plus the conversation I had with each dreamer about its possible interpretation. With each trainee I spent around thirty minutes by phone helping them, if possible, to understanding each dream they offered. Some who contributed more than one dream also made connections between dreams during this period. Dream interpretation by phone is not usual for a counsellor, but I was not their counsellor! As a counsellor I usually value being able to watch the body language of the dreamer as she tells the story of her dream. Since two of my trainees have acquired total visual impairment, I thought working by phone would place us on a more equal basis, but I was a beginner in using hearing alone, and they both well advanced in the skills of listening without seeing. For many of the others travel is inconvenient – and so is a trainer who presumes to visit their home! For gathering information on the content of my research, working by phone was both adequate and convenient, if unconventional.

IMMERSION

Having obtained dreams from physically disabled dreamers (Group One)¹, I then gathered a control group of non-disabled people (Group Two), and contracted with them under the same conditions. This yielded 39 dreams to compare and contrast, and to analyse for symbols, metaphors and themes with the 35 dreams from the first group. I was well into the 'immersion phase', because by that time I had also amassed 78 of my own dreams to interpret, and through them to understand more about the unique dream world of symbol and metaphor of every individual.

Part of my immersion phase occurred, not in thinking through the dreams I was given, or at my study desk, but in my social life. 'How are you doing, Jean?' I suppose I could have replied, 'Very well, thanks – and how are you?' but I've discovered that dreams hold a fascination for many. With friends over a meal the subject would be aired. One guest had polio as a child, which left behind a weakened limb. Did this friend feel pressurised to give me samples, I wonder? What came out was, 'I used have regular nightmares, and I really worried about what they meant. Then I read an article somewhere that dreams were meaningless – just indiscriminate sparks flying around your brain. It was great! Each time I had a nightmare after that I just put it right out of my head. I make a point of *not* remembering dreams!' With my hairdresser, a dog lover, the subject arose of guide dogs rarely appearing in the dreams of their owners. 'I've got a blind friend,' she said. 'Hang on!' I was abandoned mid-cut while she made a phone call for all to hear. 'There you are, then,' she returned triumphantly, 'she's never dreamt of her dog either – and she's had them for years!' But perhaps the worst indication of my immersion came in bed. 'Oh, I had a dreadful dream,' my husband moaned as he awoke. 'We were out in the car, and you were driving, and you stopped to give someone a lift. There was no room for me, so I had to go into the boot!' We didn't need a psychoanalyst to help us understand that my husband felt he was being neglected in favour of my research!

¹ See Table 2

In order to deliver my promised training to the agency I worked very quickly through my first cycle of immersion, of incubation, and illumination around the dreams that Group One had presented to me, but felt that for my main research I needed far more time to process and digest my gathered material. It did, however, underline for me the necessity of broadening my database. Since the group of 14 trainees in that agency know each other very well indeed, it was virtually impossible for me to give examples of the dreams I had received without the identity of the various dreamers being identified. I had to engage in a process of contacting individuals beforehand to ask their permission to use their material within their peer group, or permission to disguise their identity in an acceptable way. I had also begun to make connections, and to see trends in the collected material, and I swiftly noticed that one of the strengths of doing such work in a group of people where many disabilities were represented, was also a weakness of my research. There were three people with Multiple Sclerosis, two with acquired total visual impairment, and each of the others was a sole representative of their specific medical condition. Several were wheelchair users, three had hidden or invisible disabilities, and only two had been born physically impaired. I needed more examples before I could identify trends or themes. Journal articles seemed mostly to be based on the dreams of people from only one disability group each, for example, adults with visual impairment (Hurovitz et al, 1999; Rainville, 1994), or children with spina bifida² (Muller-Breckwoldt and Lipinski, 1988), men who had a limb amputated in the Second World War (Frank and Lorenzoni, 1989). To add to my personal resource I managed to contact more disabled people living throughout the United Kingdom who were willing to share their dreams with me for my research (Group Three). Some of these I knew from previous jobs, or had met at conferences, some came through their contacts with friends, others I heard about and made contact through e-mail. Some of my original group provided me with more of their dreams over a period of about 18 months (Group Four): altogether I gathered an additional 52 dreams from disabled people.

² Appendix 1.1.1

INCUBATION AND ILLUMINATION

It is impossible to put my process into neat sequential headings, because the research process was cyclical rather than linear. Over this period of time I would be immersed in gathering material and digesting it, then checking it with the experience of my participants and my own experience, and moving through times of incubation. I would reach illumination on one particular aspect of the subject, only to feel I needed more information in another aspect. I would then plunge into further immersion, and so it continued.

EXPLICATION

I began with my own dreams, and moved, not so much to the dreams of others as to my response to their dreams and to the interpretations they gave. I could research phenomena in the dreams of disabled people as part of my professional experience. In the light of my own dreaming experience I could begin to understand and relate to what I was hearing from them.

It was not until I began, using times of reflexivity, to see themes under which I could group dreaming experiences that I began to understand more fully what I had been too immersed to perceive. I led myself through a learning process where I examined what seemed to be happening in the lives of dreamers when, for instance, a wheelchair appeared in their dreams. Then I wondered if, for those who were not wheelchair users, other symbols of disability appeared in their dreams. During this time I noticed that it was not only wheelchairs that appeared as symbols of disability in the dreams of wheelchair users. I then figured out if the same was happening in my dreams of wheelchairs as seemed to be happening in the dreams of wheelchair users and arrived at what seemed to be a general principle of when symbols of disability were likely to appear both in my dreams and in the dreams of wheelchair users.

I still have not discovered any writing from others on symbols of disability in the dreams of physically disabled people. The only phenomenon in this area that other writers try to explain is that of the non-disabled dream self-representation in the dreams of physically disabled people – and this was the very phenomenon that had enticed me, also, to investigate its apparent discrepancy with waking body cognition.

In order to go through a phase of explication with this phenomenon I had to engage with neuropsychology, and this was a real challenge. I was extremely aware that experts in their field had written many of the articles I used before technology in neuro-science advanced to where it is today. I struggled with feeling I was impertinent in claiming insight in areas where I had access to more recent research than they had. In light of the research carried out in the past few years, was I saying what was now blatantly obvious to everyone, or was I saying something that was still controversial – or was I writing rubbish? I had no idea!

CREATIVE SYNTHESIS

What remained after that was to try to bring it together with some confidence in my own research findings, and in dialogue with Mark Solms.

2.1: PARTICIPANTS

In this section

- I describe 4 groups of people from whom I obtained current dream records
- The information I provide for Groups One and Two on characteristics of participants are given in greater detail than for the others
- To these four groups of participants, I have added myself as a participant- researcher
- I finish by acknowledging another group of individuals (Group 5) from whom I gained information about dreams and their specific disability.

Table 2 provides information about the groupings of dreamers that contributed dreams for this research

Table 2: Those who contributed personal current dream material

Group	Number in group	Disabled or non-disabled	Group Constituency	Dreams recorded
One	13	disabled	Counselling trainees plus Staff member	35
Two	13	non-disabled	People in counselling profession	39
Three	10	disabled	From wide geographical area, with specific disabilities willing to give personal dreams for research.	33
Four	9	disabled	Those from Group One willing to give further dreams over longer period of time.	19
Myself	1	non-disabled	Over period of Groups One and Two	78
Five	6	disabled	People willing to discuss dreaming of disabled people from informed stance. All gave verbal permission for use in research	None

GROUP ONE

The initial group of 14 participants in this part of my research were all, apart from one staff member, trainee counsellors in the Peer Counselling Service of the Lothian Centre for Integrated Living (LCIL) at various stages in their training. All those available to take part, did so. The youngest trainee was an employee of another branch of the work of LCIL.

This group cannot be said to be representative of the total spectrum of physically disabled people. I drafted a description trying to express the nature of the group, then passed it on to the manager of the agency who edited it. Here it is:

'These trainees are a distinctive group of disabled volunteers, who³ were once employed in various trades and professions. Their level of physical or sensory impairment is such that they are now awarded disability benefit. They are highly motivated to retrain for this work, that is meaningful for them and for others, but realistically they have neither energy nor health for full-time study. The majority continue to deal with chronic, progressive illness, whilst studying to complete the counselling diploma.'

My involvement with this group

As an independent trainer engaged by the Peer Counselling Service I was known to each of the participants in this group. With four, I was also group supervisor for their counselling practice. This group differed from the other groups involved in that they were, and continue to be a discrete grouping, gathered originally for a purpose other than research. Each participant knew each other participant so well that without widening my research base I could not publish research details in such a way that they would not be able to identify each other's contributions.

Characteristics

Gender

They were a group of ten (later, nine⁴) women and four men.

Age range

One woman was in her sixties: seven women and one man were in their fifties. Three men were in their forties, one woman was in her thirties and one in her twenties.

Medical conditions

One participant each has Friedreich's Ataxia, epilepsy, spinal muscular atrophy, iritis with steroid induced glaucoma, spinal injury, acute iritis with complications plus arthritis, leg amputation, cerebral palsy plus arthritis, tetraplegia, chronic leg injury. Three have multiple sclerosis.

Eight of these are wheelchair users.

³ With the exception of the staff member from the other section of LCIL.

⁴ After 14 people had taken part in the project, I was advised by my psychiatric consultant, that one group member, her present condition of fibromyalgia unlikely to be permanent, should not have been included in the group for my research purposes. I removed her dreams and characteristics from the material gathered.

Prescribed drugs used

Since I was aware that some prescribed drugs have an effect on dreaming or dream recall (Kirschner 1999), I decided to ask participants about their present medication.

- Two men and two women were on no prescribed drugs.
- One man was on one, another on four.
- Of the remaining eight women, two were on one drug, one on four drugs; two were on five, one on six, one on seven.
- One woman was on the anti-depressant Diazepam to prevent night muscle spasm, and since being on this drug was aware of dreaming intensely every night. She contributed seven dreams during the six-week period.

GROUP TWO (THE CONTROL GROUP)

I selected the members of Group Two as a matching control group for the first group, and specifically for this project. They were invited to take part on the basis that they had been, or were in as similar a relationship to me as possible as the participants in Group One. With some I was currently or had recently been their trainer in counselling supervision, their supervisor, or in another professional counselling relationship – either as my client or my colleague. None had impaired mobility or major sensory impairment. Most were currently self-employed or employed in voluntary or statutory organisations. Two people I invited declined to become participants – one because she believed she did not dream: the other already belonged to a current dream group, and elected not to mix these experiences.

My involvement with this group

I was no longer involved as trainer with any other comparable group of people training to be counsellors. This meant that I had to invite participants from my private practice who were in a professional relationship with me that was somewhat similar as mine with Group One.

The group who agreed to take part consisted of

- four who were currently my trainees in supervision training
- eight who are presently or who have in the recent past been my supervisees
- one client interested in dreams
- one colleague

Characteristics

Gender

Again, there were ten woman and four men in the group.

One man reported no dreams in this period, and this reduced the overall number 13, the same total as in Group One.

Age range

Two women were in their sixties; five women and one man in their fifties; two women and one man in their forties; and one woman and one man in their thirties.

Prescribed drugs

- One woman was on HRT, and another had two drugs for back pain.
- One man was on three drugs.
- Eleven had no prescribed drugs for project's duration.

Experience of disability and of disabled people

2 have chronic back pain that they experience as disabling, but which usually does not prevent them working. No others have any disabling form of physical impairment.

- One had a disabled friend in adolescence
- 2 have current friendships with disabled people
- One had a physically disabled mother in childhood
- One currently has a young disabled grand-daughter
- One has a partner with long-term M.E.
- One works in community education with a group of disabled women
- One acted as befriender to a disabled person when in her adolescence
- One in early adulthood nursed disabled patients
- One has had a physically disabled physiotherapist within the past five years
- One had a physically disabled client within the past five years
- 2 currently have a client and one also a supervisee who is physically disabled

COMPARISON OF CHARACTERISTICS

Again the spread of ages was over four decades, but Group Two was on average slightly older than those in Group One. In terms of counselling experience, the members of control group were on the whole much further advanced than the original group. In terms of experience of dream interpretation, only one from each group regularly recorded and interpreted their own dreams, and some of the most

experienced of Group Two had never done dreamwork with a client. None had participated previously in any research on dreaming.

Comments

Groups One and Two were gathered specifically to compare and contrast the themes, symbols and metaphors in their dreams: to discover whether or not disability was a factor portrayed in some way in the dreaming of disabled people, but not in the dreams of those who were non-disabled.

I gathered information from Group Two about their experience of disability and disabled people (Appendix 2.1.12) since I believed that dream symbols are likely to stem either from significant past experience, or from current experience of whatever is symbolised. If the dreams of members of Group Two contained symbols or metaphors of disability such experience would have to be taken into account.

GROUP THREE

Over a period of just over a year I gradually approached people I knew or people I had heard of, with physical impairment, to ask if they were willing to take part in my research by sharing some current dreams with me by phone or e-mail. I engaged with them on an individual basis. None of these was under a six-week contract as Groups One and Two had been. My work with them was gathered sometimes at only one encounter, sometimes from as many as six over a period of months.

Gender

8 disabled people: 3 men and 5 women.

Age

All were between the ages of 35 and 60.

Medical conditions

In the group of 8, 2 had cerebral palsy, two were visually impaired, one had multiple sclerosis, one had polio in childhood that left her with a walking impairment, one was a deafened person, and one had a congenital walking impairment.

Counsellors or not

Six had no experience of counselling. Some of these found it difficult to engage with me further when I asked them what they thought their dream might mean for them. Normally they were able to tell me

why various dream symbols might have appeared in their dreams. Those who gave me more than one dream over a period of time, with only one exception, grew more interested in their dreams, and more willing to think about their meaning. The remaining two were practising counsellors, with some experience in dreamwork.

At the time of contact with the people in Group Three, 50% were in full-time employment.

I sought to widen my database of dreamers with the Group Three participants because each could contribute what I did not have in the original group, or could supplement by confirming or challenging what I had already gleaned. For instance, in the original group I had only two participants who were congenitally disabled: with Group Three I added five to that number. I had in my original group two women who had been born sighted but who had acquired visual impairment as adults: in Group Three I had one who had acquired visual impairment as a child although born sighted, and one man congenitally visually impaired. In Group Three was a woman with the experience of becoming deafened, and three other people with disabilities not represented in the original group.

GROUP FOUR

9 of the 13 counselling trainees from Group One – especially those with whom I was in regular contact as trainer or supervisor - continued, with my encouragement, to offer me dreams. With these dreamers I had noticed specific factors in their dreaming that I wanted to follow through. With some, for example, it was to trace the incidence of wheelchairs in their dreams: with others it was because I suspected that they were working through a series of dreams indicative of what was going on in their lives around their disability.

The time boundary imposed on the work of Group One in order to compare the dreams of Groups One and Two, was lifted to enable me to study more closely, and in particular, the self-representation of disabled people and other dream symbols through a period of change and growth.

MYSELF

From the time I decided to carry out this piece of research I began to record and attempt to interpret every dream I could personally recall when I awoke, and as I write up my research I am continuing to do this, and to learn about myself in the process.

The symbols, metaphors and themes of my own dreams during this period have contributed to my learning about the dreams of others, and were a key factor in enabling me to come to the conclusions I have reached.

GROUP FIVE

6 more disabled people were willing to discuss dreams in a more general way with me without giving me a current dream of their own. I did not engage these in a formal research process, but each was told about the research, and each gave verbal permission for the content of our discussion to be woven into my work without any identifying details. Two were employed in agencies for people with sensory impairment – one visual, the other auditory – and had sensory impairment similar to those amongst whom they worked. Two others had visual impairment, and the remaining two had limbs amputated.

DISTINCTIVE FEATURES OF PARTICIPANTS IN THIS RESEARCH

One rich and distinctive feature in my research that distinguishes it from many similar recorded projects in the area of dreaming and disability is that the participants were from a cross-section (albeit limited) of the physical disability spectrum. Another is that it was carried out largely with people engaged in various ways in the counselling profession.

2.1: PROCEDURE

To give me a context for my research, I began listening to my own dreams: recording and interpreting all I could recall each morning on waking.

I outline the procedure I used to gather data from five groups of participants, and some of the hazards and benefits of working as I did with the participants in my project.

GROUP ONE

I approached the Company Secretary and Co-ordinator of the Lothian Centre for Integrated Living (LCIL) with a potential training package for their physically disabled trainee counsellors to trade for access to them to hear their dreams. She invited me to write a paper (Appendices 2.1.1 – 2.1.4) on my proposal for their Board of Directors, and to my delight, my offer was accepted, and they communicated this to all their trainees.

The agreement was that I would offer; free of charge, a day workshop repeated once to cover all their counsellors in training on 'Helping disabled clients work on their dreams'. To give me the necessary data on the dreams of disabled people, and to give them an experiential component to the training, I offered all trainees access to me by phone over a six-week period to share and work on their own dreams.

I carried out a pilot study where two participants each gave two dreams. To each I sent transcribed copies of our conversation around these, and from each I requested feedback (Appendix 2.1.5), discussed this with them, and found my method for receiving and working on dreams was viable. I then stopped. Perhaps I was somehow afraid – as I often am at such a stage in what I plan - that there was something I had not quite perfectly thought through, and I would be caught out? I've been like that since childhood.

I awoke one morning with a small dream fragment caught vividly behind my eyelids.

I could see the plain, clear face of clock. I knew that one of the hands had fallen from its anchor in the middle of the dial and seemed straddled between two numbers behind the glass casing. Yes – I could recall where it lay. And it wasn't actually the hand of a clock, it looked like rather a stylish pen. It was caught between the figures six and four, pointing from six to four.

I could recall no more, but I was fascinated! (Initial engagement). I lay there, my eyes tight shut, asking myself ‘What does this mean?’ (Immersion) ‘Clock, pen. Something falling into place’ That metaphor felt right, although it had fallen out of its normal position. ‘Six? Four? Clock – something about time? Pen – I would enjoy writing with that one. Those numbers – why these?’ (Incubation). ‘Yes! I get it! Sixty-four!’ The Immersion and Incubation period had merged and been no more than two minutes before I reached Illumination. All I had to do was explain it to myself.(Explication). ‘It’s time to begin to write to the participants in this project. After all, you’re going to be 64 next birthday. You’d better get a move on!’ It had all fallen into place within the life of my research process and my awareness of how I can delay without good reason (Creative synthesis).

Within twenty-four hours the administration was complete, and the project safely under way. Letters of invitation, questionnaires and consent forms were sent to all counselling trainees in the agency (Appendices 2.1.6, 2.1.7). It was not essential that all trainees took part, but it was strongly recommended as a preparation for their dreamwork training. Two who were having time out from training elected not take part. In all, fourteen persons with physical or sensory impairment signed consent forms. This number included one disabled member of staff.

A MULTI-PURPOSE PROCESS:

ENABLING UNDERSTANDING, MODELLING AND DATA-GATHERING

The arrangement with all participants for hearing their dreams (unless, because of their specific physical impairment, this was not the most appropriate way for them) was that when they had a dream they would be prepared to share with me, they would record it as soon as possible after they dreamt it, and then phone or e-mail me. I would then arrange with them a mutually convenient time for me to phone them for the purpose of listening to their dream and helping them interpret it. They knew I would allocate an average of thirty minutes to each dream, would tape-record our conversation, and later transcribe it for research purposes.

My method of collecting the evidence I wanted (Appendix 2.1.4) was to

- invite them to tell me the story of their dream
- check anything not clear to me about that story
- ask them what they felt the dream meant for them

If at the end of our phone call they had worked out its meaning, I would accept that unless I felt uncomfortable with their interpretation, or wanted more information about something in their dream – perhaps some detail of interest to me for the research. My experience with most participants, because

most were unused to recording and analysing their own dreams, was that they would begin ‘Well, I wondered if this bit might be about X, but I can’t make head nor tail of the rest of it.’

So with most of them I would continue – not necessarily in this order – to

- inquire about anything happening in their lives around the time of that dream that could be associated with the dream
- ask which emotions they felt in their dream, and if any reflected their feelings about something in their lives at the moment
- ask about associations they had to symbols, including people, that appeared in the dream
- follow associations made with a question like ‘So why do you think your grandmother who always loved you so much, appeared in your dream the night after you had that experience?’

If by this time the meaning of their dream was still unclear to them, I might

- invite them to give the dream a title to find if a theme emerged, and made sense to them
- feed back to them a phrase that might be a metaphor they had used in their dream story and invite them to play around with its meaning ‘You had no face in your dream – what do you make of that?’
- pick two important symbols from the dream story and suggest that the dreamer imagine what they might say to each other
- and occasionally, to help them grow used to exploring traditional possibilities of interpretation, I might say, ‘Some people who work with dreams believe that when you dream about your house, and it’s nothing like the actual house you live in, the house you dream of might be a symbol of yourself, or your life at this moment. Could that fit for you?’⁵
- if I could not help them reach an understanding of the dream I would suggest what would be in Moustakas’ terminology, a period of incubation. ‘Keep your record of the dream. Put it on hold. Read it again next week. It may make sense to you then, or in the light of your next dream, or even in a year’s time!’

I do not follow any one theoretical or practice-based formula in dreamwork. I drew from a varied store of experience what might help with a particular dreamer or for a particular dream, and felt free to change if the participant was not helped by the one first offered. All dream materials were gathered under conditions of informed consent, and were recorded by dreamers as soon as possible after happening, with the purpose of passing them to me for the project. On receiving each I checked details against my assumptions [e.g. ‘were you in your wheelchair throughout, or only at the beginning?'] I discussed with the dreamer the dream’s possible interpretation. This was recorded and transcribed.

⁵ In fact in the dreams of the disabled people in the research, the significant symbol was less likely to be a house, and more likely to be a symbol of disability – like a wheelchair

I believe only the dreamer can fully understand the dream, although thinking it through with others may greatly help the process. I had to ensure that the privacy of dreamers was appropriately respected, and they were held and encouraged to explore as they wanted when they shared. My role, however, was never to be their counsellor. I held tight boundaries. Sometimes I could intuit that the dreamer had realised what the dream meant, and did not want to take the interpretation further with me. At such a point I had no counselling contract with them. I was there to model enabling, and to carry out research. I had to sense when to stop: when to say ‘The important thing is that you have a clearer understanding. I don’t need to fully understand your dream for it to be useful for my research.’ Or ‘Time’s about up, and you have given me what I need for my research. Perhaps you would like to explore it further by yourself. You might find it interesting, for instance, to imagine a dialogue between those shiny green shoes and your dream self – or why don’t you paint a picture of them and that might help you get in touch with a memory?’ If dreamers grew concerned that they hadn’t given me enough, I would tell them what I thought I had gained through our conversation.

GROUP TWO

Having completed the work with Group One participants, I repeated the process by finding a control group of the same number and gender of non-disabled people known to me in my work. In contrast to Group One, Group Two was a group made up of people who did not all know each other, and who came from different areas of my private practice as a counsellor, trainer and supervisor. I contacted each potential participant by phone, and followed this by posting to them with a letter, a consent form and a demographic questionnaire (Appendices 2.1.10, 2.1.11 and 2.1.12).

It was important to me that they would match as closely as possible in the one factor that almost certainly would have influenced the relationship I had with Group One. I consciously chose those I believed would consider me either to be an authority figure for them in the profession, or else to be more experienced. In hearing the dreams of my trainees I felt this was the key aspect most likely to inhibit their sharing with me.

COMPARING AND CONTRASTING THE DREAMS OF GROUPS ONE AND TWO

With 35 dreams from Group One and 39 dreams from Group Two, I compared and contrasted their symbols, metaphors and themes, to see if there were any distinct differences in the two groups that might be influenced by disability or non-disability of the dreamers.

QUESTIONNAIRE: 'DREAM EXPERIENCE OF NON-DISABLED BODY'

In October 2000, I distributed a questionnaire (Appendix 2.1.8) to Group One, having first gained permission from the Board of their agency.

WHY THIS QUESTIONNAIRE?

During the six-week period throughout which I heard and worked with the dreams of Group One, some were engaged on a process of reflection with me around their non-disabled dream self-representation. My research had probably sparked off for them a new depth of reflection around this phenomenon. In 86% of their dreams their body was experienced as different from their waking experience of it. I wanted more information from them to give me a better understanding of this phenomenon.

STRUCTURING THE QUESTIONNAIRE COLLATION

In my collation (Appendix 2.1.9) I have incorporated the answers to question two into those for question one, making together a new 'Question 1.' My original question three, then became 'Question 2.' I did this because so few respondents seemed to consider that the original question two was relevant for them.

WHOSE OPINIONS WERE INCLUDED?

I circulated the questionnaire to the 14 research participants who were at that time in Group One. I did not include in my collation the response of the participant who was later withdrawn. I gave the questionnaire to one other person born with motor impairment and taking time out from training during Group One's six-week life, and included her response. The recipients were connected to LCIL's Peer Counselling Service, and all but one (a member of staff), were my trainees at the time. Some wrote their answers. For others, for whom writing a response was physically demanding, it was more convenient to administer this by phone, and I recorded and transcribed their replies. Everyone replied. Later, I gave each a copy of my collation. From my understanding of their contribution came an illumination central to my final understanding of the answer to that question.

ENLARGING MY DATABASE

Almost as soon as I finished collecting the dreams from Group Two I began searching for more physically disabled people who might be willing to share some dreams and do dreamwork with me.

There were two main reasons for this. The first was that everyone in Group One knew well each other person in the group, and as careful as I might be in writing up their material, it was going to be impossible for them not to identify the dreamer from some dreams I selected choose to describe. I needed more dreamers to make identification less easy. The second reason was that I wanted

- more examples of dreams from congenitally disabled people
- more dreams from men
- more dreams from dreamers with sensory impairment.

GROUP THREE

I managed to contact by phone or e-mail ten more disabled people willing to take part formally in the project, and sent each a letter, a consent form and a demographic questionnaire (Appendices 2.1.13, 2.1.14 and 2.1.15). From these I obtained 33 more dreams. Most lived at a distance from Edinburgh. I normally worked with these people by phone, but with two it was more suitable to work by e-mail. I did not give them a time limit of six weeks, but all other conditions were similar to those for Groups One and Two. Eventually I gave them a deadline date.

GROUP FOUR

Almost as soon as I finished gathering in the dreams of Group One, participants still my trainees at the agency, offered further dreams. I wanted as many as I could possibly gather under research conditions, and so I continued to receive and work with the dreams offered, while keeping them separate from those from Group One. In the 19 dreams I collected under Group Four, I gathered material unobtainable within a six-week period. In particular, I gathered series of dreams – ones that compared well with typical material shared within a counselling relationship from the point of view of charting dreamers' progress through times of emotional disturbance or psychological growth and development. I closed my collection of dreams at the end of 2001. By then I had a total of 87 dreams from disabled people.

GROUP FIVE

At various times throughout the period of research I made contact with others. It was valuable for me to contact people in agencies for those with specific physical or sensory impairment who were willing to share what they knew about dreaming in their specialist area. I did not have such in any formal

research contract with me, but I valued the information and opinions they offered. These I named Group Five

FACTORS INFLUENCING THE PROCEDURE ESPECIALLY WITH PARTICIPANTS IN GROUP ONE

i. Trainees could choose to participate

All participants knew I had agreed this with their agency, and that although this project was part of my research, it was also offered to them as a practical aspect of their counselling training. They had the right to choose to participate or not, but each knew that I believed the experience they might gain from participating in the project would prepare them for the forthcoming training day on working with clients on their dreams. None opted out, although two left their contributions to the final week, and offered only one dream each.

ii. My apprehensions

Setting up new experiences can make me anxious – and this did. Although I had often helped clients interpret their dreams within a counselling relationship, I had never offered this professionally within a training context where I did not know the dreamers well and the emotional problems they might be facing. Would they feel this process to be intrusive? Never before in my professional life had I offered to help a person with dream interpretation by telephone. I was aware that in my counselling practice I rely heavily on my awareness of my client's body language to help me remain in touch with their emotional state. Would I pick up what I needed to, through hearing alone? Could I be effective in this process? I fantasised that very few would offer dreams, and the project would fail for lack of information, or that I would be so inundated that I could not personally transcribe them. I allowed for that in the information I sent to participants (Appendix 2.1.6).

Shortly before the project actually began, I had the following dream:

I was driving quite quickly and in a carefree mood through an African village. I was looking around, chatting gaily to my passengers, and not watching for pedestrians. Going along a mud-based path, through trees, I was aware of people moving through the area as if they belonged here, although I did not recognise it. I felt happy. Then the car bumped into something!

At that point in the dream it was as if I had moved back from that scene about fifty yards or so, and saw some way in front of me and the car, a body I had killed. It lay on the hard mud path and two pieces of scalp with black hair lay on the path beside it. I knew I had done that.

Men shouted at me to stop the car because I was hurting others. They felt threatening and my mood changed to apprehension. I felt panicky and couldn't think clearly, and being accused I decided I couldn't really remember, so I couldn't be held to account for what I had done. The people were taking me to court.

Coming out of the dream I remember thinking 'It's just a dream.' And then, 'If I plead loss of memory, I can't be held responsible.'

To me, this was a clear reflection of my anxiety about the project. By handling dreams in a research context I was going gaily into territory that was essentially foreign to me: whose rules and boundaries I had to discover. I feared I might damage participants in the process, and be held responsible. How would I cope? I talked it through with a supervisor.

Another dream came on the eve of the day when participants could begin to phone:

I'm in a large sunny conservatory area, and I know its windows will overlook the sea – although I am some distance from these windows, and cannot see what lies outside them.

The scene shifts and I am in a large hotel bedroom, very similar to one I shared in Madrid. This appears to be my study base. I am sharing it with Lis, and this feels good. She can be a solid person for me to belong to in this foreign place.

The scene shifts again: we have moved to Morocco. For the first time I feel on edge. Here people might offer me goods for sale and I might not know their real value. I could be conned. I see lots of cheap wooden necklaces, and I don't buy them.

I am offered a sinister looking black-grey carved stone made of porous material like charcoal, multi-sided and carved. One side looks like an ape's head, the other facets are plain. It is very solid. I know it would be too heavy for me to carry. It may be ancient, but I think it looks like a modern sculpture. I am being urged to buy it. It might be quite interesting to take home, but I don't want it. I already have two very full canvas bags of luggage, and wouldn't be able to fit it in. I decide against it, and leave it there.

This dream also expressed anxiety about the project – but I had moved on, and seemed secure, and more able to establish personal boundaries. I was still in foreign places (the dream worlds of other

persons), but Madrid and Morocco were places I had visited in waking life with the person in my dream, a very close friend. (In the dream I was saying to myself, 'Why should this be so different for you? You've gone over this ground with others.') I was anxious facing work involving the unconscious. The symbols of that for me were the sea outside the conservatory windows, and the mysterious black-grey carved stone, that I was able to decide not to buy because it was too heavy for me to carry home.

During this time my husband happened, for the first time ever in our married life, to have a three-month spell off work at home recovering from an operation. As a result we were faced with negotiating new personal space boundaries and dependency issues in our relationship. Perhaps the project (if I carried it home) would seriously disrupt the precarious new balance in my home life? In fact, the number and spread of phone calls was comfortable for me to work with and gave me enough information to indicate areas on which I could focus to fulfil research requirements. I was able to manage my personal stress.

iii. Potential benefits of the process

Although I felt challenged in doing dreamwork by phone, there were major benefits in doing it this way with this particular group of trainees.

- Two participants were totally visually impaired. For the first time in their professional relationship with me, none of us would have the advantage of being able to see the other as we spoke.
- Eight were wheelchair users. Any face-to-face meeting place would have to be fully accessible, and during hours when I could rent a room in a staffed building. An alternative was for me to visit their homes. I decided against that. Some live alone: others share homes. I am their trainer and I felt boundaries might feel crossed if I entered their personal living space in this way. Not only would they have to face the prospect of sharing a personal dream with me, they might use precious energy on housework before my visit!
- Their personal assistants regularly accompany five of the participants when they leave their homes. Their wages, on top of taxi and other transport costs would have to be covered if the only reason for going out was to work on their dreams.
- I did, however, have flexibility if I needed to negotiate any arrangement especially for one person's circumstances. I have slightly impaired hearing, and with one of the trainees whose speech is impaired, I need to be able to follow her lip movements. The phone was not suitable for a conversation between us, and so together we decided I should visit her at home for the recorded dream sessions, and she would send me in advance by e-mail, a copy of her dream story.

- For research purposes I needed to audio-record the conversations about their dreams. My visible tape-recorder and its lapel microphones with their wiring can be quite a barrier for ease of conversation between those involved. Recording by phone removes this. They knew I would record our work together in this way, and gave their consent (Appendix 2.1.7). Conversations by telephone can feel intimate and personal, and I believe many sessions of dream interpretation during this project became that for those who participated, perhaps especially for some who used the offer more than once. At the end of six weeks I knew my trainees much better than is usually my privilege, and my subsequent training of them felt better informed and tailored to their needs.

iv. Possible problems in dream recall and recording dreams

Few people can produce dreams to order! It is a common experience to know a dream occurred during sleep, but be unable to recall details. A few participants told me they rarely recalled their dreams, but were willing to take part in the study if they did. I already knew some might have particular problems recalling dreams because of their specific impairment. I read that with some forms of multiple sclerosis, damage to certain parts of the brain might make recall impossible (Sandyk, 1995:113). I had no way of knowing such specific details about my trainees, but three had multiple sclerosis.

For some in Group One, physically recording a dream was particularly challenging. Keeping a dream in mind while waiting for personal assistants to come to move you from bed, help you dress, shower and take breakfast before reaching a computer would be difficult for most people. However, those participants I thought might have most difficulty in doing what was required had vivid dream recall and were well able to deliver their dream stories to me.

v. Difficulties inherent in my dual roles

The project happened to run concurrently with another course I was teaching in that agency. It was not about dreams, but some of the research participants were also involved with me there, in a trainer/trainee relationship. This was a unit of their counselling diploma course, involving both theory and practice counselling. I was not only trainer, but also assessor. I was asking trainees to be very vulnerable! It was unrealistic to expect that I was a non-threatening person for any of them.

MY NEED TO UNDERSTAND THE NON-DISABLED SELF-REPRESENTATION PHENOMENON IN THE DREAMS OF PHYSICALLY DISABLED PEOPLE

One factor that emerged strongly from an incubation period where I was reflecting on my work in the spring of 2001 was the need to understand the neuro-psychological aspects of dreaming. I have described my process and methods in this part in detail elsewhere (Ch.1.2).

PRESENTATION AND FEEDBACK

Eventually I felt ready to present both the issues that I had discovered and those I wanted to check out with the participants in Groups One and Two, in a gathering on October 18, 2001. For me this was a crucial day in my research process. The audience here combined Groups One and Two with staff and Board members from LCIL. From this gathering I obtained comments on what had emerged from the collection and comparison of their dreams. I had feedback not only from the disabled people who were participants, but also from the members of the non-disabled Group Two participants, and LCIL staff. I invited them to dialogue with me, and a transcript was made of the discussion (See Appendix 2.1 18).

Table 3 gives the dates on which I gathered data and presented it to others.

Table 3: Dates for data gathering and presentation

Dates	Events
March 2000 – March 2002	Recorded own dreams and interpreted them
April 24, 2000 – June 4, 2000	Collected dreams of Group One and worked with dreamers on their interpretation
July 10, 2000 – August 27, 2000	Collected dreams of Group Two and worked with dreamers on their interpretation
June, 2000 – December 2001	Collected dreams of Group Three and worked with dreamers on their interpretation
June, 2000 – December 2001	Collected dreams of Group Four and worked with dreamers on their interpretation
August 28/ 29, 2000	Two separate training days on working with dreams in counselling for Group One trainees
October 6, 2000	Distributed Questionnaire to Group One about self-representation in dreams
December 11, 2000– December 18, 2001	Conducted taped interviews with counsellors and supervisors on their experience of work in relationships combining disabled and non-disabled persons.
April 26, 2001	Proposed launch of counselling/supervision project. This had to be cancelled because of deaths of participant, and of my sister.
June 25, 2001	Meeting in London with Dr. Mark Solms
August 30 – December 2001	Launch and carrying through of counselling /supervision project with 12 counselling diploma training course disabled and non-disabled students and their supervisors.
October 18, 2001	Meeting of participants from Groups One and Two to present results of comparison of content of dreams and receive feedback from them.
November 9, 2001	Presentation of research on dreaming and disability in counselling at the Scottish Counselling Research Conference
February 23, 2002	Day Workshop for Supervisors on Disability, Dreaming and Unconscious Processes and to receive feedback on my research

CHAPTER TWO 2: RESULTS

In the Results section

- A guide to my findings about dreams, and to the status of these findings, is set out.
- This is followed by an exploration of certain aspects of dreaming:
 - I compare and contrast the symbols, metaphors and themes of disabled and non-disabled dreamers
 - I explore the wheelchair symbol, other symbols of disability and how parts of the dreaming body can use impairment symbolically
 - I give examples of how disabled people appear in the dreams of others and offer a way of interpreting its metaphorical symbolism

A GUIDE TO MY FINDINGS ABOUT DREAMS AND TO THE STATUS OF THE FINDINGS

Throughout Chapter 2 my focus is on identifying and understanding the symbols and metaphors in the dreams of people with physical disabilities, and related symbols in the dreams of non-disabled people.

CONFIRMING THE FINDINGS OF OTHERS

2.2 Results, section a, shows that disabled and non-disabled people share many dream symbols just as we share much in the way of a common environment and life experience within our modern culture. Each dreamer also has dream symbols that spring from his or her specific experience and environment. In one respect, however, there appears to be a significant difference between disabled and non-disabled dreamers – the self-representation in the dreams of disabled people is not the same as their body image in waking life: the norm in their dreams (86%) in my sample was of an able-bodied self-representation. This finding I confirmed what many prior researchers had discovered before me: a phenomenon many had tried to explain.

BREAKING NEW GROUND

I have been unable to discover any other research that explores the symbols and metaphors of disabled people and of those who work with them and share their symbols as counsellors might, and so I believe that my work in that area has broken new ground. (See **2.2 Results, sections b, c and d**)

OFFERING A NEW STRUCTURE OF DREAM INTERPRETATION FOR SELF-SUPERVISION

There are a few published references to non-disabled people dreaming of disabled people as being able-bodied. I take this phenomenon, corroborate it from my own dreams of disabled people with whom I work and the dreams of other non-disabled participants, and suggest a possible way of using a structure of interpretation of such dreams for self-supervision. (See **2.2 Results, section e**)

CHALLENGING ACCEPTED THEORIES AND OFFERING A NEW ONE

In **2.3 Discussion**, I have challenged long-held and accepted published theories about the self-representation in the dreams of disabled people, and offer a new one based on recent neuro-psychological discoveries and hypotheses, and on the felt-wisdom of some of the trainee counsellor participants in my project.

LISTING MY FINDINGS FOR THE COUNSELLING PROFESSION

At the chapter's end (2.4 **Counselling Perspectives**) I offer, mainly to non-disabled counsellors who use dreamwork with their clients, a list of what I have discovered.

2.2a: COMPARISONS AND CONTRASTS

This section

- states my aim in launching the dreaming project
- demonstrates that disabled and non-disabled groups share many symbols and metaphors
- summarises five key themes that showed as being different for participants in Groups 1 and 2 and comments on them
- confirms that the dreaming phenomenon I am exploring exists, and cites examples from other texts

My first aim in this part of my project was to explore the significance of the use of symbols, metaphors and themes in the dreams of 13 disabled counsellors and to compare and contrast these with the dreams of a control group. The trigger for launching this project was my desire to know why the self-representation in the dreams of disabled people in my counselling training group was not in accordance with their waking cognition. This remained the focus of my gathering of dreams. When I came to write my Learning Agreement I was aware of fascination for me in other symbols, as well as in the metaphors and themes of their dreams.

MANY SYMBOLS AND METAPHORS ARE SHARED

As I compared 35 dreams from disabled people (Group One) with 39 from the control group (Group Two) I discovered four from each that shared major symbols and metaphors.

- One woman from each group had formerly been a nurse in charge of hospital wards. Each had a dream of being on a ward, but no longer in charge, and challenging the nurse in authority on the patients' physical state
- One man from each dreamed of travelling through a building site with unfinished buildings. For one the image represented him building his own people-management business: for the other it was a dream walk from past experience of the building trade, a metaphor for his journey in re-building his self-esteem through counselling training
- Colour was rarely mentioned by either group, yet one woman from each group described a dream where the focal symbol was a manufactured article in bright sparkling green
- But the most striking shared symbolism was from two women, both 'on the edge of' a period of life transition and knowing there would be 'deep water ahead' for them. I will record those dreams in their entirety, to demonstrate how similar the dreams of disabled and non-disabled people can be, and yet how each has within her dream, symbols from her unique life experience

Ruth has a degenerative condition. The muscles of her body, including her facial muscles, are progressively losing their usual tension. With a partial hearing loss, I find it difficult to understand her words by phone. I need the help of lip-reading and watching her facial expression. At the point where she had this dream she was facing a new phase of living.

The power chair enabling her to go where she chose at her own pace, was becoming dangerous for her. She would become unable to manage the fine muscle control to regulate its speed and direction, and would have to abandon it. Along with it would go the part of independent living it symbolised. Her next chair would be controlled by others, in a car driven by others.

Ruth's dream, sent by e-mail:

It was a beautiful dry, sunny day. I was on my own in my power chair, beside a loch, on a high bank. Flowers, slight breeze, bird song.

Looked over edge – saw deep water ahead, lovely sandy beach to right. But realised I had gone too near the edge. The chair toppled into the deep, clear water, but I STAYED ON THE BANK! (This didn't seem at all strange in the dream!) I looked in to the deep clear water – the chair was lying folded on a rock – it looked OK (!). I thought of Dad paying for my car.

It was a kind of Country Park like those I knew with paths at different levels and I ran along shouting, "I need some help". A young girl with short fair hair shouted, "I'll help". I wondered how she'd manage, but was conscious of feeling weak and tired, and that we would have to try between us to get it out.

We ran back – she said she wasn't feeling well – time of month. When we got to the spot, I realised she had no idea how heavy it was, and thought we could just lift it out. I told her we would need ropes ... then I woke up!

In the dream interpretation we worked face to face. She understood her dream symbolism, but it was not obvious to me until she described her forthcoming transition. She longed to return to what the power chair symbolised for her, but knew that was impossible. 'Who is the other woman in the dream for you?' I asked. Ruth recognised her resemblance to a person she knew who did not take care of her personal appearance. Ruth is the opposite, always well groomed and attractively dressed – but with her progressive loss of muscle control, that dream image symbolised her concern that she might become like the woman in her dream.

I was struck by the dream setting being so calm, beautiful and apparently familiar to her, but I knew she had faced up to her progressive physical deterioration time and again and had helped others do

likewise. The dream context, though a new phase, was familiar. Despite facing deep water, there was peace around her from accrued past hard-won experience and a genuine spirituality.

Christina was aware that her father was dying. At the time of this dream he was very ill, and she planned to travel to him soon. The eldest in her family, she knew his role, as the head of the family would pass to her. Always close to him emotionally she faced the deep water of her mourning. On recent visits she had pulled him temporarily out of the depression of his illness. As researcher, I linked Ruth's symbol of the power chair with Christina's symbol of the Land Rover; both seemed to symbolise mobility, control and independence to their owners. Perhaps driving the Land Rover also symbolised head of family status.

Christina's dream:

The dream with Dad was quite obscure in lots of ways and I only remember one section of it. When I'm there with him I often go out on the farm as a spare pair of hands in a very ropey old Land Rover, and there's a stretch of shingle road that runs from the house, parallel to the coast down toward the neighbour. In my dream there was a patch of pine trees – a sort of plantation – down on our right, and we did some piece of work on a paddock down one side of the pine trees, and then we came back towards the house, and stopped. And there was a big pond of water – which doesn't exist actually. It was there in the dream. So we came back to this water on the shingle road and Dad said he was going to get out to walk across a boggy piece of land to fix something over there. He would take his tools with him – and would I take the Land Rover and go through the gate and round the edge of the pond and across a bit which he said I would be able to ford, in the Land Rover. And I was looking at that, thinking, 'I really don't want to do this. I think that water's too deep and I'm scared of doing that by myself.' But anyway, he was adamant that that was what he was going to do and that's what I needed to do.

And then I slipped from that piece of dream where I was worrying about how I was going to manage with this and if I was going to say 'no' to Dad and whether he should be walking across that piece of land because he's pretty lame anyway, and suddenly the piece of water had a steep edge and the Land Rover had slipped down it, and Dad was in the water – under the water – and trying to push the Land Rover up. And I was on the edge seeking for a ledge to grab the Land Rover with, and to pull it. And between the two of us we pulled the Land Rover out – which would have been totally impossible.

And then we went back to the house which was quite nearby, and my concern was whether he would have a bath to warm up, having been in the cold water, before he changed his clothes. And then I woke up.

So for both, the time 'on the edge' was a time alone. Christina's deep water symbol was a pool not there before in her experience. She felt fearful, knowing she would have to negotiate it alone when the time came. That time did not arrive in her dream. She helped her father out of his deep water experience, back to the safety and normality of home and a warm bath.

INTERPRETATION IS BEST IN CONTEXT

The more I worked with the dreams I was given, the more I appreciated that symbols should be interpreted only in context, and that the context was usually what was going on in the dreamers' lives (including their thoughts and emotions), around that time. It was no help to go through dream records searching for symbols used by disabled people and others for non-disabled people: it wasn't like that.

DREAMS SYMBOLS SPRANG FROM THE LIVES AND EXPERIENCE OF THE DREAMERS

In the limited group of dreams I collected, no disabled dreamers from Edinburgh dreamt of travelling on the London Underground, or having a laptop computer stolen on a business trip, or even of standing waiting for a local bus to appear! These appeared in the dreams of the non-disabled from whose direct experience they came. Similarly, wheelchairs were not seen in the dreams of non-disabled dreamers. Of course, any dreamer could have dreamt about any of these symbols because to a large extent, disabled and non-disabled people share the same world (if not through direct experience, then through the media) – but they didn't during these six weeks.

Each Group Two participant filled in a demographic questionnaire (Appendix 2.1.12). I asked two questions to discover if, from direct experience, these participants might have good reason for producing symbols, metaphors and themes around disability. One was 'If you currently have any form of physical impairment, what is it, and how might it disable you in your waking life?' Another, 'Looking back through your entire life, have you at any time been in regular contact with a person who had a major physical impairment?'

Later, I will report in more detail on specific and various symbols likely to be found in the dreams of disabled people. With the addition of material from Groups Three and Four, I can give a more informed picture for non-disabled counsellors using dreamwork with disabled clients.

FIVE KEY THEMES

I compared themes featuring in several dreams of Group One, with those of Group Two, noting five in particular. Part of our common humanity, they might highlight the difference in experience between Groups One and Two – and the need for this research.

The five themes in the dream collection that showed a contrast between the dream experiences in Groups One and Two were as follows:

- i. A sense of responsibility
- ii. Watching or being watched
- iii. Transport
- iv. Dream endings
- v. The difference between dream body experience and waking body experience

I have moved the full discussion of this section into Appendix 2.1.18 because I believe some will appreciate access to a fuller report on what was contributed around themes. I do not include this in the main text here because, although interesting, they may not be universal themes in the dreams of the majority of disabled people. That could be the focus of a different research project.

I wanted to check my findings from my reading of the dream reports, so I offered these for discussion at a two-hour meeting on October 18, 2001, arranged for participants of Groups One and Two. I wanted feedback from disabled participants more than from non-disabled - for my results to be open for discussion, and available for judgement and accepted by the disabled group if they found them reasonable.

Here are the themes with their differences between the groups:

i. A SENSE OF RESPONSIBILITY

In Group Two, 15 out of 39 dreams indicated that dreamers had a heavy sense of responsibility for others, accompanied usually by either high anxiety or guilt for not keeping them safe.

Examples of this were:

- A friend's business is failing. The dreamer abandons her own work to try to save it
- A passing car's exhaust falls off and the dreamer feels it could be dangerous. She moves the car to the roadside and has it repaired

This did not seem such an issue with the trainee counsellors (Group One). A sense of responsibility for others appeared in only three dreams, and in none did anxiety or guilt feature. Disabled dreamers handled this without feeling burdened.

Example:

- The dreamer accepted she could do nothing physically to protect the person she loved from harm as he fell. This would accord with her waking reality since she has congenital mobility impairment

ii. WATCHING OR BEING WATCHED

On reading through the dreams of Group One I noticed a recurring symbol of 'the stage'. Examining these more closely, I saw metaphors that might imply a consciousness of being watched by others.

Four Group Two dreamers mentioned being watched by others:

- One was observed playing tennis
- One couldn't close the curtains of a dressing room to ensure her privacy

But in nine Group One dreams there were metaphors of being on stage or of performing while others watched.

- One stood beside a pool, trying to attract the attention of two personal assistants. Not succeeding she dived in while a watching crowd cheered
- One was asked to perform in a play, and about to go on stage, but no one would give her a script
- One man sat in a room where one entire wall was window

Feeling 'on show' is a part of the cognitive waking experience of some disabled people. It is played out in various forms in their dreams. In her book 'The Human Brain', Susan Greenfield writes:

'...as you live, memories pile up, and this accumulation of past scenarios, all stored within your brain, gives you a unique perspective from which to interpret the flood of sensations that bombard you every waking moment. Memories and mind are, therefore, inextricably linked... It is not the brain cells themselves that change and continue to change, so much as the connections between them. ... They are constantly strengthened by experience or atrophying through lack of it (Greenfield, 2000:61).

iii. TRANSPORT

24 dreams of non-disabled participants mentioned forms of motorised transport, but only 8 from Group One. Non-disabled participants were travelling in cars, speeding gunboat, helicopter; in aeroplanes, on London Underground, train, Land Rover, black limousine; there was an accident involving two lorries with rescue vehicles, and so on. But for disabled dreamers living in the same city, travelling regularly by taxi, bus or driving their own cars, and who sometimes fly off on holiday, there was a contrasting transport scene. There was one stationary ambulance waiting to receive a friend on a stretcher, and one stationary car with the dreamer at the wheel. Another car was mentioned. There were two buses - one on which a dreamer was travelling and became trapped, and another where a young woman boarded with a child in a pushchair with her nose bleeding. One mentioned there being no taxi for her at a railway station. (I did not list wheelchairs amongst other transport because I wanted to present a whole section on wheelchairs later in the proceedings.)

Transport apparently symbolised 'going places'. This symbol was shared. For the disabled group, transport seemingly symbolised where they thought they were heading, and whether or not they felt in control of this. In their dream interpretation, non-disabled drivers used the symbol of their car or those of others to represent various aspects of their lives, including sometimes, their bodies.

iv. DREAM ENDINGS

One difficult aspect of the Immersion Stage in heuristic research for me was that the material gathered became so familiar to me that I stopped viewing it objectively. I forgot to keep my head above water: I immersed myself. To help me regain some objectivity I sent some dream reports of Group One to a colleague, asking her to read them and work on them with me. At the end of our session, she remarked how painful it had been for her to read them at one sitting. I felt surprised. Fleeting I wondered why she was sympathising with me! Literally, my mind had grown numb to the pain: psychologically I had reached the stage where in a real life drowning, swimmers feel seduced into letting the waters close over their heads: no need to fight for survival because there is no pain left so no need to resist it. I had so absorbed the psychological pain in the dream records, that it no longer affected me emotionally. Her challenge helped me regain a boundary between my life and the experience of the disabled dreamers. I read again the dream records of Group One, and followed by reading those of the control group. It was then I noticed another difference. Both recorded painful, sometimes horrific stories - in Group One there were 21 bad dreams out of the 35: but in Group Two there were proportionately more - 28 out of 39.

I realised that in Group One, there were only 4 bad dreams with a good ending: in 17 a threatening situation was left unresolved. Group Two had 18 dreams with a good ending to a bad dream, and in only 10 the threat remained unresolved. I illustrate this in Table 4.

Table 4: Comparison of Dream Endings

Group.	Total number of bad dreams	With a good ending	With threat unresolved
Group One	21 out of 35	4	17
Group Two	28 out of 39	18	10

Examples:

One from each list has previously been illustrated in the dreams of Ruth and Christina:

- In Ruth's dream (Group One) her power chair toppled into deep water and sank. In the dream they could not bring it to the surface
- In Christina's dream (Group Two), her father's Land Rover toppled into deep water and sank. Her father and she together brought it back to the surface, and they went home

My response to the debate on October 18 on this theme (Appendix 2.1.18), mostly amongst the disabled dreamers, was that they had the necessary experience to empathise with the emphasis in these differences between the groups. Many were stating quite clearly, 'There are aspects of our lives that give us anxiety and there is no way we can resolve the situations in which they place us to give our dreams a happy ending. It is not a stage in our life to live through and move on: it's not going to get better.' Group Two's dreams reflected that many were living through anxious situations not yet resolved – but in a higher proportion of their dreams there was some promise that a resolution might come.

I had not previously paid much attention to dream endings. In e-mail conversation with John Bomford, an Australian psychiatrist, on the relation of dreams to lived reality, he told me that his theory was that beginnings of dreams are often about the dreamer's past, the middle about their present concerns, and endings 'evoke the future'. In dreamwork he pays particular attention to the endings.

Harry Guntrip (1986: 301) worked as a psychoanalyst mostly with severely disturbed patients, many of them out of touch with reality, but in this quotation he comments about a purpose in dreams in the life of a "healthy-minded person", and I believe all participants came into this category:

'This is a kind of abstract thinking which is not aimed at "withdrawal from reality" but at "mental preparation for further action". It does not belong to a self-contained "static internal closed system", but is directed towards action in the real world all the time. There is no reason why a healthy-minded person should not at times do some of his deep inward "preparation for future living" in dreams. Maybe Jung's view that some dreams have an outlook on the future is relevant here.'

I have noticed that when Jung reports the stories of dreams (Jung 1967: ch. IV) he often ends with the punch line – the metaphor that eventually appears to unlock the central meaning of his own or his patients' dreams.

Kramer (1993) claims that one of the functions of dreaming is to regulate mood so that when people go to sleep with strong negative feelings, their dreams throughout sleep progressively process those emotions to lighten their mood. (Perhaps the folk wisdom advice of 'Sleep on it. You'll feel better in the morning' is scientifically sound!) It would seem, however, that since there are some physical conditions that cannot be changed, processing mood response through dreams in sleep is unlikely, by itself, to lead to changed affect: they are still there and may still be a cause for anxiety in the day ahead especially if there is, for instance, chronic pain or indications of progressive physical deterioration.

I came to no conclusion on whether the ending of a dream, as recounted, is any more significant than the mood of the dreamer on waking, or on how the dreamer feels about the remembered ending of the dream. I believe it may be important to explore such issues with the dreamer, and to compare and contrast one dream with another dreamed around the same time or theme. If many dreams end with painful situations unresolved, then that is a dream theme to be explored in therapy.

v. DREAM BODY EXPERIENCE AND WAKING BODY EXPERIENCE

In addressing this theme, I was going to the heart of the phenomenon I most wished to understand. My first task had been to make certain that it exists. It does!

In Group One roughly 86% of dream body images bore no relation to the dreamers' waking cognition of their actual present physical body and its physical ability. This phenomenon was seen clearly in those who had been born physically impaired, in those who had acquired physical impairment as a result of some sudden trauma such as accident or amputation, in those with a condition that surfaced in adulthood and led to progressive physical deterioration, and in those with hidden disability.

Some examples:

- Two dreamers who were born physically impaired and cannot stand without aid were both standing independently in their dreams
- Vevey a woman with tetraplegia, swam and dived with great delight in one of her dreams

In the remaining 14% of Group One's dreams, for example,

- one person who cannot move her legs voluntarily, was trapped by the legs on a bus

- most others were wheelchair users who were in their wheelchairs in specific dreams

In the dreams of the Control Group, roughly 10% described their bodies as able to do or be something that did not accord with their waking cognition or ability:

- One woman reported herself as walking faster than a bus
- Another woman was a teenager in one dream

Noting the high discrepancy between these results, I decided to find my equivalent percentage. Out of 78 collected by 18 October 2001, in 8 my body or its ability was different; roughly 10%. I had some pretty powerful examples!

- In one I stopped my car, and in one sweeping arc, swung both a huge motorbike and its leather-clad rider who had blocked the road, out of my way
- I was a man: a woodcutter living about 200 years ago, who had to clear a marsh of large sodden tree trunks and did so by lifting each unaided and throwing it away

I have put the statistics mentioned in this final section into Table 5.

Table 5: Percentage of dreams where self-representation differs from waking life

Dreaming Participants	Total number of dreams reported	Number of dreams where dreamer did what was physically impossible for them	Rough percentage of total reported dreams
13 disabled people	35	30	86%
13 non-disabled people	39	4	10%
1 non-disabled dreamer-researcher	78	8	10%

I searched in the records of journal articles for dreams of disabled people. A few examples are:

- Ryan (1961: 286-291) records the dreams of adult male paraplegics, describing their active and non-disabled bodies
- In an article entitled 'In my dreams I am able to walk', Muller-Breckwoldt and Lipinski (1988) record extracts from dreams of children born with spina bifida (Appendix 1.1.1)

- Hurovitz, Dunn, Domhoff and Fiss (1999) in an article 'The dreams of blind men and women' record the fact that people who are blinded after the age of five, often continue to see in their dreams

In a largely autobiographical novel Christopher Nolan (1999:130, 131) born with severe cerebral palsy, describes a dream central to his life story. He was on a ladder cleaning windows, not even holding the ladder, as he wielded his cloth, while watching his totally relaxed body asleep in his bedroom.

Perhaps the most surprising fact for those who have never thought of this issue is that people born with a disabled body have an able-bodied dream self-representation. Those who know about dreams, but not about the dreams of those born disabled, might assume that the image is so for people with acquired disability because they have a vast store of remembered self-images from before the time when their body became impaired. But here is a typical quote from one disabled trainee born with motor impairment:

'In my dreams ever since I was a child I have been able-bodied – able to do everything! I waken feeling I can just throw the bedcovers back and leap out of bed, and then I realise that I can't, and feel disorientated for a minute. Then I realise, "It's only a dream" and life's back to normal'.

By this part in my research I was totally convinced that the phenomenon I was researching, existed. It is part of reality for disabled people, and not only for those with visible physical disabilities. All the physically impaired people whose dreams I recorded in Groups One, Three and Four have dreamt of themselves as able-bodied.

This is the norm.

There are, however, dreams where the self-representation for all dreamers is experienced as disabled, and these will be explored later.

2.2b: THE WHEELCHAIR SYMBOL IN DREAMS

From Groups One, Three and Four I recorded 78 records of contemporary dreams from 23 people with a variety of permanent physical and sensory disabilities, most living in Scotland within a hundred miles from Edinburgh.

Table 6 shows their gender distribution. Although I have disguised the identity of the dreamers by name, the gender of the dreamer remains as the name implies. None of my findings show a specifically gender-based difference.

Table 6. Gender distribution in dream collection

Gender of Disabled Participants	Number of dreamers	Number of dreams
Women	16	49
Men	7	29

This section

- describes my search to understand the dream symbol of a wheelchair
- explores the use of the wheelchair symbol in the dreams of wheelchair users
- explores this symbol in my dreams, and give an example from a novel
- compares and contrasts the wheelchair symbol in the dreams of wheelchair users and in my dreams
- summarises the conclusions I have drawn from this section

MY SEARCH TO UNDERSTAND THE DREAM SYMBOL OF A WHEELCHAIR

The symbol most frequently in dreams from Groups One, Three and Four, was that of a wheelchair. There were 10 wheelchair users amongst the 23 physically disabled participants in my dreaming research project. This made it both important and possible for me to explore the use of this symbol.

Having time to pass in one of Britain's reputable high street bookshops, I discovered a selection of popular books on dreams. Nine contained a dream symbols dictionary section for help in dream interpretation. I assume they selected the symbols that from their experience, dreamers most

commonly use. They all gave possible interpretations for 'wheel' as a dream symbol and most listed 'wheelbarrow'. Only one suggested 'wheelchair'. It offered the following possible interpretations:

"On the one hand, restriction, suffering and the inability to escape from problems. On the other hand, in spite of a psychological handicap, moving forward. Often such dreams are a challenge, in a sense, to learn to walk again." (Vollmar, 1997)

Normally I find dictionary interpretation of dream symbols unhelpful (though sometimes amusing), and would dissuade clients from using them. I responded positively to the way this author gave opposing and challenging choices for this symbol, because I have seen such in the wheelchair dreams I have studied.

In the Concise Oxford Dictionary (Sykes [ed.], 1982) a symbol is defined as

'a thing regarded by general consent as naturally typifying or representing or recalling something (especially an idea or quality) by possession of analogous qualities or by association in fact or thought.'

Within our western culture, a sign suggestive of a person in a wheelchair symbolises a place with access for wheelchair users. That is a symbol 'regarded by general consent' to 'naturally typify or represent or recall' the same for everybody. My findings indicate that the wheelchair dream symbol does not have universal meaning. Counsellors doing dreamwork need to help each client interpret that symbol for herself, and even to discover what it means for her in any specific dream.

Prior to this research, I would have assumed it to be one with general consent on its meaning, and would have been surprised had a wheelchair not appeared in the dream of a wheelchair user. Partly this assumption was based on conversations with some of my trainees. Take Rebecca, for instance, who was congenitally disabled and who talked about her relationship with her wheelchair, and how she experiences a lowered self-esteem when she has to go some place inaccessible for her electric wheelchair, and therefore in a push chair. In her push wheelchair Rebecca has no tray to rest forward on, and feels out of balance. When she leans back she messes up her hair on her headrest. She responds to this by becoming unassertive, and letting whoever is wheeling her chair decide for her where she should go – then feels resentful and blaming and critical when they make the decision. She feels out of control without that electric wheelchair. If something goes wrong with it, she refuses to go to places she normally enjoys. On holidays abroad, however, Rebecca rarely takes her electric chair, because she so wants to be able to go upstairs and see everything she can and experience everything, that she reckons it is worth feeling helpless to achieve the experience of exploring foreign countries. Restricted to the heavy chair she would be limited in what she might explore.

This intrigued me. I asked her if she felt her electric wheelchair was part of her body image. She said it was. Rebecca, however, has not yet dreamt of being in her wheelchair!

Eventually I had dream material from a total of 10 wheelchair users:

- In Group One with eight wheelchair users, wheelchairs appeared in dreams for only two of them during the original six-week period of the research
- Some wheelchair users from Group One contacted me after the six-week project finished, to say that wheelchairs had appeared in some subsequent dreams. Being offered these, I collected them in Group Four material
- I sought additional material from other disabled people, most of whom live outside Edinburgh (Group Three). Two were wheelchair users

Some facts:

- In the majority of the wheelchair users' dreams there were no wheelchairs
- One from Group One, not a wheelchair user, dreamed of a group of people in wheelchairs
- Wheelchairs did not appear in the dreams I received from the group of non-disabled people (Group Two). A colleague with mobility impairment appeared in one dreamer's dream, but she was standing, having left her wheelchair at home
- Wheelchairs began to appear in my dreams when in waking life I was regularly with wheelchair users

Another assumption I had before this research was that dream symbols were likely to be selected by the unconscious mind from people and objects most commonly encountered by a dreamer in everyday living. Discovering that Group Two did not dream of wheelchairs but that I, who worked with wheelchair users did, reinforced this for me.

But I was surprised that only 25% of my wheelchair using dreamers in Group One had wheelchair dreams during the six-week period of the project. Some wheelchair users claim that non-disabled people see a wheelchair but not the person in it. I do not place myself in that category when I know the person in the wheelchair. I am conscious of the individuality of each person I teach, whether in a wheelchair or not, but in waking reality I cannot but be aware also of the wheelchairs around their users. In a training room that is not spacious, and with a group where sometimes more than half are in wheelchairs of various degrees of manoeuvrability, asking them to go into groups of two or three to share or discuss can seem like a major operation. I am aware of wheelchairs!

THE USE OF THE WHEELCHAIR SYMBOL IN WHEELCHAIR USERS' DREAMS

I will give a number of examples, and through them illustrate the need for any counsellor doing dreamwork to explore with her client

- what the symbol of a wheelchair means for him in waking life and quite specifically,
- what *this* wheelchair and what happens to it, means for him in *this* dream

At the end of each example I highlight the meaning each gives to the wheelchair symbol.

Ruth (See page 57 for her complete dream story)

Ruth has been going through a lengthy process of deterioration of her body's muscle tone, and for the past few years has relied for mobility on an electrically powered self-operated wheelchair.

In her dream the power chair was a symbol of one stage in her progressive physical impairment.

Sunk and folded under deep water, it was a visual metaphor of the impossibility of her reverting health-wise to being able to use it. She had to leave the security of freedom of movement and independence that chair had given, and move on.

Beth

Although she walked for years unaided, Beth has never known what it is like to walk without motor impairment except in her dreams: there, she is not physically impaired.

She passed through a distressing emotional struggle before accepting that a wheelchair would be beneficial. Even after being measured for it, and it arriving in her home, she could not bring herself to use it regularly. In her waking life, she believed that her wheelchair was a symbol for all to see that she had failed in her life's struggle to remain physically active and independent. Over these many years since she began to use her wheelchair, she could not recall its having appeared in her dreams.

In one recent dream she was celebrating with good friends, dancing with her partner, and thoroughly enjoying herself. They seemed to be at a seaside hotel, and after dancing, walked hand-in-hand, barefoot along the beach under the stars - wildly romantic for her. The dream location switched. They were in their own bedroom back home, and right in front of them was a wheelchair! She awoke, shocked by that image. She phoned to speak about it:

'Why now?' she said, sounding querulous.
'What does a wheelchair symbolise for you?'
'That I have no control over my life - well, the physical side.'
'Could there be any significance for you, in the wheelchair being in your bedroom?'
'Oh ...the pain in my legs is so acute these days that we can't make love.'

The wheelchair symbol seemed to be there to symbolise another area of failure in her struggle to retain autonomy.

Angela

Angela is not a wheelchair user. She is visually impaired and arthritis makes walking increasingly painful. She chairs a committee in an organisation that helps equip women return to employment.

In a dream she noticed around her several discrete groups of women - of older women, of black women, of women in wheelchairs. She interpreted this as being about her concerns in her role as committee chairperson. The women in the wheelchair group represented one of the constituent groups amongst all those who desire such training. It was not the presence of the wheelchairs that required us to look deeper for a hidden symbolic meaning for this dream. Angela reported that she and another committee official were very happy, but all the women in the various groups were looking sad. The sadness was the unusual dream factor and the issue to be addressed, not the wheelchair symbol.

The wheelchair symbol had been used in Angela's dream in the same way that it is used in our culture to represent both wheelchair users and others who are physically impaired in some other way.

Aiden

Aiden has a progressive condition that has made him dependent on using a wheelchair. He had no memory of having a wheelchair dream, but then he brought me one that disturbed him. He told me of his experiences around the time of the dream that may have contributed to the dream setting, but he did not understand the dream.

In his dream, the power to choose what he wanted was absent: various decisions were made without consulting him. It ended with his party (whom he had not chosen to join) entering a restaurant – and there, at their table, was his wheelchair.

He eventually linked his dream to a life situation he had not connected with it, where lack of energy because of his disability prevented him opting for something he would love to experience.

The symbol of his wheelchair was a reminder of some loss of option to choose what he wanted to do in life.

Jez

Jez has multiple sclerosis, and when eventually a wheelchair was recommended for her use she welcomed it. Weary of the struggle to maintain mobility, sometimes the mere thought of going

somewhere she would love to be was so challenging that she stayed at home. About a year before my research began I remember her telling me of a dream where she walked, skilfully pushing her wheelchair around various obstacles in their path. There was so much she wanted to do with this new lease of energy, and together they seemed a winning team!

Jez is a vivid dreamer with excellent dream recall. She used to belong to a Jungian dream group, and often records and analyses her dreams. At the time of Group One, having just been through a period of emotional upheaval where wheelchairs were greatly in evidence in her dreams, she was considering a new plan for her future – and this time, a major undertaking. She explained this as the background to her dream.

It was long complicated dream that took time to unpack. This was part of it:

I get frustrated or held up, and I decide to go back up to my room to get something or other and it's several flights up wide shallow stairs and there, at the top of a wide stair which is really a sort of landing – there, abandoned – is my wheelchair. I remember that on my way down I decided not to go down the stairs on it, because going downstairs would seem potentially dangerous. But I did think at that point, 'I'm probably going to need it at some stage when I get tired.' But I notice that its diagonally opposite wheels – it's the wheels I'm concerned with – they are the same size, and quite small, like old-fashioned pram wheels, and two of them, diagonal ones, had come off. Try as I might, I couldn't seem to snap them on again. They just have to snap on, but they don't. I have to leave it. I reckon I can get help later. I waken feeling I will have to sort this out at some stage.

She was keeping the wheelchair there 'in case she needed it'. The pram wheels symbolised for her, dependence on the wheelchair – like a baby's on her pram, and that her support system needed to be repaired.

I asked 'How do you think your dream challenges or informs you about that whole situation?'

She replied, *'I'm not sure where the wheelchair comes in except for me to be aware that I'm not - I don't need to be totally under my own steam. I can do bits of it by myself, but I do need help and I'll make sure that that help is reliable and working...I think I need a wheelchair for some parts of me.'*

Once again, the wheelchair is for her a positive symbol of something that gives her the help she needs to get where she wants to go – but in the dream the wheelchair was disabled!

When in her dreams she and the wheelchair are working happily together as a team - she walking behind it, influencing its direction - she is coping well. Nothing disables her. She has what she needs, to go where she wants. When someone else controls the chair, or when the chair and she are separated in her dreams, things seem out of her control in her life: **her physical disability becomes an issue for her, and sometimes the disabled wheelchair symbolises this. The worse life feels, the more the wheelchair is disabled in her dreams.**

Bamber

Bamber was born with cerebral palsy and also a genetic degenerative condition of the spine. A very respectable and upright married man, in a dream he was seduced into the bed of a female neighbour. There he fell asleep then wakened in a panic, wondering if he had been unfaithful to his wife. He escaped to his wheelchair parked outside, and was so relieved, that the wheelchair '*danced for joy – just like Fred Astaire*' on his way home.

His wheelchair symbolises how he feels.

Vevey

The conversation I had with Rebecca about her wheelchair being part of her body image gave me some background for understanding Vevey's feelings.

Vevey is a young woman employing a team of 13 personal assistants to help her maintain independent living. An accident some years ago left her without power or sensation in her torso, legs and arms. She has some mobility in one hand, and with this can control her powerful electric wheelchair. When she began to tell me her dreams, there was no sign in them of her power chair. Later a few dreams came where she was in her chair. She wondered if this might mean that she was more accepting of her disability, her chair having become an extension of her body image as she now understood it in her waking life.

Then, to her surprise she reverted to having more bodily active dreams without her chair. Before her accident she experienced herself as rebellious and able to be spontaneously angry, and as a bossy older sister. She has noticed that her current dependence on so many for independent living support has changed this aspect of her. She now feels she dare not confront them angrily lest they walk out and leave her. In one dream, however, she was powerful again, standing eye to eye with her young sister, quarrelling.

One day in her waking life, the joystick on her power chair came away in her hand. Her chair remained stable, and was sent for repair. Vevey had to revert to using her previous chair with someone else pushing it. She didn't feel good about the way she presented herself under these conditions. She couldn't even use her adapted phone.

This seemed to trigger off repetitive nightmares. In each, she was in her power-chair reversing down a taxi's ramp when her joystick came away in her hands. The chair would topple backwards with her in it, legs in the air, shouting for help, but when the taxi-driver came to right the chair, its solid structure would disintegrate beneath her. She told me that this reflected what she felt about her life when she had to return to the helplessness of being in her old chair, but also she wondered if her falling backwards had put her back in touch with her memory of her original accident where she fell backwards from a height and wakened in hospital, helpless.

Vevey has not yet reached a conclusion on the meaning for her of the dream wheelchair symbol. Does it appear when she feels helpless – or could it be a sign that she has now accepted her dependence on it to the extent that it is an extension of her dream self-image?

If she settles for the latter, she will be an exception amongst the wheelchair users I have interviewed about this subject. As a researcher who is also a counsellor, I know how important it is not to impose what might be a general principle like this on any dreamer. The importance for a dreaming client is to be valued, respected and understood, not for her counsellor to come with a set of measures by which her experience is judged.

THUS FAR

It would seem as if a dream wheelchair

- is not present for the disabled people described above unless something in their lives is giving them a problem, and that problem arouses disabling emotions.
- symbolises different things to different people.

THE WHEELCHAIR SYMBOL IN MY OWN DREAMS

In this section I explore what my mind appears to be symbolising for me, when it presents me with a dream wheelchair.

Before working with Group One I began recording every dream recalled on waking. Along with my personal dream records I write comments on what is happening in my life around the time of each dream. Quotations here are lifted from that record; the words in blue italics are lifted from the dream stories, and in black italics are extracts from my dream commentary or interpretation. Six, dreamt between March 2000 and April 2001, contained a wheelchair image, and I will give three as examples.

While part of the Incubation process of heuristic research is undoubtedly time taken out – having a walk, working in the garden, attending a Candlelit Carol Concert (I can testify to have ideas pop up unexpectedly during all these leisure times) – surely in my project one of the best ways of incubating would be to fall asleep and dream? There, Christopher Bollas' (1987) 'unthought known' might reveal itself. Could I find anything amongst my own dreams that would help me understand wheelchair dreams of others?

I may have dreamed of wheelchairs before working with physically disabled trainees, but I do not remember any such. As far as I know my exposure to the many wheelchairs in my teaching environment has added a new symbol to my personal dream vocabulary. I have in the past dreamed of clients, trainees and various other people with whom I have worked. Had I been told that wheelchairs would appear in my dreams while I was working at LCIL, I would have assumed that those wheelchairs would each contain one of the wheelchair users from LCIL. Although I have dreamt of several of my trainees over this period, not one has appeared in his or her wheelchair.

In three of those dreams I was the wheelchair user, in two it was my father (who died twenty years ago), and in the other a young unknown man. The first really disturbed me. It was a nightmare.

It was like a snapshot taken at a group outing, shot from just above ground level. There, close together as if just off the beach was an untidy huddle of abandoned wheelchairs, and in one right in the centre, was Dad: old, old and so frail. Looking as if he were beyond it, really. He was propped up on this wheelchair somehow, asleep or unconscious, and as I looked, his head jerked down onto his right shoulder. Had he died? His neck had no support.

When I dream of Dad his image usually signifies the part of me in charge, the organiser, and the thinker – in Jung's (1963: 211) terminology – my animus. At the time of this dream my husband was off work. His leg was in plaster following an operation to his ankle, and I was trying to care for him and cope with an over-full workload. This dream happened after a night of typing transcripts and crawling into bed past midnight '*utterly weary, muscles tight and cramped – my neck and shoulders a total ache. I awoke twice in the night. I have overdone it – again. And today is the first of three days' training!*'

'The dream was horrible – but it reflected very well the state I had reached through over work. Had I killed off my ability to think straight, or was my dream evoking the future – showing me what would happen were I not more careful? The irony of this dream for me was in its setting. My favourite way of relaxing and letting my body and spirit revive is to walk along a Hebridean island machair – that strip of short salted grass strewn with crushed seashells and wild flowers, just above a wind-blown deserted beach of white sand. That's where the wheelchairs had been abandoned, piled together. That's where I longed to be, to shed the accumulated stress of my work, my research into aspects of disability, and taking care of a temporarily disabled spouse!

The wheelchair symbol was a vehicle for the part of me exhausted, in pain – emotional and physical - no longer interacting positively to improve my situation. I disabled myself. It was warning: ' Look what could happen!'

The fourth dream happened six months later and highlighted a different situation.

I was sitting in a wheelchair going along a corridor towards a door. In front of me was another person in a wheelchair, but in an electric one. I knew this person was going to open the door to let us both through. Before I reached the door I steered myself into an alcove and parked there.

I was aware that there was a big crowd behind me who also wanted to go through this door. I didn't see them – I just felt their presence there, rushing me, a bit threatening. I had to get through before them, but there I was, parked to the side.

Two days before this I had opened a Research Fund at my bank, and deposited the first donation I received. I was so pleased, but knew it was not enough, and several funding sources had already told me that my research was not in the category of their priority this year for allocation. I couldn't think where to go next. I wrote:

'This dream is about my reluctance to go about the process of fund-raising for my research. Am I telling myself that I am disabling myself in this competition to get funding? The crowd behind me is one I am only too aware of. Perhaps they deserve to get there ahead of me? Maybe my research isn't worth contributing to when there are all those needy people in the world? They seem so much more forceful than 'just me in a wheelchair'! Is my dream saying to me, "Follow that woman in the power-chair! Get more power and thrust and you'll open that door"?''

I felt sure that this wheelchair symbol in the dream was warning me that, again, I was disabling myself by acting as if I could not cope. It was like a threat – 'This could happen if you allow yourself to be disabled. You'll just be left behind, powerless.' I couldn't blame the needy world or *the*

project I had chosen. In the dream I chose to park myself to one side. The door was there to be opened. I was avoiding it. But it still felt like an ethical dilemma to me. I did continue, and I was given enough funding.

In my final wheelchair dream I was looking, in a lost sort of fashion, for someone to take care of me, because I couldn't meet my own needs.

I was travelling somewhere on a coach with other passengers. It was lunchtime, and nothing was arranged for lunch. I had a wheelchair with me and wondered what I should do. I decided to ask how far it was to North Berwick, because I would be welcome there. A kind-looking man said it was five miles away. I felt I couldn't manage that distance, propelling myself in the wheelchair, even if the road was flat. I joined a mother with her little daughter and we went to look for a snack followed by a banana'

In this dream I wasn't actually in the wheelchair, but had it folded, ready for use. I seemed to expect to become unable to walk. It was one that had to be handled manually. It was three days before my sister died of cancer. We were all waiting helplessly. She was beyond communicating through words, leaving me still needing to converse. I wanted her to look after me. *'I feel sorely disabled emotionally. Too exhausted to reach someone who might comfort and look after me. I'm part of a bus party of strangers; I'm no longer in control behind the driving wheel. I can't comfort myself – I need to borrow someone else's mother. I need an emotional wheelchair – but the one I am carrying is one I would have to summon up enough energy to move forward under my own steam. I have no steam left.'*

I was being taken where I had not chosen to go, still standing but carrying a folded wheelchair. I was already emotionally affected by grief at my sister's impending death. In need of further support, I clung to a wheelchair I could sit on: it would help me.

COMPARING AND CONTRASTING TWO SETS OF WHEELCHAIR DREAMS

I now compare and contrast my wheelchairs dreams with those of disabled people, to reach a better over-all understanding of the symbol.

SIMILARITIES

- I had evidence that the wheelchair image could be both negative and positive for me. This echoed the feeling about the symbol in the dreams of the physically impaired people, although usually some thought of them as positive, and some negative.
- My dreams were like the dreams of the disabled people in that all the situations that involved wheelchairs seemed to carry a lot of emotion.
- I had spelled out in some of my dreams that they were dreamt at a time of physical pain and exhaustion, accompanied by fear either of the present, the future or both. I knew that this was the background of many of the disabled people's dreams.

DIFFERENCES

- In their dreams they occupied the chairs, and all the chairs were identified, not as 'a wheelchair', but as 'my wheelchair.' In mine, other people appeared in wheelchairs (they could have belonged to anyone). Although I claim both people as parts of my animus, aspects of me, the pictures the dream presented to me were different in this respect from the pictures in the dreams of the disabled persons.
- Sometimes their chairs were not their current chairs, but their past chairs, no longer appropriate for their needs. So the chairs represented a stage of disability that had been, but would never again be theirs. For obvious reasons, I could not think of the wheelchair in any dream as 'mine'. I have never owned nor used a wheelchair.
- But, finally, there was an outstanding difference for me that relates directly to the phenomenon I am seeking to explain of the self-image in the dreams of physically disabled people being different from their waking cognition. Things actually happened to their wheelchairs – wheels came off, the chair disintegrated, it sank in deep water, it jumped for joy. Their wheelchairs dramatically demonstrated metaphors of what was happening within their minds and bodies, psychologically or somatically. The only dream of mine that could somehow compare with those was the one where I kept my chair folded, but beside me, ready for use. In my dreams the bodies reflected the metaphors. The bodies might either be occupying or taken from the wheelchairs to do this, but the wheelchairs remained intact and unaffected.

COMMENT

I have compared the dream images of one non-disabled person, with the dreams of ten wheelchair users, over a total period of not more than eighteen months. I have been unable to trace any other research in this area of dream symbols.

In one novel (Cusk, 1997: 311) I found one isolated dream described, that was rather similar to my own. The main character in the story, a young solicitor, abandoned her husband very shortly after she married, and obtained a live-in job with a country family, as personal assistant to their teenage son, a wheelchair user. About a week into this job, she dreamed of her husband in a wheelchair. Presumably, regular contact with a wheelchair user had introduced this new symbol into her dream vocabulary.

SUMMARY

The wheelchair symbol is one invariably associated in our culture with physically disabled people. It is also a symbol that appears in the dreams of wheelchair users and others. The symbol appears in dreams not because the dreamers are wheelchair users, but because something is happening in their lives with a meaning they associate with that symbol.

The evidence I have collected seems to indicate that the emergence of the wheelchair image in dreams (although it may feel positive to the dreamer in the dream) is often an indication that some emotional de-stabilisation is occurring in their waking life. In the dreams of wheelchair users, when something happens to their wheelchair, it can be a metaphor of what they feel is happening to whatever supports and enables them to function capably and well. This might well be very similar to the reason wheelchairs appear in the dreams of non-disabled people.

2.2c: OTHER SYMBOLS OF DISABILITY IN DREAMS

This section

- gives examples from the dreams collected from research participants with either physical or sensory impairment in Groups 1, 3 and 4, that show symbols of disability other than wheelchairs in their dreams
- summarises points arising from my exploration

SYMBOLS OF DISABILITY OTHER THAN WHEELCHAIRS

I became aware during the immersion phase of my research, as I read and re-read the records of all 23 dreamers with physical disabilities, that wheelchairs were not the only symbols of disability portrayed. There was a variety of words and phrases, signs and symbols that might either boldly state the physical condition of the dreamer, or might do no more than whisper or suggest it.

Dream One

A woman was involved in an accident in which one leg was severely damaged. After much time off work, Fiona returned to employment permanently disabled. Eventually her level of pain demanded time off, to rest. She became a wheelchair user, returned to work, and then was signed off once more. She hid her pain from colleagues as long as she could. They gave her tremendous support, but eventually Fiona began to face the possibility of early retirement. Around this time she had a dream:

I was in a dress shop trying on new clothes. Just before closing time I was in a top and trousers set that I liked. I looked at the price tag on the trousers and saw it was £949.00! This was far too much for me to pay! I wondered what the staff would think of me taking up all their time, then going out without buying anything.

She added, 'By the way, in the dream I was tall and slim – my legs were good. I could turn and twist in front of the mirror. No sign of disability.' I asked Fiona what she thought the dream meant. 'The leg has been asking too much of me – too high a price to pay.'

The price tag had been on the trousers that hid her impaired leg, just as she tried to hide its pain from the staff.

Dream Two

From Vevey's record it would be impossible to guess she had been physically paralysed for some years.

I was standing at the edge of a swimming pool. There were quite a lot of people around the swimming pool. I tried to attract the attention of my support workers, and for some reason they couldn't seem to hear what I was trying to say to them. They were walking further and further away. In order to try to attract their attention, and rather than trying to run round behind them - I was able-bodied in the dream - I decided I would dive into the pool, and swim to catch up with them. I did rather a good dive. I managed to clear the entire length of the pool in one dive! I swam right from one end to the other the length of the pool. And then I just repeated that, diving into the pool over and over again. Each time I did, I never managed actually to attract their attention. Everybody else was looking at me and cheering because I had done so well, and I was very aware of the pleasure of swimming through the water.

'Support workers' is another dream symbol that comes from the waking reality of many people who are living as independently as possible in the community, and therefore appears in their dreams. But in this record is another physical metaphor '*they couldn't seem to hear what I was trying to say to them.*' I call this 'a whisper' of a sign of disability. A person dependent on being physically cared for by others day after day is often in a situation where she is afraid of demanding attention, stating her needs. She may pretend to be managing well, rather than be labelled demanding or complaining.

It would be all too easy for this woman's counsellor to miss the whisper, and to join those cheering at the edge of this dream, encouraging the disabled person to go on performing wonderfully for her! What she needed was some one to hear her difficulty in communicating with her support workers, and help her manage this.

Dream Three

David was born totally visually impaired, and in adult life has had a series of guide dogs. These rarely have appeared in his dreams where he walks unaided. Within one rather complicated dream he was walking along a series of underground tunnels.

I seemed to walk for a good two or three hours anyway, not doing much, but just walking. And I came into one passage and I was met by an animal, a very, very large animal that looked like a cat, and it meowed like a cat, but it behaved very oddly. I heard the cat meow so I put out my hand to stroke it, but he sort of spat and hissed at me, and turned his back and let me hold his tail. And at this stage he led me down, oh for quite a long time, through some other corridors, holding his tail.

When we tried to tease out the meaning of this dream, David said the cat appeared just when he was feeling alone and rather frightened. With the cat he felt confident. The cat positioned himself exactly as his guide dogs do, insisted on this position and rejected fuss or petting.

‘But why a cat, David, and not your guide dog?’ He laughed. ‘*I was just saying to a friend last week that I prefer cats to dogs, and that I wish they could be trained to lead me.*’ David was wondering if he should change jobs. This dream gave him the sense of being led safely to the next part of his life’s journey.

Dream Four

People who have become deafened after early childhood usually have no hearing problems in their dreams (Sherman, 1970:59).

Adrienne is a deafened woman who gave me two dreams. In one she had no sign of her deafness. The other features an attractive hearing man she tries to impress.

I want him to see me dance, I want him to know I can dance even though he does not understand how I can dance to music if I am deaf.

Apart from him not responding to this – indicating perhaps a difficulty in their communication – there are two other indications in the dream of her deafened condition. One is rather subtle:

My friend starts talking to me with a strong accent and using words which I cannot understand and in any case it is all about nothing much ...

I found this sentence interesting. I would not describe myself as deafened, but I have a hearing problem with certain voices, and when not wearing my hearing aid I, too, use denial. The sentence in Adrienne's dream is similar to what I would say to myself in that situation, blaming the speaker's voice, or I would think, 'It doesn't matter – she's probably not saying anything I need to hear anyway.'

Then, towards the end of the dream, came a symbol:

A mobile phone rings, it is under my foot, it is my mobile. I keep my foot on it. The waiter wants a pencil, which is by my foot, so he can write down the information. I bend down and try to pick up the pencil whilst pushing my foot down strongly on the mobile. I am irritated because it is not information that I want. I want to dance and impress and please.

Adrienne's mobile has specific software adapted specifically for her use. Normally it is in her car for summoning emergency services. She was interested that in her dream she had '*such a need to put my foot on it, and keep it to me.*'

Dream Five

There was another dream, quite different from the others!

Tom recalled having a wonderful dream. He was wearing his prosthetic leg, and it enabled him to accomplish wonders - to go faster and further than any person without a limb amputation! A great feeling!

At this point, Tom was beginning training to become an archery coach. This was open to all at the required standard and skill: nothing to do with disability. It was appropriate that his dream should reflect his able and competitive, fighting spirit.

COMMENTS

Had I included the complete record of each dream mentioned above it would be even clearer that the majority of symbols and metaphors in the dreams of people with physical or sensory disabilities are shared with non-disabled people. Dreams of trying on new clothes, looking at price tags, anxieties about staff, of swimming pools, swimming and diving, mobile phones, underground tunnels and of

outstripping others are shared symbols in our culture. They are part of life, whether experienced personally or through viewing television, listening to the radio or reading books, and so they are part of dreams.

Each above dreamer gave me more than one dream. Had I shown the records of the other dreams, some would be indistinguishable in theme, symbols and metaphorical language from a dream dreamt by a non-disabled person. The dreams recorded above, however, all contain something symbolic that, for these particular dreamers, represents both their particular physical disability, and also what makes it possible for them to live as independently as possible in society.

Many dreams from these 23 disabled people contain no sign of disability. In some life was good and the dreamers were managing all aspects smoothly. I believe this reflected their waking reality at the time of those dreams. Having a disability is not the same as feeling ill. It does not mean being constantly anxious about one's body or its functioning. Except in times of crisis, re-adjustment or new physical challenge, life goes on for people with disabilities and they, like non-disabled people, manage their lives within the norms and boundaries in which they find themselves, and like non-disabled people, fear losing whatever supports them to live life fully.

These dreams were selected from possible others to show specific symbols or metaphors indicative that the dreamer may be experiencing life from within a physically disabled body. In each case the dreamer has heightened emotions.

- In Dream One it was stress at letting her staff down by having to give up work
- In Dream Two it was distress at not being able to communicate what she wanted to support workers
- In Dream Three it was the dreamer's feeling of being lost and alone and unhappy in his job
- In Dream Four, the dreamer was very anxious to communicate within a new relationship, and feared that her best attempts were not working.
- In Dream Five, the dreamer's natural spirit of competitiveness was asserting itself. Far from his disability keeping him back it was making sure he would win through.

SUMMARY

Since people who are physically disabled normally experience life within the same culture as non-disabled people, many symbols in their dreams come from our common life, and not from disability. I have noted from the beginning of my research that the self-representation in the dreams of people with physical or sensory impairment is different from their self-representation in waking cognition. In

around 86% of their dreams according to my records for Group One, their bodies appear to them as non-disabled, and fully functioning.

In looking more closely at the dream stories of disabled people and not just at their self-representation, I note that symbols pertaining to disability can appear in some dreams elsewhere than in their own bodies. There seems to be a tendency to displace the image of disability from their self-representation onto other dream symbols or to indicate them through metaphors.

Often the symbols that appear in such dreams are whoever or whatever is most necessary to enable them to function in waking life without feeling disabled. Through these symbols, metaphors or themes in their dreams they vividly depict their current emotional experience of being a disabled person in the world or of anxiety lest they feel disabled in various other aspects of their living.

2.2d: DREAMS WHERE THE SELF-REPRESENTATION IS NOT INTACT OR ITS FUNCTIONING APPEARS IMPAIRED

According to my records of the dreams of Group One, although 86% of the bodies that are self-representations appeared to differ from their waking cognition of their body image and ability, in around 14% this was not so.

This section

- looks at some dreams from the above 14% in Group 1 with additional examples from Groups 3 and 4, where the body image or its physical ability appear to be disabled
- explores why this might be so for those dreamers in these dreams
- summarises my discussion

In Hamlyn's Complete Guide to Dreams (Roland 1999:81), I came across this:

‘Dreams featuring parts of the body as prominent elements should be examined on three levels for possible meanings: the physical, the symbolic, and as compensations for disabilities or perceived failings.’

Roland would, I assume, place the dreams of disabled people with the self represented by a non-disabled body in his final category – under compensation⁶. My pursuit of this project indicates my disagreement with his theory about disability. In this section, however, I would agree to the necessity of examining the dreams of disabled people or non-disabled people on both the physical and symbolic level.

I look at the body image of the dreamer in a sample of dreams and ask why attention is being drawn in the dream to a particular area of that dreamer's body, and then to what that might symbolise for the dreamer at this point in her life.

HELEN DREAMS OF HER FEET AND LEGS

One of the people who shared her dreams with me has multiple sclerosis, but is not a wheelchair user. Helen has spells in her waking life when her legs and feet feel swollen, and either very heavy or as if

⁶ The idea of compensation in dreams features widely in the work of Jung. Storr (1983: 17,18) says of Jung's work ‘The idea of self-regulation runs right through the whole of Jung's scheme of how the mind works, and largely accounts for his view of dreams.’ ... ‘Dreams might be couched in symbolic language which was hard to understand; but they were not necessarily concerned with wishes, nor ways of concealing the unacceptable. Most commonly, dreams were compensatory to the conscious point of view; expressions of aspects of the individual which were neglected or unrealised.’

padded thickly with cotton wool. She drives an automatic car with hand controls, and walks unaided, but has limited energy. She has not travelled by bus for years because she does not feel she has enough control of her balance if the bus is moving. Usually in her dreams her legs and feet are non-disabled.

With some horror and fear she described her legs in two disturbing dreams, dreamt close to each other. In the first dream there were two sections, and I quote a few sentences from each:

i) *'Driving was hard and at some time the car changed to being a bus. I was standing on the back step, hanging on with great difficulty.'*

ii) *'I felt as if I were on one of those moving walkways, but it was as if I were trying to walk against it. My legs would not work. They felt useless.'*

And in the next dream: *'I started to run, but my legs got heavier and heavier ... I looked down at my legs and as I looked down they became one with my feet – they were amorphous useless huge ugly lumps of heavy blubber.'*

'But why?' she asked. *'At the time of those dreams my MS wasn't troubling me. I was feeling well, and able.'*

'So what was happening in your life around that time, then?'

She could tell me immediately. Her two closest friends were unwell – one in hospital, and the other waiting to be admitted to a different hospital. Instead of being the person with the disability, she had become the person who had to feel well enough to look after the others: to give the emotional and physical support she often received from them. The symbol of the car (where she would be driving and in control) had changed to one of a bus (dependent on another driving), and to her barely managing to hang on as it moved forward.

Helen's dream body image was highlighting the main impaired area of her physical body. 'Look' it seemed to be saying to her, 'at your feet and legs. They can't help you do what you need to do. They will disable you.' And to underline that message, their symptoms were grossly exaggerated. Seeing them she felt she would be useless at giving her friends the support they would need from her as she rushed between two hospitals. This dream image raised feelings of repulsion and uselessness, fear, apprehension and insecurity as she faced a most physically demanding new situation where she wanted to do well.

What the dream self-representation was doing on the bus was a metaphor of what she was feeling emotionally – she was *'hanging on with great difficulty'*.

BETH – WITH NO FACE

One of Beth's dreams frightened her. She had been born with a walking impairment and in her childhood her mother often threatened her by saying Beth would end up in an institution. It was more than 35 years since she lived with her parents, but in this dream her parents, uninvited, had come to live with her.

My parents seem to be living with me. I've no idea how that has come about. I seem to be living in my own house, but my husband is nowhere to be seen. My father is saying very little – he seems to always be in the background. I'm sure he has lots of thoughts and feelings with regards to what is going on, but he's not verbalising any of it. I wonder why. Mum seems to be making all the decisions, disregarding all others involved. She's talking about Care Homes and the like – hospitals – for me! I cannot see my face, yet I know this is about me.

In the discussion about her dream I began by checking out some details -

You're seeing yourself in the dream, then?

I'm in it. It's me she's talking about. I see myself, and yet I know - and I've underlined 'know' - this is me!

You can see the rest of your body?

Uhuh.

But not your face. And the rest of you – is it looking disabled, or is it looking non-disabled?

Whole. Whole.

* * *

Then later on I returned to, 'So in the dream you have no face?'

Can I tell you what I think that means?

Please!

*I don't want to see it! I don't want to **face** it!*

Beth needed no help from me to interpret the dream symbol of her faceless body. This was one dream where the interpretation of the way the body differed from its waking cognition was purely symbolic. The non-appearance of the body part was a metaphor Beth could understand immediately. Beth has a most mobile and expressive face with absolutely no sign of physical disability in its appearance or functioning!

AIDEN – ON THE MOVE, BUT...

Aiden described a long complicated dream in which he moved around, but had no wheelchair and no consciousness that his legs were moving under him. He seemed to be at a loss to describe the experience well enough in words.

When I was actually looking through this window, I have a sense that – I don't know how much this is – I wasn't dancing, but I wasn't standing either. You know how when somebody leaps up in the air and spreads their legs really wide and touches their hands? Like what Cossacks do? That type of thing. Well, you know how they would appear would be quite different that instant when they were up in the air?

Yes.

I wasn't doing that, but it was almost like as if I was floating in front of this door. Well, not even floating – it was like somehow I was temporarily suspended.

Uhuh?

It was only like – the top half of my body was there? Or something like that? Which has just come back to me. So – I don't know how relevant that is either.

It could be extremely relevant... Well – does the top half of your body have more control than the bottom half?

I think that is how I actually sometimes perceive myself when I'm not awake. I'm not saying I'm remembering dreams, but I know that is a fairly common perception for me.

You're in touch with the bit of your body that is still...most physically able?

No. It's just like I choose to ignore the way that I move in reality, and I've adopted this new method of propulsion or something.

This was part of Aiden's attempt to describe how he moved around in that dream, but it happened to coincide with what others see of his body image. He moves most skilfully on his wheelchair but has no voluntary movement in his legs. This is neither a wheelchair symbol dream, nor a dream where his

body is walking as he used to, some years back. It's as if he is somewhere in between these dream symbols – in a place unique to him.

BEN – WITHOUT A BODY!

Ben has a congenital condition – cerebral palsy (CP). He was from Group Three, and it was years since I last spoke with him. I contacted him by phone, then chatted for a while by e-mail. In one of these Ben wrote, *'I would love to help you; but I'm afraid that all your questions appear to have no relevance for me.'* My heart sank as I read this. He continued: *'When I dream my body is an amorphous presence which can somehow deal with the situations in which I find myself. The question of my disability seldom arises.'*

I know Ben as a person who always loves to challenge the status quo. He went on to give me what might be a clue to his neither seeing nor experiencing his body in his dreams:

'From the age of 4 to late adolescence I enacted a fantasy which allowed me to live "normally" in an action-packed world. I did not 'escape' from CP, but adapted disabled paraphernalia to be part of my parallel world. For instance, my NHS tricycle was a very sophisticated form of transport.' ... 'I would love to talk about these things.' And his parting shot was *'Why should I dream of running when I have never done so?'*

I arranged to visit him to continue the conversation and have the consent form signed should he wish to do so. It was a most interesting time.

'Can you say more about this 'amorphousness'? I've no idea what the noun is! Of the experience. Are you somehow floating, are you spirit? Are you ...

I think these are your words, not mine. I do not see myself at all. It's taken for granted that the things I am doing in the dream are possible.

Things you do in dreams?

I can't remember about specifics. Obviously, if I was debating, I was debating in such a way that nobody was concerned about my speech impediment. If I was writing, no one was concerned about the slowness of my writing and so on. But I wasn't actually doing it. These things were happening without me actually being conscious of it.

So would you say that in your dreams you didn't have a speech impediment?

I don't want to answer your question. Because I'm not certain that I have, or have not. The fact is that what is being done in the dream is getting done. It is generally being done in a world that is – quotes

– “normal”. So that I have what is required to get the task done. So I don’t actually have dreams about failure as such, or success.

In research I have read about, and not what I have done myself, when people have strokes and are totally speech impaired, they dream of speaking “normally”. Now I know that you are not talking about the same thing, but I was wondering if that was what was happening in your dream.

I think looking back on my recent career, talking publicly as I do physically, was a denial of my speech impediment. Therefore in life I was denying it; therefore in dreams it wasn’t there either. Does that make any sense?

That’s really interesting, the way you explain it.

I feel that I burned myself out denying all these things. And I feel much more psychologically at ease with myself since I stopped denying any of these things.’

He rounded off that part of our conversation by saying that he thought he was still in the process of working these things through. This could be borne out in the dream sequence he subsequently shared with me of four current dreams over a period of weeks:

- In the first he saw very clearly a part of his body that was significant for him, but he did not want to explore its significance for him for my research
- In the next he was high up in scaffolding, discussing matters with Tony Benn. Both of them were amorphous
- In the third he saw himself as dressed in brown corduroy slacks and walking half a mile with somebody, and then another half-mile back home again (not possible in waking reality), although he felt no kinaesthetic sensation of walking
- In the last a crowd of men from his profession were all whizzing back and forwards at a great rate of knots, doing business from wheelchairs while he watched, again amorphous

COMMENT

I believe that all the dream symbols explored in this section are from dreamers who were in facing major personal issues, and could be described as being in a transition process. By this I do not mean that they are coming to terms with their physical disability – in fact I am pretty certain that that blanket description would be inaccurate and also inadequate to describe what is happening within any one of them. Not being in a counselling relationship with any of them, the way I describe what I think is happening may not be in words they would choose.

I do not have any way in this project of comparing the extent of emotional disturbance when a person’s actual embodied self-representation is affected and is experienced as changing from dream to

dream, with what might be happening for the dreamers who project this in a dream onto a wheelchair, a guide dog, or an adapted phone.

My hunch is that when the self-representation dream body is not able-bodied something may be happening to challenge the felt identity of the dreamer – but I do not know. The answer could be, of course, just that different things affect different people in different ways, and they express them differently in their dreams.

On the other hand, it may be that the self-representations in a dreamer's series of dreams monitors a transition process. If it appears to be disabled in a dream it could be interesting for research but important within a counselling relationship to monitor what happens to the self-presentation in subsequent dreams. I record this for two participants in Appendix 2.2.1.

SUMMARY

There seems to be both a physical reason for a body part being given special attention in the dreams of these four dreamers, and also a symbolic reason in all of them.

In dream work in a counselling relationship, if acceptable to the dreamer, both might be explored for what they currently mean to the dreamer.

2.2e: SYMBOLS OF DISABLED PEOPLE IN DREAMS OF NON-DISABLED PEOPLE

This section

- introduces this subject
- refers to journal articles on the dreams of the siblings of disabled young people
- explores the symbolic content of my personal dreams of disabled people with whom I have a professional relationship
- presents a creative synthesis through which I understand the symbolic meaning of those dreams
- checks the validity of my synthesis by applying it to some symbolic dream content of three dreams dreamed by non-disabled people of disabled people well known to them
- summarises my hypotheses

INTRODUCTION

One day a research participant from Group One informed me that when her Personal Assistants dream of her, they do not see her in her wheelchair. This was a new angle for me of the dreaming phenomenon of a non-disabled body image. Not only did disabled people dream of themselves as having non-disabled bodies, but others dreaming of them had a similar experience! I had neither time nor energy to launch another project interviewing non-disabled people who dreamed of disabled acquaintances but I was aware that this information opened a new file in my mind.

Since then I have asked various people informally – for instance, the spouses of disabled people – if, when they dream of their spouse, he or she is disabled or non-disabled. It's a question many had not thought about, but a few have subsequently checked this out and their dream body image of their spouse in the dreams they monitored was non-disabled.

JOURNAL ARTICLES

Ryan (1961:287) in his article 'The Dreams of Paraplegics' summarises one dream of a paraplegic man as '[At a swimming meet for paraplegics. Yet all paraplegics are walking around. Not in chairs.](#)' He explains this in terms of wish-fulfilment.

I found one journal article (Wunder:1993) on this subject. The primary goal of the research project that gave birth to this particular article was 'to learn about the effects of a disabled sibling upon other

children in the family.’ It was from the process of coding their interviews that the category emerged ‘Dreams and daydreams about the disabled sister or brother.’ The young people told the researcher about the dreams, but rarely offered any interpretation. Thus it was left to the researcher both to categorise the dreams, and express opinions (I will italicise these) as to what might lie behind what she was told.

‘Some respondents talked about their disabled sister or brother as if they were of sound body. They described the dream situation where the sibling walked or engaged in activities that they could not do in real life – *a desire to escape the reality of the disability*. When it was apparent that several people dreamed of the sibling being “normal”, from that point on the respondents were specifically asked if the person was disabled in the dream. If ... “okay” in the dream, *perhaps this is a way to escape current reality or an expression of an unconscious wish – a desire that the sibling be “normal”*.’ (Wunder, 1993:122)

This article confirmed for me that this dream phenomenon did occur. Although I was beginning to interpret it differently, I felt I could understand why the author held such opinions on the reason for their occurrence. Freud’s wish-fulfilment theory of dreams probably gives academic respectability to the fact that in everyday English language the verb ‘to dream’ is used, not to mean that a person has actually dreamt during sleep about the subject under discussion, but that they have wished - often against all hope – that life was different.

THE SYMBOLIC CONTENT IN MY DREAMS OF DISABLED PEOPLE

My personal dream collection held examples (Table 7 p. 118) where I dreamed of specific disabled people with whom I had a professional relationship. This seemed in keeping with the work of Freud (1999:141) and Jung (1963: 155), who often mention either the dreams of their patients about them, or their dreams of their patients. On each occasion, when I dreamed of seeing a person I knew to be physically disabled, their bodies appeared to be non-disabled.

- Dreams one and two were of wheelchair users. During my waking experience I have never seen them other than in their wheelchairs.
- The man with the spinal injury rarely appears to be disabled in waking life, so in my dream his body was no different from usual in appearance – but he would not have been able to give me the physical support I needed in my dream: his back could not have borne my weight (Dream 3).
- I dreamed also of a physically disabled member of the Board, part of the support group the agency set up for me in my research process (Dream 4).

In the Dreams Two, Three and Four I acted uncharacteristically: I would not do, physically, in any professional relationship what I did in my dreams. In Dream Two, was my trainee leaning on me,

showing dependence on me, or not? In Dream Three, I was getting support, but feeling that my seat had been taken over. What did that mean? And what on earth was I up to in Dream Four? Was I making a sexual pass at a member of the Board?

I reflected on why I had dreamed of these four disabled people, trying to find some link between them. Two were women; two, men. One of each gender was a research participant: one of each was not. The ages varied. The disabilities were varied. I liked and respected, but was not emotionally close to any. I had met them all through working at the same agency – but one was a Board member, the others were trainee counsellors. Each was a part of my waking working life – but why dream of them?

A CREATIVE SYNTHESIS

Eventually I arrived at a creative synthesis. I understood. The interaction I had with each in my dreams was a metaphorical picture of my understanding of how I interacted with each in waking life.

There are two main symbolic aspects of these dream records –

i. I saw them in my dreams as non-disabled people

They are all able people – people for whom I have a healthy respect. I know each to be a physically disabled person, but when I think of them in waking I think of their personalities, not their disabilities. If my dream image of each is a symbolic representation, then why should I see disabled bodies if I do not normally relate principally to their physical disability in my waking conversations with them?

ii. In my dreams my body was in a symbolic spatial relationship with theirs, interacting with each in a distinctively different way

With none of these people did I have an intractable problem, but my interaction with each symbolised what I was currently experiencing from each in my waking relationship. With each of them I had been aware that there was an issue that might have to be addressed at some time. So my dreaming consciousness was saying, ‘Hey, Jean – when are you going to get round to doing something about what is niggling you in relation to this person?’

In Table 7 I compare my metaphorical interaction with these people in my dreams with my waking experience around this time that was causing me slight anxiety.

Table 7: *Comparison of dream metaphorical interaction and waking experience*

Number of dream	Activity described in dream	Explanation of metaphor
1	Daisy who has a congenital walking impairment, was in my dream 'a happy pink flurry of activity in the centre of a sunny window area'. I could see her from where I was standing, at some distance away	Daisy is a fun-loving woman: I have often observed her being gently teased by the men in the group – and loving it. It was not a process I had joined in, except to enjoy her flutter and giggles! Should I as trainer get closer: help her reflect on this?
2	Tetraplegic since her accident, this woman was walking in my dream by my side up a street approaching a college where I had done a lot of experiential learning as a student, and later taught others. In the dream she seemed to be holding my hand, and swaying slightly towards my shoulder, then away from it, while saying, very softly, 'My teacher is going to help me understand my dreams.'	This is a woman who has to be dependent on others for her physical needs, but is by nature an independent person. In two different groups she had expressed the feeling that she was less experienced than others when she arrived, and I have tried to ensure she is not left behind in her learning process. She was reporting to me nightmares. Concerned for her, I was enabling her to work with them, while at the same time hoping she would begin to take more responsibility for their interpretation, but not expressing this to her
3	A man with a spinal injury. In my dream we were sitting next to each other on a bus. I was leaning forward rather precariously to try to see something outside the bus while he held on to me, by the hand, so I would not fall. When I tried to sit up straight again, there was no room for me, and my jacket was rumpled uncomfortably up my back.	Before I dreamed of him, I had experienced him as being a 'Rescuer' (Karpman, 1968). He sees the best in people, and comes in to defend and help any who may be self-critical or criticised by others in the training group. On two recent occasions he had done this for me – metaphorically holding my hand as I made observations about what I saw going on in the group! This felt uncomfortable to me as if he had moved into my space, but I had not said so.
4	Bernard and I approached each other to have a hug. I thrust one knee between his legs, leaving myself with only one leg to stand on! I then felt very anxious in case I might throw him off balance, but the person feeling off balance was me – not him	Bernard is very supportive of the work I do in the agency, but his challenging comments tend to throw me off balance, causing me to question my understanding. Yet I experience him as being very open to any point I might discuss with him, so that we can achieve a balance of power and mutual respect.

My creative synthesis was very important for my research, and it came together for me in this way:

1. If you want to understand why you are dreaming about this person, don't be blinded by your surprise that their body is not in accord to your waking cognition of it. The meaning of the dream is not vested in the physical condition of the bodies of these dream characters.
2. Look instead at the metaphors and ask:
 - How is your dream body interacting with theirs?
 - What does this say about the way you see your relationship and communication with them in waking life?
 - Why should your dreaming consciousness reflect on this right now?
 - And to complete the dreamwork – is there something you need to do about that in your waking life?
3. What about the dream 'body', then?

All these dream characters had non-disabled bodies. Could these also be a metaphor for how you experience them as people, able people with unique personalities? After all, how did you recognise them in the dream when their bodies looked so different?

I could sum up my synthesis in three statements:

- A. The representation of the body of each of those persons in my dreams is a symbol of his/her personality as I experience it right now in my waking life. It has nothing to do with the physical condition of their bodies as I see them in waking life.
- B. The interaction in the dream between my self-representation and their body image is a dream metaphor of how I presently experience this person in my waking life.
- C. My dreams are presenting me with symbolic invitations to further reflexivity around my professional practice. In this way they are an extension of my waking consciousness.

PUTTING MY THEORETICAL SYNTHESIS TO THE TEST

So I had worked with my own dream images, and made sense of them. Did I have any other dream evidence that might challenge or corroborate my creative synthesis?

Example One

A Personal Assistant (PA) to a disabled woman told me in her hearing of his dream about her. They had been discussing it. In the PA's dream as in his past dreams of her, she had no impairment. Here are the bones of his dream story:

She asked me to take her down a mine. When we reached the bottom of the mineshaft, there was a shop selling protective clothing. I advised her to go in and purchase some to wear before we explored the mine together, since it was a dangerous place. She refused to do it, so I left her there, went off to bed and slept.

I asked the PA what the dream might mean. The response was, *'Just like her, she's so stubborn. Takes risks all the time. Won't look after herself. I've stopped trying to talk sense into her. She does what she wants to do anyway.'* And the woman agreed with this assessment of her behaviour that made her PA anxious.

It fits my theory:

- In the dream, the PA metaphorically acted out this current, anxiety-producing aspect of their relationship: encouraging her to take care, she refuses. The PA withdraws and switches off from responsibility for her.
- In the dream, her body image is one that is quite capable of looking after herself should she choose to do so. That's how the PA sees her in waking life.

Example Two

With their consent form, the research participants of Group Two were asked to fill in a questionnaire (Appendix 2.1.12). I asked each about their experience of significant relationships with disabled people. When Mary filled in her form she left this section blank. Later, she remembered that one of her colleagues was disabled and had become a wheelchair user. She felt very guilty at totally forgetting her, and actually wrote that on her form. In one of her reported dreams, this colleague, 'S', was a main character. In waking life, she is in a wheelchair and can walk unaided only briefly. Here is the dream:

I was returning from somewhere and I was excited. I saw S standing by a wire fence and I knew she was there to meet me. I acknowledged her, but then turned away and went to my children, to hug them, so I quickly forgot her. I remember hugging them in my arms, spending some time with them. Only after that did I go up to S., and I think I knew then that she was upset. I realised that I had slighted her. Now, in the dream – only now - was I aware what an effort she had made to get there. So only when I went over to her did I realise she had made the journey without her husband. And I realised what a huge effort she had made and how excited she must have been, standing at the wire fence, expecting far more from me, seeing her there.

In the dream I felt distressed when she told me all this, but I also felt burdened by the responsibility for how I had upset her. It almost took away all the pleasure of my returning. Her anger was very difficult to tolerate. She wasn't just upset, like sad, she was angry. And I was aware that I was finding it very difficult to tolerate her anger.

So Mary had forgotten about this person when she filled in her questionnaire – and in this dream, she forgot about her again, and left her standing there.

Her dream feeling reaction was the same as around her omission on the questionnaire: huge guilt. When we worked together to unpack Mary's meaning from that dream, anger and guilt were woven closely together. She felt guilty because she hadn't paid enough attention to her friend – but she was angry that she had just stood there, (her words in the interpretation were) '*clinging pathetically to the wire fence*' until she caught her attention, when in the dream she was well able to walk.

Mary felt that she was left carrying all the burden of responsibility for making the relationship work – and the guilt of knowing this was not a healthy way to be with her colleague. She said this was a feature of their actual relationship.

Once again, the interaction between the characters in the dream had been a metaphor, depicting the relationship that was the cause for anxiety in the mind of the dreamer. Her strong feelings of guilt perpetuated the unease in the relationship. Her anger, if used positively, might have confronted this and opened the possibility for a shared responsibility and mutual respect.

The dream body symbol of her disabled friend was one that, although perfectly able to walk forwards to greet her, chose instead to cling to a wire fence that in no way should have been an obstacle for her: it didn't stretch all the way across the area between them in the dream. She could have walked around it. As far as Mary was concerned, if her colleague wants a closer relationship, she can come and have it.

Example Three

Gordon (Group Two) had a dream of an autistic 9 year-old boy, a colleague's son. He told me that he rarely thinks of him, and was surprised he featured in this dream. His waking experience of the boy is that when Gordon plays his guitar, he will run across the room and reach out to it as if he wants to make that sound for himself. He has never spoken, but responds positively to music.

In the dream, Gordon was in the bedroom of his colleague and her son, and the mother was asleep. Gordon could see that her son was just a little baby – a lovely little boy. He put his hand gently and lovingly around the baby's head and held him so that they faced each other. The baby began to grow, and as he did, he responded to Gordon. Eventually the little boy began quite naturally, to talk with him.

Gordon at the time of this dream was experiencing a new lease of life. He was having singing lessons and releasing his potential in a way that he never thought possible. As he grew in his ability to produce and care for his singing voice, he understood this to be parallel in its journeying for him with his personal counselling process. When we interpreted the dream together, it seemed that he was the little boy as well as being the one who was holding and facing him. This symbolised for him that he had, till then, kept himself disabled about his ability to learn to sing well. He was actively communicating with this growing part of himself that was now being lovingly encouraged to have a voice. His dream was positively reinforcing and celebrating his growth.

SUMMARY

When non-disabled people dream of disabled people they can dream of them having non-disabled bodies. These dream bodies are likely to be symbols of the way they experience them as persons. The interaction between the body of the dreamer and that of the other person in the dream is likely to be a metaphor of their current relationship with the actual person, or with an aspect of themselves symbolised by what they know of this person.

If the dreamer is in a professional relationship with the person in her dream, it could be helpful for her to reflect on why she has dreamt of this person at this time and in this dream setting, on what the dream means for her, and if there is some way the dream can motivate her to take action on the issue highlighted by the dream.

CHAPTER TWO.

3: DISCUSSION

THE PHENOMENON OF NON-DISABLED SELF-REPRESENTATION IN THE DREAMS OF PHYSICALLY DISABLED PEOPLE

This section

- presents a new explanation for this phenomenon
- critically analyses the explanations normally given to explain why the dream phenomenon of the self-representation differs for disabled people from their waking cognition
- uses the concept of mirror neurons to present a possible explanation for why those congenitally motor impaired might have a construct to help them experience themselves able to move in dreams
- explores the case of one man whose dreaming does not always fit the traditionally accepted pattern of a man congenitally blinded.
- summarises what I have discovered or hypothesised.

‘But – could it possibly be that all physically impaired people dreamed of being non-disabled? If this were so, I wanted to find out about this dreaming phenomenon!’ It was with this wish that I launched into doctoral level research. I was not the first researcher to discover and discuss this, but the conclusion I have now reached about this phenomenon differs from what other people have written.

‘THIS DREAMING PHENOMENON’

I presume most dreamers can identify with their dreaming self-representation. If there is a self-representation in our dream, on waking we know which figure in the dream is ‘me’. I discovered that every one of the 23 disabled research participants dreamed that their self-representation in dreaming was not physically impaired. It was different from their waking cognition of their body image. It wasn’t so in every dream, but such experience was the norm for them.

I began my research into this area by assuming my own dreaming self-representation and that of all other non-disabled people, to be the body image sighted others have of us - like the reflection I identify as myself in a large store window as I pass. I believe this has been so for other researchers confronted with the dreaming self-representation of disabled people being different from the image they see of them. If they had not, they would hardly have taken steps to investigate it further.

THE OUTCOME OF MY RESEARCH ON THIS PHENOMENON

Having completed my study I do not now attribute this phenomenon to physical or sensory impairment – I attribute it to something common to both disabled and non-disabled dreamers.

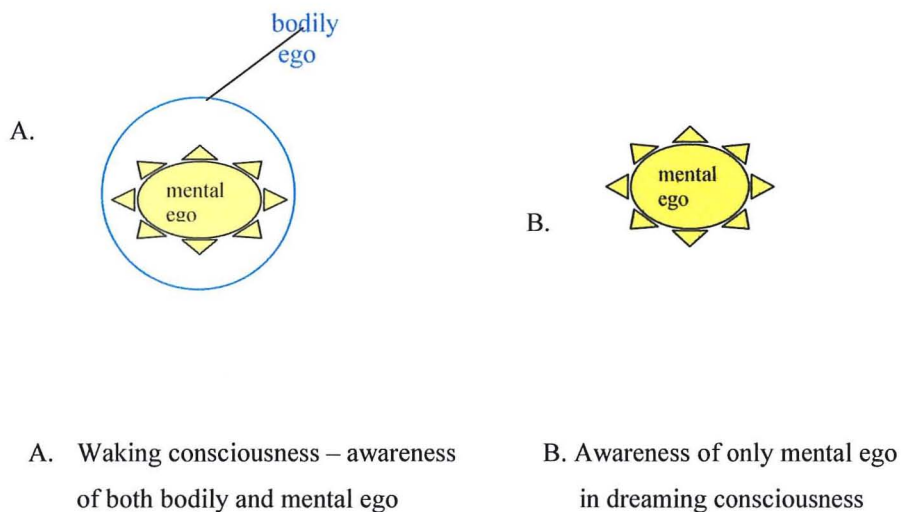
Consciousness in sleeping occurs in dreams (Solms and Turnbull 2002:186).

In Kolb's chapter on disturbances of the body-image, he summarises theories of various psychoanalysts, and about Federn's theory says:

'Federn, in discussing the individual's consciousness of himself, differentiated the ego from the body image. He writes of the mental and bodily ego as felt separately; the mental ego is identified alone in the sleeping state, but it is experienced as inside the bodily ego when awake (Kolb, 1959:751)'.

In Figure 2, I represent Federn's idea of the mental ego being inside the bodily ego in waking consciousness, and separate in sleeping.

Figure 2. Waking and sleeping consciousness: bodily and mental ego



These words describe what is demonstrated in the dreams I have collected in my research. The self-representation in dreams is 'the mental ego' – what the dreamer currently thinks and feels about himself and his ability to cope with his life world at the time he dreams – and in particular, I believe – his ability to cope with the issue he is exploring in his dream: I think it symbolises our psychological or spiritual identity.

But in the dreams also are other symbols and metaphorical representations – and some of these may carry feelings, perhaps anxieties about Federn's 'bodily ego' concept, indicating in some way what is happening to the body image or its functioning, that may disturb or threaten the mental ego.

WHEN THE DREAMING SELF-REPRESENTATION WILL BE DIFFERENT

In times of personal trouble and transition all dreamers are likely to have troubled dreams with symbols, metaphors and themes that represent the trouble as we experience it. The dream symbols and metaphors will be drawn from our life's accumulation of experience. Sometimes the trouble feels so threatening or overwhelming that our very identity seems threatened or disturbed, and at that point, the self-representation in the dream might show that in some symbolic form. Some examples I have given in Chapters 2.3b, 2.3c, and 2.3d, are of the self-representation being clothed in slacks that cost too much, or of being seated in a wheelchair that disintegrates, or of being a different gender from the dreamer. In Frank and Lorenzoni's work (1989) noting the dreams of people who have had limb amputations, I believe that in the dreams where the dreamer sees, not a whole body image, but his stump – the results of the amputation – this may indicate that something in his life world is threatening his identity.

THE THEORY OF WISH-FULFILMENT

If a counsellor without motor impairment has a dream where the sun is shining, and she is walking along a road, humming away to herself, how might she interpret that dream? Perhaps in this way, 'In my dream I felt happy. I hadn't a care in the world. I seemed to be going somewhere I wanted to go.' But if she were to hear that her new client, a physically disabled woman, and a wheelchair user, had that dream, she might think, 'Mm - that sounds like a wish-fulfilment dream to me.' Why might she use a different way of interpreting her own dream?

Might there be an unexamined assumption lying behind her thinking that physically disabled people surely cannot be contented and happy, and like non-disabled people, just get on with their lives and make the best of their circumstances?

To represent this view which I believe is still held today, I will use an article written over forty years ago (Ryan, 1961), which contains records of dreams similar to those I have collected. I realise that its author was applying to his interpretation of the dreams, the insights then available to him from the research of others until that point. He refers to Kolb's (1959) work published the previous year:

‘The unconscious mental life of the patient is also modified by the distortion of his body image. The dream-life may become a wish-fulfilling type in which the disfigured person sees himself performing activities in which the lost part plays an active role (p.763)’

Ryan, a psychiatrist, interviewed 19 paraplegic men who were in hospital for some time either for further rehabilitation or for the repair of physical complications they were experiencing as a result of their paraplegic condition. Some had their paraplegia for ten years, some as little as 14 months: the average time since the onset was 6.4 years. It is reported that all those chosen as part of a programme for research on their dreams appeared ‘intelligent and co-operative’!

Their 37 dreams collected over a few months were divided into five labelled groups – simple wish-fulfilment, sexual wish-fulfilment, aggressive-fear dreams, dependency wish-fulfilment and humiliation dreams. Those labelled ‘simple wish-fulfilment’ were dreams in which the dreamers were happily engaged in the following activities – playing baseball, driving a sports car, walking, swimming, skiing, fishing, working in a luncheonette making lots of money, urinating freely, running, playing a guitar on the Ed Sullivan show. A comment in the article on these dreams is ‘The dreams express a reluctance to give up in fantasy a former body image, and demonstrate this reluctance in violent physical activity.’ (p.287)

Ryan interviewed each patient for an hour or more while they were telling him their dreams, but writes ‘In each case, the interpreted comments are mine, arrived at from an analysis of the manifest content and the associations of the patient.’ (p.287). All the self-representations in the ‘simple wish fulfilment dreams’ were of the dreamers apparently feeling happy and in control of whatever they were doing. I know from my contact with many disabled people that there are times when they feel happy and in control of their lives, just as non-disabled dreamers do (Appendix 2.1.16). Did the dreamers when they presented these particular dreams to him all say ‘I dreamt this because I wish I could play baseball, drive a sports car, walk, etc.’, or did he sit with them saying to himself, ‘How awful it must be for you to know that you will never again play baseball, drive a sports car, or walk again! You must constantly have to repress this wish because you know it can never be fulfilled’? Did he examine his assumptions?

The dreams gathered under the label of ‘sexual wish-fulfilment’ were all unhappy dreams where sexual fulfilment seemed to be sought, but not achieved. Those labelled ‘Dependency wish-fulfilment’ were all unhappy experiences, summarised as dreams where ‘the patients express their fear of abandonment’. Ryan put all these dreams into the category of wish-fulfilment where people have to

disguise even from themselves in their dreams, what they want – so they dream that what they wish for does not happen. Looking at the brief summaries Ryan gives of each dream, it seems to me that these were not heavily disguised dreams: they seem like dreams where the manifest content indicates the reason for the unhappiness of the dreamer. Surely they are processing symbolically what is happening to them. Here is one where the self-representation of the dreamer is ‘in rags’:

I am in a fashion salon. There are many beautiful models around. I can go out with one, but I notice my clothes are in rags so I don't go. I am embarrassed.

I assume that Ryan was following Freud's classic theory published in 1900 of wish-fulfilment in dreaming. In a chapter where Freud discusses the somatic sources of dreams – something that would in those days be of interest to anyone studying the dreams of physically disabled people because of their belief that external stimulation via the senses influenced dream content – Freud suggests that:

‘Either the psyche does not concern itself at all with the causes of sensations during sleep, if it is able to do this despite the intensity of the stimuli and despite understanding very well what they signal; or it uses the dream to deny these stimuli; or, thirdly, if it has to acknowledge them, it seeks out that interpretation which presents the current active sensation as a constituent of a situation which is both wished-for and compatible with sleeping. The actual sensation is woven into a dream *in order to rob it of reality* (Freud 1999: 180, 181).

Only in two of the dreams reported by Ryan do the men experience themselves in wheelchairs. In the first:

I am in a chair which topples into a deep pit. I am bleeding and hurt.

And in the other:

I am in a chair and want to leave the hospital. I get to go to the parking lot, but no one is there to pick me up. I feel very much alone.

I see these dreams as fitting in with the dreams I write about in the section devoted to the wheelchair as a dream symbol (Chapter 2.2). The dreamer would have to be asked first what the wheelchair symbol meant to him, then what it means in the context of this dream.

About the ‘simple wish-fulfilment dreams’, Ryan (p.290) says - ‘There is evidently a strong need to deny their present incapacity’. About the dreams in his whole collection he comments, ‘the patient finds it anxiety-provoking to establish a new body image consistent with reality.’ With these remarks I think he demonstrates his assumption that the patients’ self-representation in their dreams ought to be of themselves as paraplegic, and that their present disturbed condition of avoidance and denial, aggression and fear, if given appropriate psychiatric treatment, would result in a body image in their

dreams equivalent to their waking reality. This is the opposite assumption from the one I now hold – that self-representation in dreams demonstrates, not the dreamer's physical condition, but their psychological or spiritual attitude – the way the dreamer feels about herself in her world (Appendix 2.1.16).

Later (p.291) he writes 'The disturbed self-concept is continually symbolised in the dream content.' I would agree with this statement when he does not link it to 'body image' by which I presume he means 'self-representation'. I claim that this description is no different from the dreams of non-disabled people. In most of them the self-representation of the dreamer is depicted as able and active, but the rest of the dream's manifest content may symbolically represent a current situation of anxiety that may or may not be connected to their present physical condition.

THE THEORY OF PHANTOM PHENOMENA

Another explanation for physically impaired dreamers having a non-physically impaired self-representation in their dreams is that they are experiencing phantom phenomena. Ryan (1961: 288) noted, then commented on the fact that 'in the majority of the dreams the patient does not see himself as paraplegic. These dreams probably represent another example of the "phantom phenomena", but on an unconscious level and in a dream state.'

Frank and Lorenzoni (1989) wrote an article '*Experiences of Phantom Limb Sensations in Dreams*'. In their introduction they also refer to wish-fulfilment being cited in previous articles on this subject: 'Again and again the wish for physical integrity is manifested in dreams.' They say that just as the phantom limb sensation can be a waking reality for those who lose a limb as a result of amputation, so it may affect the form of their dreams. In holding this belief, they are part of a long heritage (Head, 1920; Kolb, 1959; Money, 1960; Poeck, 1963), and so this is not stated as hypothesis, but taken as fact. I challenge this because I believe that the dreaming experiences they describe have more credible alternative explanations.

The experience of limb amputation is known to lead to the varieties of phantom limb phenomena they describe in detail in the waking experience of many people. These are also reported in great detail and variety in Kolb (1959). Kolb's details are substantiated, added to, and also occasionally challenged in the work of Ramachandran and Blakeslee (1999), where neurological explanations are given for them that would not have been possible a decade previously.

In the Frank and Lorenzoni study 165 men who had limb amputations as a result of injury during the Second World War were included. It was carried out almost 40 years later during a four-week rehabilitation programme. All were examined and owned to having had phantom limb sensations in

the waking state, and some to having them still. 81 men were subsequently withdrawn from the study on the grounds that they could not say whether or not they experienced the phantom limb phenomenon in their dreams.

I wonder if the researchers might have had a different response if they had prepared the men in advance – say about three months in advance – by asking them to note their dreams over that period, and come prepared to discuss the following questions?

- Tell me about the body image you normally have in your dreams.
- Does your dream body image differ in any way from the body image you have whilst awake?
- Does your dream body image ever change? If it does, what is happening in your life at the time of this change?
- In your dreams have you ever had the experience of knowing that your limb has been amputated? If so, what was happening in your life at that time?
- In your dreams, have you ever felt as if you had a phantom limb? If so, why would you use that term to describe that experience?

In my experience, many asked about specific dream phenomena without advance warning would be in the position of these 81 men. For instance, I have asked wheelchair users if they are in wheelchairs in their dreams, and guide-dog owners if they have their guide dogs in their dreams. I have had a wide variety of responses, from ‘I’ve never thought about it – I really don’t know,’ to ‘No – never!’ But some have later returned to me saying ‘I had a dream last night, and my dog wasn’t with me’ or ‘I thought you might like to know that I have had a dream about being in a wheelchair – in fact it was a nightmare. It was my wife who remembered this – it must have been about two years ago.’ There are also the people who say ‘I never remember dreams’ or even ‘I read an article a few years ago that scientists have proved that dreams don’t mean anything after all. That was a huge relief to me. Since then, I’ve made a point of putting them out of my mind when I get them.’

All dreamers know that dreams begin to be forgotten even before the dreamer is fully awakened. There is no indication in the article that the men interviewed had intimation that they would be asked about their dreams, nor is there any indication, although the study was made over four weeks, that there was any attempt to record current dreams during that period, and provide an opportunity to examine fresh memory of dream body image in more detail.

The report states: ‘84 patients remained for further analysis.’ The duration and frequency of their interviews are not indicated. There is no record of their receiving information, giving time for mutual reflection, and then checking back with the informant.

The researchers appear to have asked each man about his current waking experience of the phantom limb phenomenon, and how this compared with his dreaming experience of it. On one occasion a man is documented as giving information about what had been happening in his life at the time of a specific dream, and in another a man offered an explanation of the content of some dreams by explaining that he had to retrain for another job after the amputation of his hand. Since these two dreams received specific mention, I would guess that this aspect was either not generally asked about, or not remembered by other participants in the study. My results indicate the need for dreams to be understood in the context of the life of the dreamer around the time of the dream.

WHY SHOULD THIS DREAMING PHENOMENON BE NAMED “PHANTOM PHENOMENON”?

I challenge on three counts the fact that Frank and Lorenzoni, so familiar with the results of limb amputation, chose to continue using the term “phantom phenomenon” for this dreaming phenomenon.

i. They state that for many of their patients: ‘In dreams a phantom limb of the whole extremity exists’.

What does that actually mean? When the words ‘phantom limb’ are used in waking cognition, this means that although no limb is visible after an amputation, the person senses that the limb is still there. Is that how the patient identified that he had a dream ‘phantom limb’? Were these men in their dreams standing on one leg without their prostheses, or walking along, balancing on a sensation?

The authors link the experience they are studying with what they have read of “paraplegic or blind patients”, and of “the way ... other chronically ill deal with their physical defect in dreams (p.186)”. It seems to me very likely that the phenomenon they are discussing is the same dream phenomenon that people with other physical impairments experience. By giving it the label “phantom” they are not describing it as a self-representation where the body image is felt to be intact and able. Instead they seem to be saying that in dreams the body image seems as if it has a whole phantom replacing a limb. Are they assuming that since this particular person is known to have a limb missing in waking life, that of course, the dream body has to match, and that if in the dream it ‘looks’ whole, then the limb that is known to have been amputated must therefore be phantom?

ii. Frank and Lorenzoni compared the phantom limbs men owned to having in waking, with the ones they had in dreaming.

Phantom limbs can change over a number of years. Often they begin as ‘whole limb phantoms’ then gradually feel as if they have reduced in size (Ramachandran and Blakeslee 1999: 30). The reduction

is caused by changes in the brain's mapping and new sensory connective pathways being formed under the skin's surface elsewhere in the body. The researchers cite the following case:

'M.J. (70 years), right arm amputation at the age of 30. Since then he has had only a phantom of the hand in the waking state. Shortly after his amputation he vaguely sensed parts of his forearm and elbow, which have disappeared meanwhile.' (p.183)

This man had a "whole arm phantom" in his dreams. In dreams, the self-representation body image would not be reduced in this way, unless this facet of the dreamer's experience was a symbol, for instance, of his emotional reaction to his waking phantom experience.

Frank and Lorenzoni describe four different types of phantom limbs the men had in waking - "complete", "reduced", "intermittent" and "non-existing" - and compare these with their dreaming phantom limbs. I explain their statistics in the following ways:

1. These researchers do not seem to be dealing with actual records of dream reports on self-representation in dreams. They seem to be relying on what the men could remember at the time they were asked about their dreams, and I strongly suspect that their memories of their dreams were likely to be imprecise.

When the men said that in their dreams they had the experience of having a "reduced" phantom limb this could indicate times when they saw the results of their amputation: a time when their dream confronted them with their disability. This for them could be a dream symbol similar to when another dreamer is confronted with her disability in her dreams, or when a non-physically disabled person dreams that her self-representation is different from her waking cognition of it.

2. When the men said that their experience in dreams was of having a phantom limb 'intermittently' I assume that they were saying that sometimes in their dreams their limb was whole, and sometimes they were faced with the results of the amputation. (as in '2')
3. 14 men said they did not have a phantom limb in their dreams. This, the researchers labelled as "nonexisting." I can only think they were either saying that they no longer think of their dream body image as having a phantom limb, or that they never had thought that was so.

iii. Phantom limbs experienced in waking are often accompanied by pain or discomfort of varying degrees of intensity or by an odd prickling sensation – like pins and needles. Is this the link with the dreaming phenomenon?

Frank and Lorenzoni (p.186) state 'All patients suffered from a more or less painful phantom limb in the waking state. In contrast to this phantom limb sensations in dreams were never painful', and they back this up by quoting the same finding in a previous study (Frank and Mogalle, 1985). They also say that 'there was also no relationship between the intensity of phantom pain and the occurrence of phantom limb sensations in dreams' in their study.

Their use of the word 'sensations' in this context is confusing. These sensations are not ones of pain or discomfort. Do they label as 'sensations' the sense of their presence – that in their dreams they 'sense they have a limb there', while in waking they know there is no limb present because it has been amputated, in spite of sensing its unseen presence? If so, if questioned, would they claim that this sensation applies to the whole of their dreaming body image?

CONFUSION IN THE FRANK AND LORENZONI ARTICLE

They begin the discussion section of their article in the following way:

'A phantom limb does not only occur in the waking state but also in dreams. The two phenomena need not necessarily occur together and can change independently of each other. The loss of a phantom limb in the waking state and/or in dreams could not be explained by biographical changes in any of the patients.'

In this paragraph there is confusion because they expect the two phenomena they are citing to be the same, and they are not.

- The dream phenomenon is likely to be affected by anything that gives the dreamer anxiety, because it is basically a psychological phenomenon – affected by the emotions of the dreamer. It can change rapidly in emotional response to what has been happening in the dreamer's life world, including what actually happens to the dreamer's body, and their identity's feelings of being able to process and cope with that.
- The waking state phantom phenomenon reflects a biological process that happens gradually, and make take years to be experienced as a changed sensation in the body. I do not know of any research that claims to know what causes a phantom limb to be sensed at any given time, but not sensed as present at another.

AN EXAMPLE FROM MY RESEARCH

One of the men in Group One in my research has a full-length prosthesis following the amputation of one leg. When he first shared his dreams with me he could not say whether or not his prosthesis

featured in his dreams because, as he explained, over the years he had grown so used to it that he took it for granted. Eighteen months further into his counselling training he was much more aware of details in his dreams. He had begun to value dreamwork. He was able to claim categorically that his dream experience was of an intact body and quite different from his experience of waking phantom limb phenomena. (For a full report see Appendix 2.3.1)

I then checked this out separately, with two other people (Group Five) who have had amputations and are aware of their dreams. Both said to me, in their own words, what Tom had said. Their experience of the phantom limb phenomenon in waking life felt different to them from their dream experience of feeling that their bodies were physically intact and able to function without restriction.

It is likely that the men in the Frank and Lorenzoni study followed the researchers' suggestion that they might experience phantom limbs in their dream. They were examined by medical experts about their medical condition since amputation, and then questioned about their dreams. They might either have thought it presumptuous to question an authority's naming of a phenomenon, or merely have assumed that their naming of it would be accurate.

I believe that the dreaming self-representation body image in those who have had amputations is the same as that of every dreamer. To label it 'a phantom phenomenon' is to associate it with physical disability.

THE SHARED PARIETAL REGIONS OF THE BRAIN

Both the waking experience of the phantom limb phenomenon and the dreaming experience of self-representation have on their networks the use of the parietal lobes.

Ramachandran and Blakeslee (1999: 44) write:

'Two eminent English neurologists, Lord Russell Brain and Henry Head, coined the phrase "body image" for this vibrant internally constructed ensemble of experiences – the internal image and memory of one's body in space and time. To create and maintain this body image at any given instant, your parietal lobes combine information from many sources: the muscles, joints, eyes and motor command centres.'

Frank and Lorenzoni (p.184) claim that some of their patients had the experience of a 'reduced phantom' in their dreams. I would attempt to explain this by offering the possibility that this dreamer's waking experience of his phantom, which could be, for instance, a small hand felt to be attached to his shoulder with little or no phantom arm in between, might well have become sufficiently significant in its strangeness, as to become a dream image for him. If the phantom image was stored in the parietal lobes, then it would be available for him on his dreaming network.

HOW DO I MAKE SENSE OF THIS?

As has already been indicated, the dreaming brain in its forebrain network (Kaplan-Solms and Solms, 2000), include both parietal regions along with four others – but while dreaming, the sensory-motor body maps and command centres are ‘off-line’. It would seem likely that the dreaming network during sleep and the waking network for phantom limb consciousness overlap at some points, but are not the same.

Recurrently throughout ‘Table 1: Brain regions and their psychological functions’ the word ‘information’ occurs, lifted from the source texts mentioned. I assume that this information includes memory built up within the brain, perhaps even since the formation of the foetal brain. Could it possibly be an image that is somehow built in to human beings – to all of us? Something that has always been and will always be part of our consciousness?

TWO NEUROLOGICAL THEORIES COULD ACCOUNT FOR ALL DREAMERS HAVING A NON-DISABLED DREAMING SELF-REPRESENTATION

THEORY ONE (A HYPOTHESIS): A HARD-WIRED BODY IMAGE?

Ramachandran and Blakeslee (2000:42) hypothesise that ‘each of us has an internally hard-wired image of the body and limbs at birth – an image that can survive indefinitely, even in the face of contradictory information from the senses.’ (Ramachandran and Blakeslee refer here to the concept of phantom limb phenomena, and why this should exist in waking cognition.) If then we are each born with this embodied self-image, it would be experienced for each as ‘this is me’: my own personal ‘norm’. It would be so familiar that we could take it for granted, unless circumstances demanded that it be checked against any standard of reality. Presumably this hard-wired image would be part of our brain’s genetic inheritance, a body map for a virtual body, situated somewhere within the forebrain neural network of dreaming and shared with the neural network that produces waking phantom phenomena.

THEORY TWO: THE EXISTENCE OF MIRROR NEURONS

In the article written by Gallese and Goldman (1998: 495) about mirror neurons, the authors refer to studies on human beings (Rizzolatti 1996 and Grafton 1996). Subjects were asked to grasp objects with a hand, while others observed their movements. PET scans of the brains of the observers indicated that three brain areas were activated as they watched: the left inferior parietal lobule (the first brain region cited in Table 1), the cortex of the left superior temporal sulcus, and the anterior part of Broca’s region.

I presume that the activation of the left inferior parietal lobule would indicate that motor actions we as human beings have observed in others, and experienced at some level through our mirror neuronal activity, are available for use in our fantasies and our dreams.

This might then explain why those with congenital motor impairment who have watched people moving without motor impairment, can experience themselves as having executed movements physically impossible in their own waking life. They have not merely imagined moving: they have had an actual, and often repeated somatic experience through the activity of mirror neurons in their brains.

People watching others perform physical movement do not immediately copy them unless, for instance, during a formal sports coaching session. Gallese and Goldman (1998: 498) refer to an article (Lhermitte, Pillon and Serdaru, 1986) reporting on a particular condition where neurological patients with prefrontal lesions imitate compulsively, actions made by an experimenter.

‘This behaviour is explained as an impairment of the inhibitory control normally governing motor schemas, or plans. It may be inferred from this that humans (*without such impairment*) when observing someone else perform an action, generate a plan to do the same action, or an image of doing it, themselves. Normally this plan is inhibited so that it does not yield motor output, but such inhibition is impaired in the patient population in question.’

Two factors in the above quote might be important in linking mirror neuron activity and dreaming.

- The first is that here is a hypothesis - that observers create an image of themselves carrying out the observed action. This could be the image that people with congenital motor impairment carry over into dreaming cognition – and not only people with motor impairment.

In my dream, with great precision and expertise, I ran down a very long flight of stone steps leading from an old church building. I was wearing a long tight skirt, smart high heeled shoes, and experienced a kinaesthetic sensation in my ankles as I accomplished this faultlessly and with great elegance – click, click, click, click – in the twinkling of an eye!

I laughed when I woke. It was a great dream experience, and impossible for me to execute in waking life! Did it come as a whole from watching a sequence in an old Hollywood movie, or from my putting different bits of my experience in the past, together, for instance – of running down a few stone steps safely in flat shoes, and the separate experience of walking sedately, wearing a tight skirt

and high heels? Certainly, I felt like a film star as I did it, and I know I have watched a sequence like that on film.

- The second factor is that normally, when mirror neurons are activated, motor activity is inhibited – and this also happens in REM sleep.

I do not know enough about the workings of the human brain to know the significance of this. Could it be that in dreams where we watch the action, mirror neurons are again activated as we observe, and so we need an additional inhibitory mechanism to that in the brainstem, to prevent us acting out our dreams?

Those theories could account for all dreamers having the potential to sense a non-disabled dreaming self-representation, except for those who have been born visually impaired. Theory One – the hard-wired body image - would apply equally because a self-body image is not limited to one that is seen: it involves touch and hearing and spatial sense. But are congenitally blind people able to use mirror neurons?

IS THERE EQUIVALENT NEURONAL ACTIVITY FOR THOSE WITH VISUAL IMPAIRMENT?

The efficacy of mirror neurons, as I understand it, depends on visual perception, just as mirrors are useful only to those who can see. It cannot be surprising therefore that I have not found any writing in this area mentioning their relevance to people congenitally visually impaired. Ramachandran (2000) writes:

‘I predict that mirror neurons will do for psychology what DNA did for biology: they will provide a unifying framework and help explain a host of mental abilities that have hitherto remained mysterious and inaccessible to experiments.’

It would seem to me that there must be some equivalent neuronal activity not dependent on visual sensing alone. People who are congenitally visually impaired do walk unaided in their dreams through unfamiliar landscapes – something they could not do safely in their waking experience. The one participant in my research (Group Three) in this category twice described himself in dreams walking for ‘a long time’ unaided, once in a setting from centuries ago, and once through a series of interconnecting tunnels. He has no motor impairment, and of course does walk unaided around the familiar space of his own home, so this dream facility could be an extension of such experience.

He gave me records of six of his dreams, and mostly they were of him hearing, speaking, moving, touching, tasting and being aware of his spatial sense. My contact with him has made me wonder about a similar dynamic to mirror neuronal activity in the experience of people like this man, David.

When people who have never experienced sight *hear* someone describing a physical movement executed by others, do they have some equivalent neuronal mechanism that could respond to such within the same brain region as sighted people? David thoroughly enjoys radio sports commentaries. I know from personal conversation with David and others (Group Five) that visually impaired people depend on their ability to use spatial memory in some form of mapping to walk around the furniture in their homes, or to know their way to places using only a long cane to discover any hindrances to their passage.

In Table 1, the ventromesial occipito-temporal region is necessary for visual dreams – is this just omitted from the network in congenitally visually impaired people – or could it be that they store their internal maps based on spatial and auditory memory, there? Or could it be housed with other spatially organised information in the inferior parietal cortex, which is hetero-modal? It seems to me that it must be stored somewhere in the forebrain dreaming network.

On the Internet I have found articles on echo neurons in bats, but could find nothing in this area for human experience. Yet I think there would have to be ‘echo neurons’ to help human beings structure their learning through such experience. In one of David’s dreams where he claims to have had a visual experience, he was walking through a series of connecting tunnels. (All David’s words are in italics.)

So I went down the passage and then realised that I was between two railings: it was quite a wide passage and the walls were quite far away from me. The walls looked like tiles of different shapes and sizes on both sides.

When you say ‘looked like’ do you mean ‘looked like’ or ‘felt like’?

No, I couldn’t get near them.

So you were actually seeing them?

Yes, I was seeing them, because – two elements in the dream. First of all, I was surrounded by this fence – there was a barrier on either side of me that kept me away from the walls, so I did try to put out my hand, but couldn’t – then the other part that happens later on – in another passage – the walls seemed to be very very hot, and you couldn’t go near them, far less touch them.

And were these tiled?

They seemed not to be, but there seemed to be different shapes of something on them, but I couldn’t work out what was there. So, I wandered through that corridor with a fence on either side of me...

And where do people like David store sighted persons' descriptions of their experience when they hear or read it – for instance, a description of the expression on another's face? Do they make an association between the musculature in their own facial expressions linked to their emotions, and have some non-visual image or construct of that? If so, where would that be stored in their brain – somewhere in the forebrain network, available for dreams?

My reason for wondering is that it is widely acknowledged in dream research that people born blind cannot see in their dreams (Hurovitz et al.: 1999:183). This seems very obvious to people who are sighted. How could a person who had not experienced sight even know what sight is? Yet I have noticed that in articles about dreams of people who are visually impaired, the wording is sometimes guarded about this issue. Here are three examples:

'As Kirtley (1975) points out, researchers generally agree that persons who are born blind or who lose sight before age five, are entirely lacking in visual imagery.' (Kirtley and Sabo, 1983:270).

And -

'As Kerr (1993) notes, terms or phrases that seem visual in dream reports from blind subjects may represent spatial constructions that do not require visual imagery.' (Hurovitz et al.: 1999:186)

And in the discussion section of the above article:

'The seeming inconsistency of visual references in the dreams of two congenitally blind participants, when looked at in the context of their over-all dream series, suggests that these references were metaphoric in nature, making use of the conceptual metaphor "knowing" or "experiencing" is "seeing." (Matlock, 1988; Matlock and Sweetser, 1989; Sweetser, 1990).

In this recent study by Hurovitz et alia, and also in the one by Kirtley and Sabo, the researchers worked from dream reports. There was no live interaction between the researchers and the dreamers, and so they could not check out on the experience of the dreamers, asking them how they were using their language.

When David agreed to take part in my research he stated that he hoped I would be able to tell him through it, that he could see in his dreams. I was most concerned about that, since I had read the above articles. I discussed this with him, and checked out that the way I had invited him to take part in the research had not misled him in any way. He assured me that I had not misled him. It was something he had wondered about for some time now, and welcomed the opportunity to discuss with me around the dreams he might share with me. Out of the six dream reports I have from him, over a period of about one year, two dreams, he reckoned, had some visual component. (During this time he had other dreams that he thought might not interest me!)

Here is one of David's dreams as he told it to me:

The dream, I think, takes us back to the fifteen or sixteen hundreds. It was weird! In a town or a city, I don't know which, but it definitely had a square. I'd been walking quite some time to this city. When I arrived I saw quite a number of people assembled in the square, but I didn't know why, and the folk were milling around, talking to each other, but they were speaking English, so it was either an English-speaking area, or in our own country, but that wasn't clear. I kept wondering why there was a big crowd in the square. They kept saying to me, 'We're waiting for the execution.' So I kept asking people who was being executed, and what had they done? Well, they wouldn't tell me who it was, and they certainly wouldn't tell me what he or she had done. All the people I kept asking were saying, 'Oh, I can't possibly talk about it!' And I didn't know what whoever it was had done, and I seemed to spend quite a lot of time chatting to different people, trying to find out, but nobody would tell me. Whether it was public knowledge, but not to me, I don't know.

I was waiting around, and then the executioner came on the scaffold, whom I didn't recognise. But then the prisoner came on and it was a friend of mine who's actually my lawyer, a chap called Mike! And I was absolutely horrified to find Mike on the scaffold, for something I didn't know he had done, or not done, or whatever, but nobody seemed to tell me. And I don't know whether he was executed, for I woke up at that point.

When I asked David for clarification about some aspects of this dream, I checked out with him if, when he reported 'I saw quite a number of people assembled in the square', this was a visual aspect in his dream. He replied that it wasn't – he had walked amongst them and been aware of their bodies and their voices.

Here is part of a transcript of a phone call I made to David about two days later, after transcribing our conversation about this dream. Before telling me the dream story he told me that, as far as he could ascertain, the dream had a visual component. In this conversation I continue my attempt at clarification around the senses experienced in the dream.

You said you didn't recognise the executioner.

Right.

Can you describe to me what the executioner looked like?

He was about kind of.. em.. a fairly big chap, broad-shouldered, em.. I didn't hear his voice – I wasn't near enough to do that...em.. He was wearing a sort of all-over gown. I mean, if he was wearing something underneath, I wouldn't know. He was wearing a sort of kind of robe with long sleeves.

Yes.

And I remember looking at his hands and thinking they were big hands.

That seems something you couldn't possibly have picked up any other way than through seeing!

No. (pause)

I suddenly realised when I was typing out the transcript of the dream, that I hadn't asked you that.

And I hadn't thought of it either, to be honest with you, but when I think back, I remember thinking he had great big hands, because although I only saw one of them – that the axe was in – it looked a huge hand from where I was standing in the square, and that's what made me think, 'Mm.. he's got big hands!'

Uhuh.... Right.

I couldn't have put an age on him.

Uhuh.

But I think if you were going to be an executioner you'd have to be fairly fit, and fairly young.

I would imagine, yes... but that's an amazing picture you've just given!

What I also do remember was, he didn't, he was quite... the Scots phrase is 'dour faced': he didn't smile. He was clearly, you know, quite intent about the business he was carrying out. See – he didn't really smile. Whether he didn't want to do the job or not, I don't know. But he certainly made no kind of attempt to... and he didn't look straight at the crowd. He noticed the crowd there... whether he noticed the noise... but he very briefly looked round, but I wasn't aware of him looking out to the crowd and making any reference to them at all. It was almost as if the crowd didn't really matter.

David is a professional man in his forties, and I am confident that he reported to me an accurate record of his experience, however that experience is to be understood. Perhaps the days are not far off when someone like David will be in a sleep laboratory where the latest technical equipment will trace the areas in his brain activated in his dreaming. This would not necessarily indicate, as far as I know, anything other than that his dreams activate those areas! I cannot remember where I heard that it is believed that someday scientists will be able to project actual visual records of dreams directly from dreaming brains onto television screens! Probably only then, would sighted people be able to assess whether or not some people congenitally blinded are able to use a facility in some aspects comparable to our visual one, in their dreams.

I think it is possible that David has some brain mechanism that is activated when he hears a description of a facial expression because he can link it to sensations in his own musculature during times of similar emotion. If so, he has learned it, and must store it somewhere in his brain, and have access to such personal constructs in his dreams. If he does not name this different way for him of sensing, 'visual', what name should he give it? For him, in occasional dreams, something different from his usual way of experiencing the world seems to happen for him.

From the angle of dream interpretation within a counselling relationship, I would assume that a counsellor would accept the client's use of words, just as in working with reports of waking experience from a visually impaired client. Sometimes she may wish to check on his use of visual terms for the comfort of her own frame of reference. A client like David may give a different meaning or weighting to what he experiences as being visual as opposed to what he experiences through other senses, and if so, this should be explored with him.

CONCLUSION

Presumably Solms' forebrain network for dreaming (Table 1) is there for selecting information to be processed and for processing it without the immediate sensual distractions from waking cognition. The network allows for doing this symbolically. It provides concrete spatial images to represent symbolically the processes - the relationships, emotional attitudes and defences - through which it is working, within its given boundaries, or limitations of its awareness. This will include a selected symbolic representation of the self, appropriate for any specific dreaming process.

Every concrete representation within a dream is likely to be symbolic of the affect of the dreamer, including its spatial relationship to each other concrete representation, and the locations selected for each phase of the dream story.

The forebrain network is located within the mind of a unique personality, and so its processing will demonstrate the various aspects of that personality in its operation and outcome.

Since the body maps in the brain that contain the material relevant to actual, current, visceral bodies are off-line during dreaming, the dreaming body we see or experience in our dreaming must be a symbolic representation. In my dreams I don't identify myself as a white-haired, blue-eyed woman in her sixties with a Scots accent. Far from it, sometimes! In one of my dreams I was a male woodcutter from a past century, but when I woke I didn't wonder who that man could be: I knew he was a representation of me. This is entirely in keeping with what some of the Group One participants wrote in response (Appendix 2.1.9) to the questionnaire about their non-disabled self-image in dreams.

- *'When I am dreaming I don't have any sense of wonder that I am doing ordinary things - It's just me!'*
- *'When I think about it - it's 'me', still me. The emotional/spiritual aspect of me. It's reaffirming - and that feels fine and good.'*

My mind links this way of thinking, or believing, to that of an artist who paints portraits of people, not as a camera reveals physical characteristics, but more as a reflection of the character or personality of the person he wants to show to the world.

What are self-representations in our dreams, but self-created symbolic images of the person we intuitively know ourselves to be in our life world at the time we dream?

CREATIVE SYNTHESIS

The conclusion I have reached about the meaning of the dreaming self-representation has to be held in creative synthesis, the neuropsychological with the ontological and spiritual. Where previous conclusions on its meaning discounted the integrity of disabled people, this new theory will enhance the interpretative process of their dreams.

CHAPTER TWO.

4: COUNSELLING PERSPECTIVES

WHAT COUNSELLORS AND SUPERVISORS NEED TO KNOW ABOUT DREAMING AND DISABLED PEOPLE

In the past, people hearing that in the dreams of physically disabled people their self-image was non-disabled have often interpreted that as wish-fulfilment: that the reason why they dream in that way is that they constantly wish that they were able-bodied. This is both untrue to their experience and disrespectful of their dream life. Like any other dreamer, they may have wish-fulfilment dreams, but in the dreams of both disabled and non-disabled dreamers their self-representation and other symbols deserve much closer attention and exploration.

In my research I have geared my findings towards discovering information that any therapist or supervisor might incorporate into his or her own preferred way of working with dreams. The dreams of non-disabled and disabled people can be interpreted in the same way, because there is no difference.

Neuro-psychological research (Solms 1997) has shown that in the sleeping brain there is a forebrain neural network for dreaming. Only six areas of the brain are linked in this network: other areas are 'off-line' during dreaming. The areas linked through this neural network work together to produce symbolic representations of people and objects that are placed and move in spatial relationship to each other during the dream sequence. These people and objects in the dream are symbols that have associations in the memory of the dreamer. The interactions between symbols in the dream are often metaphors of how the dreamer feels in waking about relationships and current life situations.

For the vast majority of people, dreams are predominantly visual experiences sometimes with an auditory component. Other waking senses like touch, taste and smell can also be represented in dreams. Most research on this subject indicates that people born without the use of any of the five senses cannot experience these senses in their dreams. If, however, people acquire sensory impairment after early childhood they often retain the ability to dream as if their senses remained intact.

APPLICATIONS OF FINDINGS TO COUNSELLING

Below I offer 12 statements for counsellors that summarise and apply my findings to dreamwork:

1. Self-representation in the dreams of disabled people and non-disabled people appear to be the same. The norm for both is of a whole and able dream body – something the dreamer knows to be ‘Me’.
2. Self-representation is not the dreamer’s current waking body image, because that is ‘off-line’ in the dreaming brain network. It is rather a symbol of the way the dreamer currently feels about himself and his ability to deal with whatever aspect of his life-world his dream is exploring. It is a psychological or spiritual symbol of self.
3. Unless the dreamer has lived since infancy without one or more of the senses, the dreamer will normally dream that he experiences senses – he will have visual, auditory, tactile, olfactory and tasting dreams and he will be aware of spatial dimension in his dream.
4. Irrespective of whether or not he is physically disabled, he will experience his body in dreams as able to move, do things and go places that would be impossible for him in waking reality.

5. Occasionally both disabled and non-disabled dreamers will have a self-representation that is not whole or able bodied. When that is so, dreamers should treat the missing, differently - functioning or otherwise affected part as likely to be a metaphor of what is happening in their life and emotions.
6. Symbols of distress for both disabled and non-disabled dreamers tend to come elsewhere in their dreams, projected on to cars, beds, wheelchairs, animals, activities, relationships with other people – whatever is a symbol of what is causing the dreamer concern.
7. When disabled dreamers are going through a time of emotional upheaval, whatever that might be about, the distress is often projected on to symbols that support them to live life independently (e.g. adapted mobile phones, wheelchairs, animals).
8. Dreamers tend to have as their own personal dream symbols, whatever is meaningful to them in their present lives or past history. So if a counsellor or trainer or supervisor is working with wheelchair users, for example, wheelchairs might begin to be part of their dream symbol language.
9. Supervisors might dream of their supervisees, and the supervisees of the supervisors; counsellors dream of their clients and the clients of their counsellors. If this happens in your practice, record the dream and reflect on what it means for you, and ask your client to do the same if he ever dreams of you.
10. When people dream of the other in any relationship and that person in waking reality is physically disabled, the dreamer is likely to dream of them as non-disabled. They are dreaming of the person, not of their disability, and in their dream that person is a symbol generated by the mind of the dreamer. If that happens to you, look at what is happening in the relationship between the dream symbols in the dream, and you may learn something about

the relationship you have to your client/supervisee/supervisor, or your idea of how your client/supervisee/supervisor relates to you.

11. Don't allow yourself or your supervisee or supervisor to become distracted by surprise that the dream image you see is out of step with what you know to be waking reality. Waking reality is usually 'off-line' in dreams. The areas of the brain that form a neural network for dreaming do not include parts which, in waking, deal with the current body image of the dreamer. They do include parts that deal in memories and emotions, in spatial relationships, in symbolic representations and associations.

12. No person but the dreamer can know what any dream symbol means to the dreamer – his past associations with that symbol, the memories it triggers for him, how it relates to other symbols in his dream. A good listener who will hear details in the way the dreamer recounts his dream and ask about their significance can help dream interpretation.

Nobody yet knows for certain why we dream, although there are many theories about this. One theorist (Lowy: 1942) said decades ago that whatever the reason is for the existence of dreaming, it cannot depend on our understanding our dreams since the majority of dreams are never remembered, and those that are, fade so soon from our minds!

It can be extremely helpful for a practitioner to include attempts to understand her own dreams as part of her self-supervisory reflexive process. But sometimes it seems impossible to fully understand, or even to begin to understand a particular dream – either one of your own dreams or the dreams of a client. Keep its record – you may understand it later. If you not, your dreaming self might send the message through in another way! Dreams do not all have to be understood.

CHAPTER THREE

THE CONTEXT IN WHICH DREAMWORK WILL OCCUR

This is an exploration of processes at work in counselling and supervisory relationships where there are disabled and non-disabled people working together

A generic qualitative analysis informed by the principles of Grounded Theory is used to examine three aspects of counselling in this area of diversity:

1. The effects on the other of body image difference
2. The work of disabled practitioners with non-disabled people
3. The work of non-disabled practitioners with disabled people

Material is gathered mainly from interviews, a supervised counselling project and a visualisation experienced at a day workshop for continuing professional development for supervisors.

3.1 INTRODUCTION

In my Pilot Research Project I interviewed LCIL supervisors and trainers who were all non-disabled, about their work with disabled trainee counsellors counselling disabled clients. I asked them:

‘Which were the particular challenges for you as you began to adapt to working with groups where the members were almost exclusively people ¹with physical disabilities?’

Using Grounded Research Methodology, open then axial coding of their replies produced the following results:

- This work was much more challenging and difficult than that of relating to similar groups of non-disabled people.
- They felt challenged beyond their capacity to remain within certain professional boundaries.
Themes of feeling disabled

They were aware of the difficulties they had in relation to these professional boundaries – for instance, they did not find it difficult to affirm and support their trainees, but they found it almost impossible directly to challenge inadequate standards of practice.

They were aware of experiencing personal emotions they wanted to ignore, rather than to face, as they worked with their trainees.

A DIFFERENT WORLD

In LCIL, non-disabled incomers are suddenly plunged into a world where physical disability is the norm; a world where their non-disabled bodies are different – abnormal. It is a world where they begin to question their ability to know on behalf of their profession, and therefore their right to hold the authority usually vested in trainer or supervisor. It is also a world in which they sometimes question their right to be – and sometimes leave.

Example: a personal challenge

It was particularly challenging for me to ask a trainee who relied on personal assistants to read to him and write to his dictation, to rewrite an essay. I tried to imagine my coping ability in his place. I had discounted that he had lived in his shoes for several decades, and had been accepted on a diploma

¹ In the three years since, there has been almost a complete changeover in agency staff, supervisors and trainers.

level course in counselling. He knew what he had contracted to do. For me to accept his work as it stood would have been an act of disrespect.

It seemed to me that non-disabled people in that agency had to face coming to terms with a factor in the human condition - the physical impairment of others. In LCIL we each had experienced a personal 'September 11th.' The assumedly secure inviolable world of our able-bodiedness had been threatened, become fragile, and we were afraid.

HOW MIGHT THIS AFFECT THE RELATIONSHIP FOR DREAMWORK?

There was one major factor that might make the experience of being a trainer or supervisor in LCIL very different from being a supervisor or counsellor with one disabled client. In LCIL the sheer number of disabled people can feel overwhelming (even to the other disabled people!). Might similar dynamics occur in professional relationships if only one disabled person was in relationship with others who were non-disabled?

If so, then to expect counsellors to carry out dreamwork with disabled clients without acknowledging the processes both conscious and unconscious within counselling and supervisory relationships might be inviting unnecessary failure and distress for all concerned.

I decided on the following:

KEY QUESTIONS FOR RESEARCH.

1. What are the challenges practitioners face when the supervisor, the counsellor or the client is a physically disabled person, and the other persons involved are non-disabled?
2. If both client and counsellor (in 1, above) are motivated and committed to work on their relationship to bring about the client's desired outcome, how might this work be supported and enabled through supervision?

In Table 8 overleaf, is an overview of the dates on which I carried out this part of my research, with information about the participants, procedures and methodologies involved in obtaining the data for analysis.

Table 8: Overview of sections for data collection

S'n	Dates	Participants	Procedures	Methodology
1	Dec. 00 until Dec. 01	Ten counsellors and supervisors, 3 physically disabled and 7 non-disabled	Each interviewed by me for 1 hour with audiotape	A generic qualitative analysis of data informed by the principles of Grounded Theory
2	Aug. 01 until Dec. 01	12 counselling diploma course trainees with 2 supervisors. Equal numbers of physically disabled and non-physically disabled	Mixed client/counsellor dyads for 6 sessions with 3 taped sessions of supervision each for counsellors. Workbooks for clients and counsellors.	A generic qualitative analysis of data informed by the principles of Grounded Theory
3	Feb. 02 until May 02	17 supervisors – non-physically disabled and disabled: only 2 were physically disabled people	Workshop: 'Supervision of counsellors with physically disabled clients'. Feedback collected there, and later feedback from other supervisors on use of selected material	A generic qualitative analysis of data informed by the principles of Grounded Theory

3.1: PARTICIPANTS

There were three main groups of participants in this section of my project:

1. Counsellors or supervisors interviewed
2. Those involved in a supervised counselling project²
3. Supervisors led in a visualisation experience

1. COUNSELLORS OR SUPERVISORS INTERVIEWED

I interviewed counsellors unconnected to LCIL to discover their challenges in this work. Table 9 gives information on the professional status of those interviewed, whether or not they are disabled people, and their experience in working in this field of diversity in the counselling profession.

Table 9: Professional experience of interviewees

Interviewee	Professional Status	Disabled or non-disabled person	Experience in working with disabled clients/supervisees	Experience in working with non-disabled clients/supervisees
1	Supervisor Counsellor	Disabled	Experienced with supervisees	Experienced with clients/supervisees
2	Supervisor Counsellor	Disabled	Experienced with Clients	Experienced with clients/supervisees
3	Supervisor Counsellor	Disabled	Experienced with clients	Experienced with clients/supervisees
4	Supervisor Counsellor	Non-disabled	Experienced with clients/supervisees	Experienced with clients/supervisees
5	Supervisor Counsellor	Non-disabled	Experienced with clients/supervisees	Experienced with clients/supervisees
6	Supervisor Counsellor	Non-disabled	Experienced with clients	Experienced with clients/supervisees
7	Supervisor Counsellor	Non-disabled	New to clients	Experienced with clients/supervisees
8	Supervisor Counsellor	Non-disabled	New to supervisees	Experienced with clients: new to supervisees
9	Trainee	Non-disabled	New to clients	New to clients
10	Trainee	Non-disabled	New to clients	New to clients

I contacted 10 people I knew who had experience of working in a dyadic relationship of one physically disabled person and one non-physically disabled person. All were women living either in England or Scotland, but widely scattered geographically, with only two in Edinburgh.

² In this section I usually refer to this as 'the project'

- Three were physically disabled and were both experienced counsellors and counselling supervisors.
- Two non-disabled counsellors, also supervisors, were invited to participate because I knew by reputation that both had worked with disabled clients over many years, and had greater experience in this area than I.
- Three non-disabled experienced counsellors knew me through attending my training courses for supervisors. They had one or two years' experience in giving supervision. All knew of my research and contacted me informally about a disabled client or supervisee with whom they had a challenging relationship.
- A staff member from a training course asked me if I would meet one of her non-disabled trainee counsellors to help her think through some issues with a disabled client. I offered to do this through a research interview. Later, this woman volunteered to take part in the project, and became a client working with a disabled counsellor.
- The launch meeting for the project was planned for April 2001, but was delayed till August. By August, one participant had a disabled client in her own practice placement³. The project team (described below) decided she could go ahead as a counsellor in the project as planned. However, the disabled trainee allocated to her in the project withdrew after their first counselling session together because of a sudden bereavement. I then offered that trainee counsellor an interview with me to talk about her work with the disabled client in her practice setting. She phoned me to arrange this after completing two sessions of supervision with her project supervisor for her interrupted work with the original client in the project.

With the above participants I accessed a spread of experience both in counselling and supervision practice and in work with people with a variety of physical disabilities.

2. THOSE IN THE SUPERVISED COUNSELLING PROJECT

Those involved in this project were:

- counselling diploma trainees from two separate training courses in Edinburgh: the Lothian Centre for Integrated Living (LCIL) and the Scottish Churches' Open College (SCOC)

³ I asked that non-disabled participants had no previous experience of a disabled client.

- supervisors of those in the role of counsellor
- the Project Team

COUNSELLING DIPLOMA TRAINEES

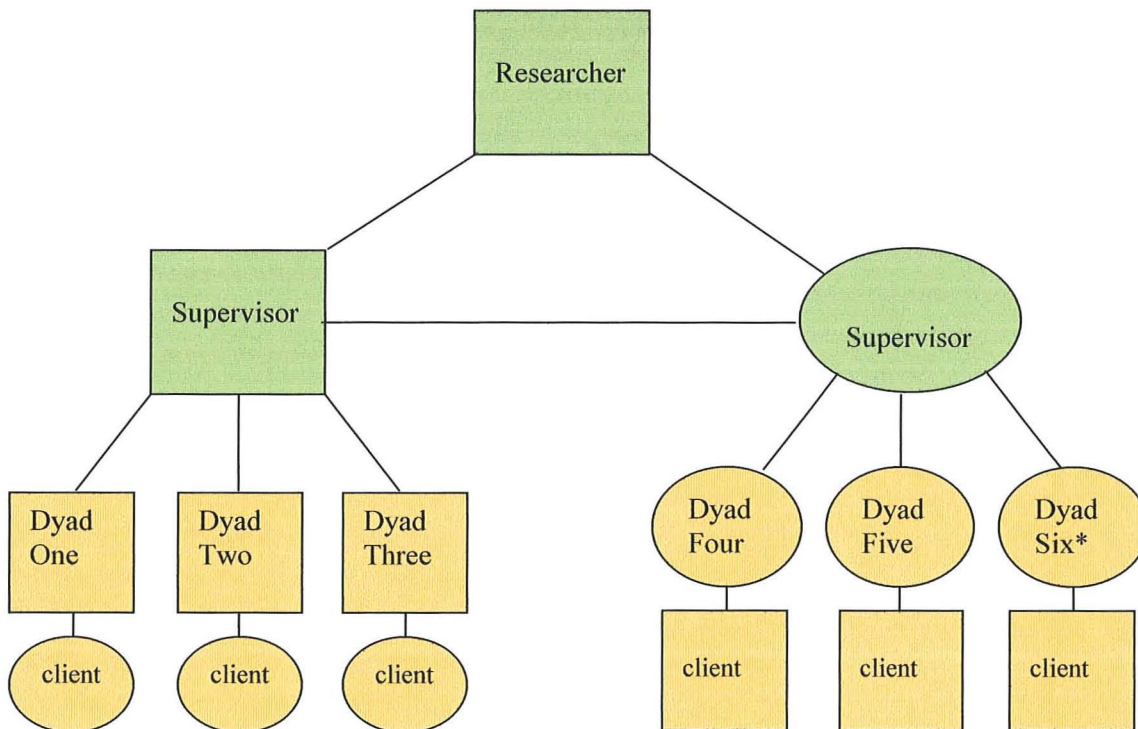
I asked that volunteers had at least one year's counselling practice, and had not counselled a non-disabled person if they were themselves disabled or a disabled person if they were non-disabled. From each course I sought six participants – three to be in the role of counsellor and three to take the role of client: six counselling dyads in the project. All counsellors would have supervisors.

Figure 3 indicates the structure within which the participants worked and the lines of direct communication amongst them.

Key to diagram:

- Rounded shapes indicate disabled participants and square shapes indicate non-disabled participants
- The Project Group is shown in green

The Counselling Dyads are shown with the counsellors next to their supervisors



* *Dyad Six met only for one session instead of six.*

The counsellor met her supervisor for two sessions instead of three

Students from the LCIL training course

From LCIL I asked for volunteers with a visible physical disability. The required number volunteered; five women and one man. All disabled participants in the counselling and supervision project of my research (with the exception of the client in Dyad Six) had acquired physical disabilities. Their initial socialisation (sometimes well into adulthood) about body image was as a non-disabled person. Each had experienced the crisis and trauma of illness, accident or degenerative condition resulting in a visibly different body image.

Each had also lived through a process where they decided to take a bold new direction in life, a 'second chance' (Giddens, 1991; Seymour 1998), and to become a counsellor; to come face to face with others, meeting vulnerability with vulnerability.

'But although the opportunity to transcend aspects of their socially constructed and physically damaged bodies presents an exciting possibility for those with disabilities, the difficulties these people face in embracing change should not be underestimated. Socialisation is a formidable force, as is nostalgia for the past (Seymour⁴, 1998: 18).'

For all volunteers from LCIL, I was or had been their trainer, and for some I was group supervisor of their counselling practice.

Students from the SCOC training course

I asked SCOC for non-disabled volunteers. One trainee had a physical disability but was training in a group where all others were non-disabled. Rheumatoid arthritis had visibly affected her hands. She wanted to be involved. The Project Team decided to compromise by matching her with a visually impaired partner as counsellor. The counsellor would not see her disability. I suggested to her that she made the decision herself whether or not to tell her counsellor about her own impairment, but to think this issue through for herself before deciding. Either decision would be acceptable to me. (Further information and discussion on this issue is in Appendix 3.1.41).

Again, five women and one man volunteered. When the project was delayed, the man found he could not commit himself to the new dates. I asked the managerial staff if they could find a new volunteer to replace him. The only one who offered was just about to begin counselling practice. Since there were no other volunteers, I accepted him, glad that his willingness to participate made the project

⁴ Seymour is Senior Lecturer in the School of Social Work and Social Policy, University of South Australia, and is herself a disabled person.

numerically viable. We had, therefore, also waived the requirement of having at least one year's counselling experience.

The students of SCOC met me only when I visited their course to present to them the possibility of being part of the research project. I was introduced to them as part of their history – the person responsible years before for beginning the training course that had evolved to its present status.

The supervisors

I asked two experienced counselling supervisors – one with an acquired disability and one who was non-disabled - to take part in this project. The former had, until recently, been the first training manager for the LCIL Diploma Course, while the latter had held an identical post with SCOC. The non-disabled supervisor had personal experience of counselling disabled clients. The disabled supervisor supervised the disabled counsellors, and the non-disabled supervisor supervised the non-disabled counsellors.

The Project Team

These two supervisors and I, meeting together regularly, were the Project Team.

Had we been able to keep strictly to our original guidelines this project would have been less complicated. I trusted the supervisors I had chosen to support the student volunteers through the project. They kept the structure safe enough.

3. SUPERVISORS LED IN VISUALISATION EXPERIENCE

The majority of supervisors in this part of my work attended a Day Workshop for supervisors. Unfortunately it snowed overnight, and the only physically disabled supervisor registered to come phoned to say she was feeling unwell and could not come. All workshop participants were non-disabled supervisors, who wanted the workshop as continuing professional development, and were interested in participating in this aspect of my research.

Information gleaned from the questionnaire (Appendix 3.1.1) completed on registering was as follows:

Gender: 10 women, 1 man.

Age: 1 in his thirties, 4 in their forties, 5 in their fifties, 1 in her sixties.

Past/present contact with disabled persons:

- All were at some time previously in regular contact with disabled people.

- 2 had a disabled family member in their childhood, and 3 in adolescence.
- Only 2 were not currently in any relationship with a disabled person.

Table 10 indicates supervisors' years of experience in giving generic counselling supervision

Table 10: Years of practice as a supervisor

Workshop Participant Number	1	2	3	4	5	6	7	8	9	10	11
Years of experience as supervisor	7	6	1	2	2	2	2	5	6	6	10

Table 11 indicates the professional exposure of each participant (numbered in Table 10) to disabled people and indicates the various relationships in which this was experienced.

Table 11: Workshop participants' past role experience with disabled people

Workshop Participant Number	Client	Counsellor	Supervisee	Supervisor	Trainee	Trainer
1	-	-	-	-	-	-
2	X	-	-	-	-	-
3	X	-	-	-	-	X
4	-	-	X	X	X	X
5	X	-	-	-	X	-
6	-	-	-	-	-	-
7	-	-	-	-	-	-
8	-	-	-	-	X	-
9	-	-	X	-	-	-
10	X	-	X	-	X	-
11	X	-	-	-	-	-

Additional participants

After the day workshop, I decided to obtain more feedback on the effects of the visualisation I had created and led there. With their consent, I led two colleagues in a peer supervision group through the exercise, and received their written feedback on the experience. One is a disabled person, and the other non-disabled.

On the basis of the feedback received from my peer group and the workshop participants, I decided it would be useful to record the text of the visualisation onto audio-tape and send it to five more supervisors (2 men, 3 women) to use in their own time, who could give me specific feedback. All were experienced in creating and leading visualisation. One of these is a disabled person. In all, 18 supervisors gave me written feedback on the visualisation experience.

SUMMARY

Table 12 shows the numbers in the 3 main groups above, and compares the number of disabled participants with non-disabled participants

Table 12: Numbers within three groupings of participants

Description of grouping	Total number of participants	No. of disabled Participants	No. of non-disabled participants
<i>1. Counsellors/supervisors interviewed</i>	10	3	7
<i>2. Those in supervised counselling project</i>	14	7	7
<i>3. Supervisors led in visualisation experience</i>	18	2	16
<i>Total number involved</i>	42	12	30

3.1: PROCEDURE

The main areas from which I gleaned data were:

1. Interviews with counsellors or supervisors
2. The supervised counselling project
3. A workshop for supervisors.
4. Further use of visualisation experience
5. Creating the handbook of resources for supervisors

My procedure with each area is described below:

1. INTERVIEWS WITH COUNSELLORS OR SUPERVISORS

From 27 August 1999 until 18 December 2001, I interviewed a total of ten women. I did not set out to interview ten, but added each to an open-ended list as an appropriate opportunity arose.

At its beginning I saw this process as a means to confirm or refute the relevance of what I heard from the non-disabled supervisors in my pilot research project. I did not look for practitioners for whom working with disability presented no challenge, and I have no reason to assume these do not exist. At its close I knew I had a resource of research material with experience from a cutting edge of professional practice.

My principle intention had been to find and to interview, as I could, people who would bring a different angle of experience into my research:

- people with considerable experience of working with disabled people
- people working in one-to-one professional relationships as opposed to working in an agency where all counsellors and clients are disabled people
- disabled counsellors or supervisors used to working with non-disabled clients
- some who were inexperienced counsellors.

From the people I encountered over these fifteen months, I chose ten and initiated a procedure with each that was to end in an hour-long interview⁵ that I audiotaped and later transcribed (Appendix 3.1.3).

⁵ One interview lasted only for about half an hour.

As a personal guide I made out a list of 17 questions before I conducted the first interview (Appendix 3.1.2), the first ten of which were based on IPR. The interviews were semi-structured; each developed according to the interviewee's experience and response to my question to them about personal challenge in this area of diversity. Some had long experience in this area and were reporting thoughts and feelings already well processed. With others my interview helped them process some fairly raw emotional material.

With five women, I initiated proceedings from scratch. I heard of them and assumed they had experience I could learn from. I contacted them by e-mail or phone, and followed with a letter giving details of what I wanted from their interview (Appendix 3.1.4).

With the other five I heard, usually from them⁶, that they felt challenged in working with disabled clients: each knew of my research, and three knew me as past supervisor or trainer. After considering what they might have to offer, I contacted each to ask if she were willing to be interviewed.

- I told each the interview would be conducted for research purposes, to explore with them areas they had found challenging in their professional relationship with another or others in this area of diversity.
- I explained to each my specific reason for choosing to interview her.
- When they expressed an interest we arranged a date at least a week ahead to give them time to withdraw, or to reflect and select experience to share.
- I informed them I would interview using the framework of Inter-personal Process Recall (IPR)⁷ as a rough guide, with other interventions as seemed appropriate.
- I sent each a consent form (Appendix 3.1.5) to sign before the interview began, and for those unfamiliar with the questions of IPR (see below), I enclosed a copy (Appendix 3.1.2 p.1).
- At the beginning I told each that during or after the interview they could tell me if they gave me material they did not want me to include.
- A recorded interview lasted about one hour and was later transcribed.
- Two interviews were conducted by phone and eight were face-to-face.

WHY USE IPR?

I wanted the interviews to provide me with specific information, but did not wish in the process to leave the interviewees with feelings of shame or failure about the way they had met the challenges in their practice. I find in IPR a tool that helps people explore a challenging situation from angles of

⁶ Once from a counselling training manager

⁷ IPR is a structured methodology for interviewing practitioners to enable them to reflect on the human interaction in their practice. It was created by Norman Kagan (1980).

experience they may have discounted. Using it in the role of inquirer I give the interviewee space to bring into fresh awareness what she knows but has not yet fully processed. She can make new connections in meaning within her own framework, forgive and resource herself for future work.

2. THE SUPERVISED COUNSELLING PROJECT

From my experience as a trainer and from committee work both with BACP and COSCA, I was aware that basic training in working with difference varies greatly in content and standard. I would venture the opinion that many courses aim to give trainees a transferable theoretical framework, hoping they can apply it as the need arises in various counselling relationships and with the help of supervision.

INITIAL THINKING AND PLANNING

I had been granted access to trainees in LCIL for previous parts of my research. I felt I had professional credibility to gain access to trainees in the SCOC diploma course. I considered a possible project involving students from both these courses in an experiential, inclusive training in working with difference, drafted rough notes for it, then formed a plan of campaign.

It was an equal venture – not one initiated by the managers of one course with the other invited to take part. I initiated and co-ordinated it with both agencies, and was the person with whom the buck stopped. I worked within the system, with Boards of Management and Studies (training management staff of an agency and a college) to create a potential project then win the co-operation of others to work alongside me. The project was seen as a valuable supplement to on-going and already scheduled training programmes, and yet was one where volunteer students would obtain recognition and reward through participating.

GAINING PERMISSION TO SET UP THE PROJECT

A meeting of my support group in LCIL was planned for July 19, 2000. I placed this new venture on the agenda, and spoke to it. They warmly welcomed the idea, but raised several issues (Appendix 3.1.6) that might prove problematic concerning its execution. I was asked to prepare a report that could be discussed (Appendix 3.1.7) at the meeting of the Board of Management on August 14, based on my presentation at the support group.

The same week I phoned the management staff of the SCOC training course. The manager was on holiday, as was the college principal, but I talked with the assistant manager and agreed to send her a report (Appendix 3.1.7) for discussion with the principal who would then present it to their Board of

Studies. (The introductory paragraph was added after Middlesex University and Metanoia Institute in London accepted my Learning Agreement, and it became the official description for the project.)

To find possible accessible premises for the project, I contacted the Manager of the Pastoral Foundation (PF) Counselling Service in Edinburgh. She too was on holiday. I wrote for her return on August 7, enclosing a shortened version of the report focusing on introducing myself through it to any staff and students who did not personally know me and my background with their organisations (Appendix 3.1.8). She replied very positively, giving me precise times when she could make accessible accommodation available if required. A copy of this went to the SCOC counselling staff to pass information to their students.

Another meeting of my LCIL support group was held on August 17, to give me feedback from the Board, and to discuss how we might realistically address together the issues they had raised (Appendix 3.1.6).

By September 15, when I had to submit a revised Learning Agreement to Metanoia Institute and Middlesex University, all necessary parties had agreed to support the project, and two trusted colleagues, Meg McCallum and Mary Lawson had agreed after contact by phone to take part as supervisors for the counsellors and collaborate with me as the Project Team.

THE SUPERVISION ARRANGEMENT

On this project the ratio of supervision hours to counselling hours was 1: 2 - considerably higher than normal⁸. There were two main reasons for this:

- i) My research needed as much detailed information about the counselling process within the dyad as possible. To have this on record, as well as to enable sharing and reflection, I wanted these trainees to feel they had time to explore with their supervisor in detail whatever they might find challenging, and the personal reasons behind the perceived challenges.
- ii) To give support and challenge at the times we thought were most crucial for this specialised short contract work:
 - after the first session (to hear immediate reactions and to explore what might follow)
 - after the mid-work review meeting (when most of the work would be done but factors influencing the counselling process might still be challenged, support given and the result fed back into the counselling relationship thus contributing to a satisfactory ending)

⁸ The ration recommended for trainee supervision by COSCA is 1:6 and by BACP is 1:8

- after the final session (to review and reflect on the learning gained by the counsellor).

In the Project Team we discussed how to allocate supervisors to counsellors. Our options were:

- to give the non-disabled supervisor to the 3 disabled counsellors and the disabled supervisor to the 3 non-disabled counsellors
- to give the non-disabled supervisor the 3 non-disabled counsellors, and the disabled supervisor the 3 disabled counsellors
- to give each a mix of disabled and non-disabled.

We rejected the final option; the numbers seemed too small for any learning about the value in this choice. We felt the first option would be doubly challenging for the trainees; they might not feel well enough supported to express freely some thoughts and feelings about which they felt ashamed or uneasy. We chose the second option because we thought it would give the participants support, without collusion, freely to maximise the learning opportunity.

SETTING UP THE PROJECT

I had to obtain funding for this project. The LCIL students were not earning income: their training is paid out of funds raised by the agency, and my project was not in the budget. I had to find the money to enable them to participate – principally the costs of transportation and hiring of accessible accommodation for counselling and for meetings. I knew from experience of personally typing transcripts of the dreamwork, that I needed to cover costs of professional transcription of the tape-recorded supervision sessions. I wanted to pay supervisors at a professional rate for the eighteen supervision sessions they would provide. The timing of this project was as dependent on funding as on being run when the busy students involved could invest energy into it. I made applications for funding at the same time as carrying out the other necessary preparations, and the receipt of adequate funding determined my initial launch date.

Meanwhile, on the invitation of the SCOC Diploma staff, I was given dates when I could present the project in person to meetings of two of their student groups who had either one or two years' counselling practice experience. They had already been given a copy of the paper (Appendix 3.1.8) presented for discussion at the Board of Studies by the college principal. I told them application forms would be available once the time was fixed for the project to begin. I attended a counsellors' meeting at LCIL for a similar presentation and discussion.

Over the months since October 2000 the Project Team met to prepare material required for the project. We discussed the value of having participants' workbooks, so that each person might reflect individually after sessions on certain intra-personal and inter-personal processes within their

relationship. We hoped they would share their thoughts at the following counselling or supervision session. I drafted material and supervisors gave me feedback. From that I prepared the final workbooks – one for clients (Appendix 3.1.9), and one for counsellors (Appendix 3.1.10). We included what was expected of them (pp.1, 2).

Consent forms were drawn up for the student clients (Appendix 3.1.11) and for those who would be the counsellors (Appendix 3.1.12). Along with the agreed supervisors' guidelines for supervision sessions (Appendix 3.1.13) there was the supervisors' consent form (Appendix 3.1.14), including a sheet of questions to be given by the supervisors to the counsellors for their mid-work review (Appendix 3.1.15).

We also decided that everyone in the project was to be asked to note any dreams that might spring from their experience of the project (p. 3 of 3.1.9 and 3.1.10). These were to be explored with the relevant person in the project – client, counsellor, supervisor, researcher – and given to me, if the dreamer chose, for inclusion in my results.

The supervisors agreed to lead together a session at the launch meeting for the counsellors in the project to prepare them for six-session focussed counselling. I would be with the clients for that period, preparing them for the task of reflection and filling in their workbooks after each counselling session.

I discussed with the counselling training managers in both SCOC and LCIL the best time to run the project from the point of view of student commitment in their training courses. They thought the summer term, after Easter, might be best.

All this came together and application forms (Appendix 3.1.16) were sent out on March 28, 2001, together with a paper summarising the project, since much time had elapsed since the initial explanations (Appendix 3.1.17). The launch meeting was booked for April 26. Completed application forms came back, and we prepared to begin when numbers were complete.

In the middle of April, unexpectedly, one of the LCIL students – the youngest - died. Then my own sister died the evening before the student's funeral. I sent letters or e-mails to all who had applied, telling them why I felt the project had to be deferred at this point. (Samples of the correspondence involved are Appendices 3.1.18, 3.1.19, and 3.1.20.)

It was successfully launched on August 30, 2001, from 6.30 – 8.30p.m.

THE LAUNCH MEETING

The launch meeting was held in accessible premises over a period of two hours in the early evening. Two personal assistants were in attendance to meet any physical requirements of the volunteers from LCIL. All directly involved in the project – supervisors, volunteer counselling diploma trainees from SCOC and LCIL, and I – were present, with the exception of one student from SCOC who had pleurisy. A few weeks later I met with her and prepared her for her task of being a client in the project.

The meeting was held to:

- initiate for the volunteers a sense of belonging to the project and identity within it
- equip them to fulfil their tasks in the project
- distribute and introduce the self-supervisory, reflexive material in their workbooks
- complete the necessary administrative paper work for the project
- introduce volunteers to their dyadic partners and give them the opportunity to arrange the time and location of their first counselling session.

We met as a whole group for about 45 minutes in total, and spent 45 minutes where the supervisors had a session with those to be counsellors, while I interacted with the clients.

The supervisors conducted a lively inter-active discussion with the counsellors, drawing out from them key factors in six-session brief counselling. They emphasised the need for a working agreement/contract on the client's issues; the need for a mid-work review which looked at the counselling relationship as well as progress around the clients' issues, and the importance of effecting a good ending.

In my session with the clients our discussion was around their apprehensions, their use of the opportunity for counselling in this context and of the workbooks. We agreed they could contact me by phone if necessary.

During the final half hour, participants were introduced to their dyadic partner over refreshments. They signed forms (Appendices 3.1.11, 3.1.12) and arranged time and location of their first counselling session together. Personal assistants were called in to help where necessary with refreshments and in completing contracts and consent forms.

EXPLANATIONS

From the above list two factors need some explanation.

1. As a project team, the supervisors and I made the decision to offer participants in this project a contact person if they were in the role of client (the counsellors had a supervisor). We

fantasised an emergency where the client might have a fear or a complaint, and would take this to their training course manager rather than staying within the project's provision of support.

2. One strict guideline I gave in plenary was that the dyads were to function within professional boundaries. In particular I stressed that they remain in their roles of counsellor and client for each other until the project finished – no coffees or chitchat comparing their training courses! Why then introduce tea and chat in their dyads at the launch session? We thought it might help a first practical hurdle around the issue of disability. It would give the disabled participants the opportunity to show and perhaps talk about how they get the help they need, and how they refuse what they do not need. It would give the non-disabled participants an opportunity in a social setting, where the dyadic relationship was not in isolation, to begin to address any apprehensions they may have brought to the project about practical physical aspects of the relationship that lay ahead for them.

THE COUNSELLING AND SUPERVISORY DYADS

The counselling and supervisory dyads were asked to choose their preferred venue and to arrange their own mutually satisfactory dates and times of meeting. I had arranged the possibility of daytime venues at both LCIL and the PF Counselling Service, and evening appointment times at the PF. The third option was to use the home of the disabled person, whether counsellor or client. Four dyads opted for the home venue and two for the daytime premises at LCIL – a very familiar and safe environment for the LCIL participants. This actually meant that no participant from the SCOC training course was operating on familiar territory, and all LCIL participants were. Of the six LCIL participants, two were totally visually impaired and four were wheelchair users.

The disabled supervisor drove her car to the homes of the disabled counsellors to give supervision. The non-disabled supervisor used her own home (the base for her private practice) for supervising the non-disabled counsellors.

Not one counselling dyad went right through on a weekly basis. Each was interrupted in some way – through autumn holidays, bereavement, personal illness or illness of family members – and these were the issues that gave rise to phone contact with me. All dyads completed their six-session contact apart from one where a close family member of the client died very suddenly. The last supervision session took place in mid-December 2001, after which the Project Team met to complete this major section of their work together.

Over some months after this I sought and was given feedback from the supervisors on the Project Team as I began creating the resource book for supervisors.

3. A WORKSHOP FOR SUPERVISORS

CONTEXT

I have been running yearlong training courses for supervisors for the past ten years, and since 1998 have offered a variety of continuing professional development courses, mainly for those who have successfully completed the certificate course.

PURPOSE

In order to evaluate the usefulness of the findings of my research on the dream symbols of disabled people to counselling supervisors, and have their feedback on this matter, I decided to offer a new day workshop on February 23, 2002 on 'Supervision of counsellors with physically disabled clients.' In the afternoon of the same workshop I explored with them experientially some aspects of both conscious and unconscious process in working with difference that had confronted me in my dreams, as well as during the supervised counselling project. Listening to their responses to this enriched my experience in preparing and evaluating material for supervisors (Appendix 3.1.37)

PROCEDURE

I invited (Appendix 3.1.21) supervisors I have trained over the past ten years whom I thought might be interested in being involved in this, as part of their continuing professional development, hoping to have twelve. The course filled, and I sent to successful applicants a letter confirming booking (Appendix 3.1.22) with a map and a questionnaire (Appendix 3.1.1) to be completed and handed to me on arrival. Appendices are of the attendance certificate (3.1.23), contract for the day (3.1.24), the consent form for including their visualisation report in my research (3.1.25), and their evaluation form for use at the close of the day (3.1.26), with its collation (3.1.27).

Apart from on-going feedback from discussion throughout the workshop, I planned for and received written feedback on their ideas and theoretical understanding of the phenomenon of disabled people's self-representation of being non-disabled in dreams. For this I created a worksheet (Appendix 3.1.28), to be filled in and handed back to me, around the dream of a wheelchair user. Later I gave a handout with a concise description of the results of my research on the dreaming of disabled people for their use as supervisors (Appendix 3.1.29).

The afternoon session was spent preparing for and leading them in a visualisation to explore their Persona and Shadow around working with disabled people. I asked for written feedback on this also. I

particularly enjoyed this session, not only because it gave me splendid material to analyse, but also because the idea for it came in a dream a few days before the workshop:

In my dream I was in a small training room with three women. They were there for the supervision workshop I'll be leading on Saturday. It hadn't yet begun, and they were unaware that I was there, and talking about how the day might be.

One woman seemed in her late thirties. Tall with dark curly hair, she moved around the room, wanting to begin. She commented that I might ask them to draw their dreams, and suggested starting on this. She procured a large sheet of paper and charcoal, as did the others, and they began to draw.

I went silently amongst them, observing. The first woman's drawing showed a large dark blob on the left, and amongst other things what seemed to be a strong line to its right dividing it from the right hand lower area. I moved to the next woman and her drawing showed similar characteristics. I laughed with delight because I thought they had both unconsciously drawn the same sort of thing. Then I moved to the last woman and realised, although all the drawings were different, it was the personal style in which they drew that was different, and what they were drawing was actually the same.

They all had a 'shadow' area – like a dark cloud or blob to the left, and had something dividing that from the right hand area. All were in black and white.

This dream indicates that I go on processing in dreams what I am planning in waking moments. I had not asked these non-disabled supervisors to come to the workshop with a dream to draw, but I saw the value of creating a visualisation (Appendix 3.1.30) that would give them each a dream-equivalent to interpret around some of their own processes as they engaged in the work of supervising counsellors working with disabled clients.

In the workshop I introduced this experience by having them recall what it was from their birth family experience that might have led them eventually to become counselling supervisors. I then offered a list of ten personality attributes⁹ that might motivate a person to become a therapist (Guy: 1987), and gave time to respond in sharing pairs.

⁹ Inquisitiveness, introspection, capacity for self-denial, desire for intimate contact, loneliness, desire for power, desire for love, innate rebelliousness.

Next I used soft toys and a torch as a visual aid to present briefly to them Jung's concepts of Persona, Ego and Shadow, and told them of a dream I had where symbols of all these concepts were present. After a brief preparation I led the visualisation then asked them to take drawing materials to either depict or write about their experience. A supervisory dyad followed: one presented their material as a supervisee, the other enabled as supervisor. They changed roles and repeated the process. I invited them to send me their drawings and writing about the experience within a week of the workshop, having added anything else around these concepts that had come to them later. With their visualisation report they returned their evaluation forms for the workshop (Appendix 3.1.26).

4. FURTHER USE OF VISUALISATION EXPERIENCE

I judged the visualisation experience at the workshop to be an effective tool on the basis of the responses subsequently sent to me, and in what some participants verbally shared about their experience. I realised part of its effectiveness might have been due to its being the culmination of the group experience at that workshop where awareness, sharing and motivation were high, so I decided to test it out in other ways.

I led it with two colleagues at a meeting of our supervision triad, and received their feedback. I put it on audiotape (Appendix 3.1.31) and phoned five supervisors (three women and two men) to enquire of willingness to use it individually in their own homes, and give me feedback. I then sent each a tape with accompanying instructions and consent form (Appendices 3.1.32 and 3.1.33), an explanatory letter (3.1.34) and an account of the theory behind the content of the visualisation (3.1.35). I received feedback about their personal experience of using it, and their professional judgement on its possible uses in supervision.

5. CREATING A HANDBOOK OF RESOURCES FOR SUPERVISORS

All through my data collection I kept in mind my aim to produce something to help supervisors work well in this area of diversity, and in my creation of the workbooks for clients and counsellors, the day workshop for supervisors with the visualisation experience, I was testing material, receiving feedback and making notes of what proved useful. From some reflexive jottings, for instance, I collated and made meaning of the visualisation reports sent to me (Appendix 3.1.36).

3.1: METHODOLOGY

To support counsellors to carry out dreamwork with disabled clients, it was necessary to examine how certain factors and processes within counselling and supervisory relationships might be affected by physical disability in the client whether or not dreamwork was involved. To understand this issue more fully and also to be more inclusive in my research, I included the viewpoint of disabled practitioners with non-disabled clients and supervisees, although I had access to fewer people in this category. Table 13 gives an overview of data sets analysed.

Table 13: Data sets to be analysed

Data Set Number	Description of contents
DS1	Three transcripts of hour-long interviews with experienced physically disabled counselling supervisors who are also practising therapists
DS2	Seven transcripts of hour-long interviews with non-disabled female counsellors and supervisors, with various levels of experience in counselling, and in working with disabled clients or supervisees
DS3	Nine transcripts of hour-long supervision sessions of the disabled trainee counsellors with their disabled supervisor on the supervised counselling project
DS4	Eight transcripts of hour-long supervision sessions of the non-disabled trainee counsellors with their non-disabled supervisor on the supervised counselling project
DS5	Three workbooks of reflexive material from the disabled trainee counsellors
DS6	Three workbooks of reflexive material from the non-disabled trainee counsellors who were clients of DS5 above
DS7	Two workbooks of reflexive material from the non-disabled trainee counsellors
DS8	Two workbooks of reflexive material from the disabled trainee counsellors who were clients of DS7 above
DS9	Eighteen reports on visualisation experience from supervisors, including some subsequent dream records
DS10	One example from my private practice supervision of counselling supervision. My supervisee's supervisee worked with a disabled client
DS11	My personal experience as a non-disabled practitioner of needing and receiving supervision
DS12	A dream image from the non-disabled supervisor in the project

A GENERIC QUALITATIVE ANALYSIS

I used a generic qualitative analysis informed by the principles of Grounded Theory because I required a method of analysis to help me produce material to help other supervisors ground themselves when they began to feel the fear or seduction of the presence of an unconscious process somewhere in the supervisory triad.

McLeod (2001:72) has stated:

‘The aim of grounded theory is to uncover the basic social processes that underlie behaviour.’

I assumed this study would produce no new theory in either intra-psychic or inter-personal process (McLeod, 2001:17), and that much of the work within the dyadic and triadic relationships of counsellors and supervisors where one is a physically disabled person would have nothing to distinguish it from the same situation involving only non-disabled people.

My task was to discover how the presence of disability in one person *might* influence practitioners used to working with these processes, no matter which core theoretical model underpinned their psychotherapeutic practice.

I discounted the possibility of looking at how gender issues might influence my research. There were only two male volunteers in the counselling project, one disabled and the other non-disabled (one client and one counsellor), and so for the sake of preserving confidentiality I describe all participants as female except for visualisation participants.

In accordance with the practice in Grounded Theory I formulated research questions – the first to help me engage with my data sets and the second to produce material from my findings that might resource the supervisory process in this field of diversity.

KEY QUESTION ONE:

What are the challenges practitioners face when the supervisor, the counsellor or the client is a physically disabled person, and the other persons involved are non-disabled?

I used open coding to find a set of categories within the challenges experienced. Strauss and Corbin (1998:101) define open coding as

‘The analytic process through which concepts are identified and their properties and dimensions are discovered in data.’

I was aware of approaching my data sets as a supervisor and trainer of supervisors, with a vested interest in the possibility of an end product that might enhance professional practice.

I began (because this was my first completed data set) by reading through my seven interviews (DS2)¹⁰ with non-disabled counsellors or supervisors, and from this data set eliciting a total of 67 questions these interviewees would be likely to have (or had) discussed with their supervisors. I then read through supervision transcripts (DS4) and workbooks (DS7) from the supervised counselling project and compared the questions they asked with my findings from interviews. They were dealing with similar issues. From these I added only two questions to the first list because they raised another angle or issue for supervision.

Where questions on the list could be subsumed into other questions, I chose one to represent others. Many, especially from less experienced counsellors were ones that might equally have been raised in generic counselling, and had little to do with diversity. Where I felt certain of that, I removed them. 27 questions remained (Appendix 3.1.39). I tried to place these questions in separate categories, and they simply wouldn't go! Each on my list could have appeared under at least two separate categories and many under three or four. The participants seemed to be confronting multi-factorial issues, intricately intertwined. When I gave labels to categories, the labels seemed inadequate – they had different meanings and implications in different counselling relationships.

Although I abandoned the questions, they proved a helpful initial step because they contained aspects of most issues I eventually worked with for non-disabled practitioners working with disabled clients/supervisees. I noted that, taken together, I could give the collection a title: 'The power struggle for professional competence'! This is what supervisors would encounter when face-to-face with supervisees.

THREE MAIN SECTIONS FOR CODING

The more I worked with the data sets the more it seemed logical to break down the work into subject sections I could handle for coding purposes. Although there was overlap amongst them, I fixed on three.

- A. The effects on the other of body image difference
- B. The work of disabled practitioners with non-disabled people
- C. The work of non-disabled practitioners with disabled people

¹⁰ 'DS' followed by a number indicates the data sets as enumerated above

OPEN CODING – MY FIRST STEPS

To facilitate my pursuit of open coding I went through all data sets, and devised systems of labelling in margins using words (e.g. body image, body language; parallel process, counter-transference; appropriate emotion, projective identification, racket feelings; games). Thus I would describe something observed by the participants, or make labels for diagnosing process. Words became initials, occasionally with numbers in brackets after them as I identified various properties and dimensions of categories. Some areas I highlighted using contrasting colours for easier identification where a piece of text contained different categories.

Since some terms might not be held in common by counsellors across a range of theoretical models, I eventually gave categories more universally acceptable labels. Two exceptions to this were the concept of transference from psychoanalytic theory (although I later merged that into ‘idiosyncratic responses to disability’), and the theoretical concept from Transactional Analysis of Psychological Games. I felt free to use this latter because nowadays it is accepted in common parlance, although sometimes used inaccurately.

A. THE EFFECTS ON THE OTHER OF BODY IMAGE DIFFERENCE

OPEN CODING

I had material for this from all 9 data sets. I started a filing system in a ring binder, placing together in labelled (potential categories or sub-categories) polypockets cuttings from copies of transcripts. I used variously coloured ‘post-it’ sticky labels for memos to myself as ideas came to me. I moved cuttings around the various poly pockets as I began to understand how sub-categories might be subsumed within categories. From workbooks I collated body image awareness ratings and tabled these.

Some material had what I thought of as ‘larger units of meaning’ – a whole worksheet using IPR from a participant’s workbook, a whole visualisation report with an accompanying drawing – each beautifully illustrated one example from a category. I kept them intact although it made this section bulky.

FURTHER CODING

I continued the process of coding under the title of ‘Further Coding’ where it was helpful

- to import some knowledge from outside this part of my research (A2:1, 2, 4) to dialogue with material from the categories
- to draw diagrams to indicate connections between categories (A2).

THE MAIN CATEGORY

The theme running through Section A was 'The struggle for professional competence', and so I chose this as the main category since it summed up the others. I used quotations from non-disabled practitioners to highlight aspects of the struggle that had to fulfil Rogers' Core Conditions for creating a growth-producing climate in a therapeutic relationship. I illustrated this main category in Figure 6.

B. THE WORK OF DISABLED PRACTITIONERS WITH NON-DISABLED PEOPLE

By far the most straightforward piece of work collected was DS1. All seemed confident in the information they gave me: they had thought it through well in advance of my appearance on their scene! I placed real value on what they gave me after I studied DS3 and DS7 – the work of their inexperienced counterparts. It felt to me as if I had been able to look up the answers (DS1) to their problems at the end of the book! Outside my experience, I could not have produced these answers. Thinking of my disabled trainees, I open-coded DS1 around the questions to which those so much more experienced had provided answers that could form a practice blueprint.

With DS1's three transcripts, I used my computer's facility to have each in a different colour of ink. After deciding on categories for that data set, I used the computer to transfer quotations from their transcripts into one file, and colour coding enabled instant author identification. It was easy to write textual links then revert print to black.

In DS7 reflections of the three non-disabled clients were simple to open code because their experience seemed similar and then matched with many non-disabled participants in the visualisation (DS9).

FURTHER CODING

For further coding I constructed a table comparing and contrasting the practice of the experienced with the inexperienced and had a third column with the response from the non-disabled clients, which in each category supported the practice of the experienced practitioners (Table 14).

THE MAIN CATEGORY

The main category was the information given to me, arranged into a format outlining the specific professional responsibility of disabled practitioners towards non-disabled clients or supervisees in this area of diversity. I thought this might be helpful for the profession.

C. THE WORK OF NON-DISABLED PRACTITIONERS WITH DISABLED PEOPLE

This area had more material to open code (DS2, DS4, DS6, DS7, DS9, DS10) than had the work of disabled practitioners because I had interviewed more non-disabled practitioners and because there were many more non-disabled than disabled supervisors contributing visualisation reports.

My process for open coding was similar to that for material on body image.

FURTHER CODING

In this section I subdivided DS2 into those used to working with disabled clients or supervisees and those new to this work, and found the same 10 categories occurred in each group, and so in comparing and contrasting them I was able to note what appeared to be the results of experience. I looked at what seemed to have changed with experience, and how this change might have taken place, taking examples from the other data sets mentioned above. I did this by broadening the concept of access to include accessible practitioners, then examining the following themes:

1. Dealing with practical access issues
2. Concern around talking about disability
3. Owning and exploring assumptions
4. Struggling with counselling standards

I then began to look at areas where cumulative experience of working with disabled people might not of itself bring about change, but where working on change would be desirable. Change seemed more dependent on other factors.

This led me directly into constructing a series of diagrams for the main category, and to using the final one as a structure to address key question two (Figure 9)

KEY QUESTION TWO:

If both client and counsellor are motivated and committed to work on their relationship to bring about the client's desired outcome for counselling, how might this work be supported and enabled through supervision?

Aiming to construct paradigms for practice from the results of the research process, I began quite early in my research process to design early models of these, and set up situations where these might be tested and evaluated.

WORKBOOK MATERIAL

Within the body of the research I began this by designing workbooks (Appendices 3.1.9 and 3.1.10) on the basis of the issues shared with me as challenges in the first six interviews I conducted.

To evaluate their effectiveness I looked for evidence of insight and its application in returned workbooks and transcripts of the supervision sessions (Appendix 3.1.40). I decided on that basis what should be included or omitted from the handbook.

An example:

I read the written responses to the questions asked in the counsellor's workbook after the first session:

- *If you had met someone when you were young who was just like your client, what would your mother have said to you about that person?*
- *If your father had met someone just like your client, what might he have said to you about that person?*

I then read their work to find evidence of whether or not their attitude to their client appeared to be affected by the attitudes of their parents to disabled people. For some counsellors there was a link; for some I could find none. In the work of one participant, I noticed that this early influence might be a reason for over-protection in interaction with her disabled counsellor, and in the work of another for her assumption that she had a right to know about her client's disability.

Having found there might be a link for some, adversely influencing practice, I incorporated this knowledge into two worksheets in the handbook's section on past history, that each approached this issue from a slightly different angle.

VISUALISATION REPORTS

In open-coding the visualisation reports I read them all several times, then gathered all available information from each report under sequential phrases from the visualisation text (see Appendix 3.1.36). I noted that some phrases I used were effective in producing results that were memorable for most participants. Four themes from these emerged strongly as open coding categories

1. the emotions and bodily sensations experienced by the visualising counsellors around seeing their disabled client¹¹

¹¹ Two of the participants were disabled supervisors: one of these visualised a non-disabled client

2. the assumptions they made about their ability to counsel this client and the consequences of their doing so
3. the Persona they created as a professional façade to defend themselves and their client in the counselling relationship
4. the Shadow in which they hid the resources they denied to this relationship.

WORKING WITH MY RESULTS ON PARADIGMS FOR PRACTICE

Strauss & Corbin (1998:59), suggested that:

‘Experience and knowledge are what sensitises the researcher to significant problems and issues in the data and allows him or her to see alternative explanations and to recognise properties and dimensions of emergent concepts.’

I relied on insights from my own professional experience, along with knowledge gained through years of supervising the practice of others and training practitioners, to enable me to transform the concepts from this part of my research into material to help other supervisors understand and work creatively with the processes involved in this specific field.

The supervisors who worked with me in the supervised counselling project together with another colleague gave me insightful feedback on the resources for incorporating into the material for supervisors.

CHAPTER THREE

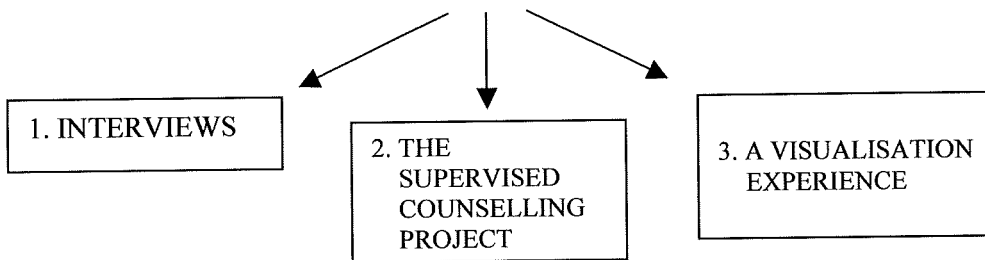
2: RESULTS

OUTLINE OF MAIN THRUST OF CHAPTER 3

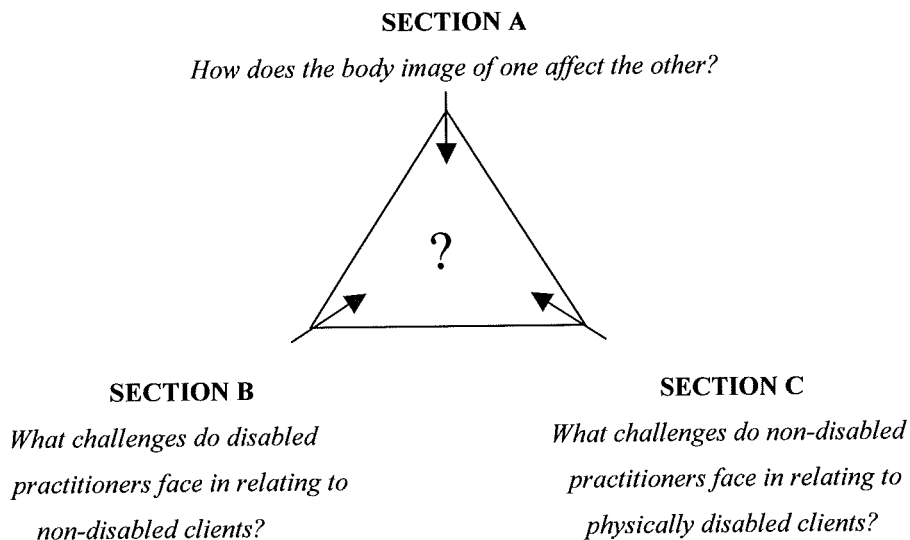
TO ANSWER 2 KEY QUESTIONS →

1. What are the challenges practitioners face when the supervisor, the counsellor or the client is a physically disabled person, and the other persons involved are non-disabled?
2. If both client and counsellor are motivated and committed to work on their relationship to bring about the client's desired outcome, how might this work be supported and enabled through supervision?

- DATA WAS GATHERED FROM 3 MAIN SOURCES:



- THE GATHERED DATA WAS ANALYSED IN SECTIONS A, B AND C, EACH SECTION APPROACHING THE KEY QUESTIONS FROM A DIFFERENT ANGLE:



- **THE FINDINGS WERE:**



SECTION A: All non-disabled participants sometimes struggled to maintain professional competence because of their idiosyncratic responses to the disability of the other, often triggered by aspects of body image. Practitioners experienced in working in this area of diversity had found ways to manage their responses effectively, through reflection, increased self-awareness and continued exposure to learning from their relationships with disabled clients and with the help of supervision.



SECTION B: Inexperienced disabled practitioners believed that if they did not draw attention to their disability, the clients would be unaffected by it. Their clients were very aware of their counsellors' disability but felt responsible for protecting them from their reactions, so tried to hide what they thought and felt. Experienced disabled practitioners had learned to talk with non-disabled clients about their disability and their management of it in counselling sessions, and to invite them to talk about it if it became a concern for them.



SECTION C: Non-disabled practitioners and non-disabled clients had uncomfortable, idiosyncratic responses to the disability of their dyadic partner. These showed in a variety of ways. Some reflected on such in their workbooks and came to new awareness and growth. Others reached this with the help of their supervisor.

- **MAIN CONCLUSIONS:**



Disabled clients are at risk from the practice of non-disabled counsellors who have not gone through an appropriate process of self-awareness and growth updating them in relation to disability and relationships with disabled people today. In this process they may need to re-examine past patterns of relationship with disabled people, their learned assumptions, values, emotions and attitudes about disability and their accrued philosophy of life on it, and even their motivation for counselling a disabled person.

I give this process the title of 'The Echo Journey', to help practitioners identify it, name it, and know how to make it and to still the unhelpful vibrations from the echoes of their past experience within their current professional relationships.

This area of diversity in counselling needs more help than is currently given in training courses. Meanwhile, supervisors need to be enabled and equipped to identify and give appropriate help when a supervisee needs it in this area of diversity.

SECTION A: BODY IMAGE

SECTION A has three subsections (A1, A2, A3) to discover how body image may affect a counselling relationship where one dyadic partner is a disabled person and the other is not:

A1: OPEN CODING OF CATEGORIES

There were six categories in the response to or awareness of the other's body image. These included imagining the image before actually meeting, adjusting to first impressions, participants having both emotional and somatic responses to the image of the other, their response being idiosyncratic, subject to change and open to influence by many factors.

A2: FURTHER CODING

Further coding traced the process through which body image impacts on another, and then pointed to the necessity in supervision to provide opportunity to talk about the impact.

A3: THE MAIN CATEGORY

Practitioners, who would normally have an effective counsellor persona in operation whilst counselling, could have a struggle to maintain their usual competence in practice because of their personal idiosyncratic response to the body image of the client. This is illustrated with reference to the Core Conditions necessary for 'the creation of a growth-producing climate in a therapeutic relationship (Mearns and Thorne 1988:15).'

A1: OPEN CODING OF CATEGORIES

Six categories were found in open coding:

1. The non-disabled partner imagined the other's body image would be disturbing
2. Partners had to adjust to first impressions of actual body image
3. Partners experienced physical and emotional responses to the body image of the other
4. Responses to aspects of the other's body image were often idiosyncratic
5. Some noticed change in their awareness of the other's body image
6. Several factors may influence change in awareness of the other's body image

1. THE NON-DISABLED PARTNER IMAGINED THE OTHER'S BODY IMAGE WOULD BE DISTURBING

In visualisation reports most participants (DS¹²) imagined the client's body image before being invited to see their client (Appendix 3.1.30). All but one fantasised a disturbing body image – although each imagined a differently impaired person.

2. PARTNERS HAD TO ADJUST TO FIRST IMPRESSIONS OF ACTUAL BODY IMAGE

Although reactions were sought in project workbooks (Appendices 3.1.9 and 3.1.10), few participants chose to commit emotional reactions to the written page at session one. Here are (DS6) some first recorded impressions by non-disabled dyadic partners:

'I saw her eyes that don't see and her kind face. I heard calm and welcome.'

'My first impression was received on the introductory night¹³. She came across as a strong woman who didn't mind speaking her mind. She seemed like the kind of person who would always be in the middle of discussion/arguments and possibly the cause of a few. I partly got this impression from the way people were acting towards her, almost in an appeasing kind of way.'

¹² 'DS' stands for 'Data Set'

¹³ The introductory night was what is named elsewhere 'The Launch Meeting'

Some discussed their first impressions of their clients with their supervisor (DS4):

'What a relief! He looked normal – it was just that his legs didn't work.'

During the visualisation most disabled and non-disabled participants (all used to reflexive practice) felt anxious on seeing their client. Here are sample reactions:

'His hands were twisted and his speech difficult to understand. I was aware of feeling uncomfortable – fearful, anxious, threatened.'

'I saw Lisa as a frightened person. Shy, embarrassed and somewhat curled up in a wheelchair. She looked vulnerable, but she saw into my mind.'

3. PARTNERS EXPERIENCED PHYSICAL AND EMOTIONAL RESPONSES TO THE BODY IMAGE OF THE OTHER

All non-disabled clients (DS6) and two non-disabled counsellors (DS4) in the project became aware of their own body's functioning:

'I felt guilty that I was not disabled. I could also feel myself feeling powerful, uncomfortably so – powerful that I was able-bodied and I could physically get up and walk.'

'When I wanted to look at my watch to check the time I felt quite self-conscious that somehow she would sense my momentary distraction more than a person who could see.'

Several visualisation participants described their bodily response to the image of their client's disabled body:

'Then I became completely disabled. I wanted to say something but could find no words.'

'My shadow self would like to kick and punch the embryonic wheel chair occupant into a pulp - a violent fantasy, linking no doubt to childhood.'

'I saw myself mimicking her physical appearance. My body was mirroring what I was seeing and understanding. I felt her distressed, vulnerable image and I was presenting that role and image. I felt uncomfortable, embarrassed and unsure.'

PARALLEL PROCESS

One of my supervisees (DS10) presented work with a counsellor whose client had one hand severely burned, impairing its function. As she presented her supervisee's concerns I grew conscious that in contrast to her usual liveliness, she sat still; one hand half tucked into her chair's side, the other as if hiding it. I mentioned this. She was unaware of it, yet had noticed her supervisee sitting just like that when presenting this client's work and had asked her about it. Her response was, 'Oh - that's how my client sits!' An unconscious parallel process had occurred in body image affecting three relationships – the counselling one, its supervision, and the supervisor's supervision! The client's problem was not her hand's impairment, but the story of its original trauma emerged as key influences on the client's presenting problem.

The disabled supervisor in the Project Team had a dream:

It took place in a huge amphitheatre. In it there was a man from her past she knew she was avoiding. He came and stood right in front of her, demanding her attention. She shut her eyes to block him out, but when she opened them, he was still there, and she was naked.

She had three disabled supervisees. Two discovered their non-disabled clients were trying to conceal their reaction to their counsellors' physical impairment. Surprise at this left them feeling exposed and vulnerable, especially as one of the counsellors had not let her client see her manoeuvre her wheelchair in case this drew attention to her impairment.

In her dream, the supervisor was confronted by her reaction to their avoidance and to their exposure. She understood their reactions, yet handled their supervision skilfully. The parallel process emerged later with huge emotional impact in her dream. In the amphitheatre (the research setting) she was able-bodied (knew she was able to supervise well), but it was her body image that was exposed and vulnerable.

4. RESPONSES TO ASPECTS OF THE OTHER'S BODY IMAGE WERE OFTEN IDIOSYNCRATIC

i. THE IMPACT ON THE OTHER OF THE BODY IMAGE OF WHEELCHAIR USERS

A wheelchair user had difficulty in handling her chair while entering the counselling room¹⁴. Her counsellor watched and temporarily her body sensed the feelings she imagined her client felt¹⁵.

¹⁴ Her power chair was being mended, and she was using an unfamiliar manual one that day

¹⁵ This is an example of the functioning of mirror neurons

Three wheelchair users counselling from home chose not to manoeuvre their chairs in front of the non-disabled partner, to avoid drawing attention to their physical difference. Their partners said this immobility drew their attention to the other's impairment: two used the words 'static' or 'still' of the body image.

A client's attention was drawn to difference when her counsellor seemed 'over-concerned' that her own chair was higher than any she could offer her client. Another noticed involuntary leg muscle movements in the disabled person and her need to move leg position manually.

The non-disabled supervisor in the Project Team whose supervisees were all non-disabled people had one clear dream image of three wheelchairs. During supervision sessions she had doubted her competence to supervise because two of her supervisees were feeling so disabled in the role of counsellor. For her the dream wheelchair symbol indicated that people in all three roles had in different ways been disabled. Parallel process had occurred in her dream.

ii. THE IMPACT OF THE BODY IMAGE OF THOSE WITH VISUAL IMPAIRMENT

One visually impaired project participant was client, one counsellor. Both dyads discussed early the effects of the visual impairment on the other.

The client spoke in session one of the effects of her impairment on her life. The counsellor was comfortable with this as a focus of attention; it was like listening to any other life challenge. The counsellor's experience was congruent with the session's content. She felt they had good eye contact, in spite of knowing this was physically impossible. When the client asked directly if her impairment affected the counselling relationship, the counsellor truthfully said 'No'. Later, when she challenged the counsellor's understanding of her and they struggled for power, the counsellor's awareness changed. *'I noticed that I was looking at her face and in particular her eyes, but that I wasn't able to tell as much from this as normal, that I couldn't rely on the client's eyes to convey some feeling.'*

After the final session, the counsellor wrote, *'I think my ability to empathise with her was limited due to her blindness. I think I rely to some extent on gauging people's emotions through their eyes. Eyes can be very expressive, and I found it difficult to get used to communicating with someone who did not use their eyes to communicate.'*

The sighted client dreamt of her visually impaired counsellor after their first session, and was keen to share this in session two. The counsellor's report of this was, *'I was in the dream and was vacuuming the carpet. My client reporting the dream said, 'Why is X vacuuming the carpet when she cannot see?' then quickly changed her words to, 'when the carpet does not need vacuuming?'* The counsellor's

written comment on this was in her workbook was, '*At that point I was quite surprised as this was so unexpected. However, at the same time I realised that if people do not know that most blind people learn to do things for themselves regardless of their blindness, those people are bound to wonder.*'

The counsellor commented on her client's quick change of words and asked if this could mean that she was very aware of her not being able to see. The client, apparently embarrassed, tried to refute this and defend herself by saying, "*But in another part of my dream you were **looking** out the window!*"

Until the sharing of the dream, the counsellor's sensory impairment was not mentioned, although known to both. Did this happen because the client felt she ought not to mention her counsellor's impairment, yet the words slipped out involuntarily? It was a major concern for her in this counselling relationship.

I reproduce in full below the client's worksheet reflecting on this incident. [Instructions in bold: client's response in italics]

WORKSHEET TWO: After Session Two

Recall a time in session two when something happened that you found difficult or challenging in some way. Describe it here, briefly, before you answer the questions below:

When I was describing my dream to my counsellor and she said she thought there was direct reference to her being blind (the hovering scene).

1. Which emotions did I feel at that point?

*{Protection for my counsellor
{Defence for myself
Rising anxiety and irritation*

2. What did I think?

She might think I've got a problem with her blindness. She can see through me.

3. Which sensations did I have in my body?

Anxious stomach

4. How did I behave at that point in the session?

Defensively, justifying to her and myself that her blindness wasn't an issue for me. Saying "yes, but" in the dream scene where you clambered over me on the couch – it was so you could "look" out the window!

5. What would I rather have done? (even if not appropriate)

Accepted that she was right and that clearly her blindness was "there", real, and not to be "swept under the carpet". (Perhaps another reference to the hovering?)

6. What might have been the risk for me in reacting as I would have preferred?

Admitting her blindness affected me at the last session and also was subconsciously filtering into my dream. She would truly "see" me and maybe not like me / think I was prejudiced / think I thought of her as "one down".

7. How do I imagine my counsellor was perceiving me at that point in the session?

*She was aware of my denial.
In a Child place. A bit afraid/defensive.*

8. When I think of my counsellor during this incident, what image comes to my mind?

A Buddha in a wrestling ring, holding her corner with compassion and dignity.

9. Did my counsellor remind me, at that point, of anyone else from my past experience of life?

My mother springs to mind with her 'I can see right through you' – her implication was usually negative, implying she could see something not very nice, as if I had a bad core.

10. Does anything else come to mind for me around this experience?

When I was leaving my counsellor said two or three times, 'I'll see you next week'. I felt challenged.

This client often discovered herself saying words that she felt might not be appropriate to use in this context:

'I described something of how I felt, as "being in the dark" and immediately thought of my counsellor being blind like being in the dark. When I spoke of the first time I met my partner and the kind of eye contact we had, again I thought of my counsellor not being able to have eye contact. Part of me gave myself a hard time and thought, "Be careful what you're saying – it's insensitive". I found myself not looking directly at my counsellor as much as I would a seeing counsellor. Yet there was something comfortable for me about not being able to be physically seen.'

iii. SOME INTERVIEWEES NOTED MAKING APPROPRIATE ADJUSTMENTS

Three of the most experienced counsellors interviewed, used to working with disabled people, rarely mentioned the impact on them of the client's body image. (See Appendix 2.1.3) They spoke rather about the challenge in being competent counsellors with those who found verbal communication difficult or impossible, and the need to have non-counselling persons or aids involved in the counselling session to enable good communication between counsellor and client.

One interviewee dealt with the complexity of couple counselling with one partner deafened and the other deaf-blind. Two interpreters were required to be present – one for visible sign language, the other to sign directly on a hand. This led to a group body image with the counsellor adjusting her communication style to its complexity.

An experienced counsellor told me about working with her first disabled client - a young woman who used a voice box that produced an American accent with no variety of tone. The computer-generated sound conveyed neither emotion nor this client's cultural background. She had to grow accustomed to the body image confusion engendered between her auditory and visual perception of her client.

5. SOME NOTICED CHANGE IN THEIR AWARENESS OF THE OTHER'S BODY IMAGE

One interviewee (DS2) reported dramatic change in her awareness as their counselling relationship developed. On first seeing her client her immediate reaction was, *'What is she thinking when she looks at me? What will she think of my height? She must think I'm like a wall, towering over her, blocking her light, space and air. She could feel claustrophobic!'*

From that she moved to, *'Just how difficult is movement for her?'* and, *'Will she think I look too healthy, strong and "normal"?''* Several sessions later she reported, *'I now feel surprised when I*

watch her turn to leave the counselling room, that her walking is laboured, and that she's so small. I totally forget during our sessions, now that we connect, that she looks so different!'

A VISUALISATION REPORT (DS9)

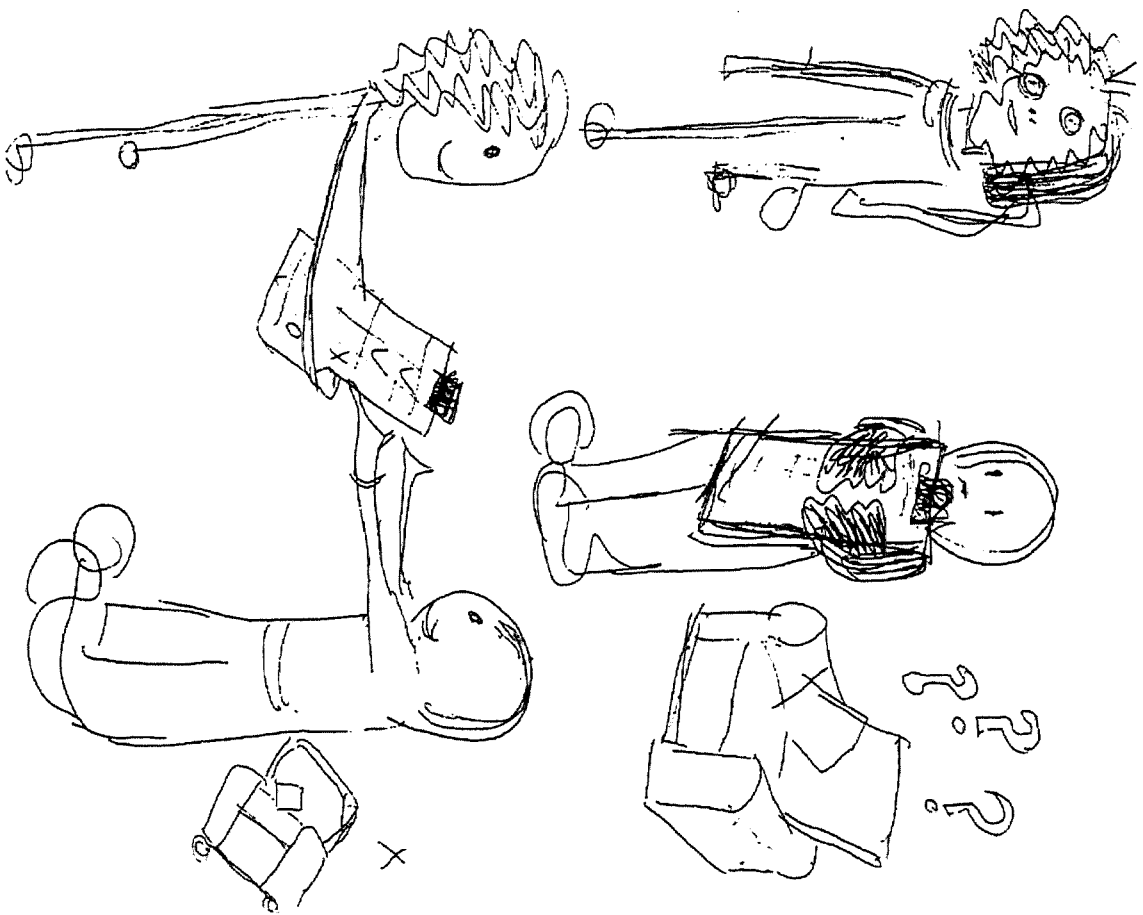
A participant drew her visualisation experience: [see overleaf]

Her explanation of Picture 1:

1. *The client (top left) was obviously alarmingly disabled particularly in her face and down one side of her body*
2. *My anxiety was obvious – I might fail to be totally and perfectly accepting, politically correct, understanding and accommodating.*
3. *My dark side was all about me (top right of picture). My performance, my goodness, being right and knowing how to do everything.*
4. *The chair represents my desire to get the physical comfort right as well as the counselling task. The clipboard is my performance – my assessment of me.*
5. *My journey into the view the client had of me was "What a jerk! Why can't she relax and let me look after myself? Does she think I'm that fragile?"*
6. *The resolution came when I (bottom right) handed my "not knowing" to the client (bottom left). The stunning realisation was that when I had done that the client looked a lot less lop-sided. We had become equals with our own different responsibilities.*

Picture 1: Change in response to body image (p. 189)

In visualisation, change in perception of body image can be rapid!



RATINGS OF AWARENESS OF DIFFERENCE IN BODY IMAGE IN THE PROJECT

In the workbooks of all who were counsellors or clients in the project were a series of questions to enable participants to rate awareness of body image as the counselling relationship progressed. What I assumed to be a straightforward exercise was complicated by other factors (see A1.6), so I reckon the results not to hold significance for this study. I have placed the results in Appendix 3.2.2.

6. SEVERAL FACTORS MAY INFLUENCE CHANGE IN AWARENESS OF THE OTHER'S BODY IMAGE

i) TALKING ABOUT BODY IMAGE DIVERSITY IN THE COUNSELLING DYAD

Awareness of diversity in body image was highlighted through discussing it, but this produced differences in outcome. The counselling relationship review asked directly about the effect this had on the counselling relationship (Appendix 3.1.15).

It was a relief for one client to discuss the issue during the review. She wanted to, but had not felt able. The review structure allowed her to do so.

Most said that when the subject was discussed they became much more aware of the issue, and this in turn affected their awareness ratings in workbooks. What was it they became aware of? Was it that this subject was difficult for them to voice – against social mores, embarrassing? Until they had to discuss it, were they pretending within the relationship that it had no effect on them? If so, was this apparent resistance and denial there because such thoughts in our culture usually remain private and hidden in relationships?

The effects of not addressing this issue as their relationship began appeared in workbooks. One (DS6) whose counsellor was in a wheelchair said: *'I described someone as "spineless", and instantly felt I may have been insensitive, as it is possible that my counsellor has something wrong with her spine.'*

ii) TALKING ABOUT BODY IMAGE DIVERSITY IN SUPERVISION

The supervision transcripts (DS4) of all three non-disabled counsellors in the project contain much interaction about the impact on them of the client's body image. Their non-disabled supervisor empathically helped the supervisees explore their feelings and assumptions around this aspect of their client's world as their counselling relationships developed. (See Appendix 3.1.40)

One experienced interviewee (Appendix 3.1.3) said, *'I didn't want my feelings of disgust to be put onto her, but I needed to acknowledge that they were there for me. I had to take it to supervision and just try to clear that, so that it wasn't taking me over when I was actually with her'*.

iii) GROWING FAMILIARITY WITH THE BODY IMAGE

The first example in A1.5 shows a progression for a new counsellor through acute self-awareness to awareness of the client's world, and then to engagement in the relationship development so fully that difference in body image was no longer an issue. This is exactly the progression indicated by Hawkins and Shohet (2000: 60 – 63) in their model of supervisee development – although they do not focus on body image awareness.

In the six-session supervised counselling project there may have been insufficient time for dyads to reach the stage where body image (or what it symbolised) could recede in importance in favour of process and the relationship's development. There were definite signs in two dyads, recorded in the clients' workbooks (DS6), that where clients did not feel free to talk about the impact on them of the impaired body image of their counsellor, the issue lived on as something from which they had to protect their counsellors. They were not free to give themselves over to the counselling process: to trusting in the relationship.

The visually impaired participants showed almost no change in their awareness of the body image of their partners (Appendix 3.2.2).

I note at the beginning (A1.4iii) that the impact of a disabled client's body image was rarely raised by counsellors experienced in working in this area of diversity: it was accepted. The one exception (A1.6ii) was taken to supervision to prevent it adversely affecting the counselling process.

A2: FURTHER CODING

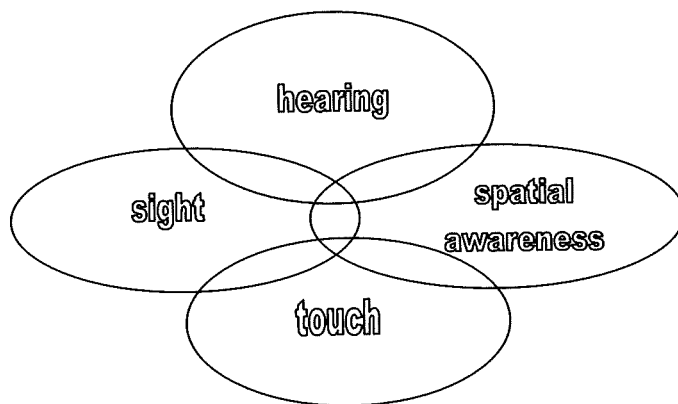
A2 traces the process through which the body image impacts on the other, and the necessity for supervision in the following four categories:

1. Body image is perceived through the senses
2. The image is interpreted
3. This interpretation is idiosyncratic to the perceiver
4. The interpretation monitored in supervision.

1. BODY IMAGE IS PERCEIVED THROUGH THE SENSES

In my data, the body image of another person was perceived through the senses of sight, hearing, spatial awareness or touch individually, or through combinations of them working together. I represent this in Figure 4.

Figure 4: Senses used in my data to perceive the body image of the other



Overlapping diagram sections indicate that perception can come through all these senses simultaneously; distinctive sections show they may operate independently or in different combinations. The sense of smell was not mentioned in my records, although it must have been operative. Touch is not advised in most counselling relationships, but it was recorded appropriately done in two counselling relationships.

Participants with acquired visual impairment in adulthood had retained their visual memory. In the dreaming project both produced highly visual dream images. In conversation with them they explained to me that their usual practice is to create an internally constructed picture – a fantasised body image - representing any specific other in the role of client or counsellor. In their mind's eye, they see their client or counsellor much as sighted listeners visualise characters in a radio play. Neither is recorded as having asked her dyadic partner to describe herself. They gather information about body image through listening to footfalls; to the sounds of a person sitting, moving in or rising from their seat or to their non-movement if parts of the other's body have little muscle control; in hearing the speed and direction of movement; in sensing a person's height, body posture and location through placing and diagnosing the source and sound of her voice; they hear the use of crutches, wheelchairs, guide dogs and the presence of other persons in the room.

In counselling with more than one client present, all aspects of spatial awareness operate for each individual, but also between or amongst clients affecting the pattern of body image in the pair or grouping.

2. THE IMAGE IS INTERPRETED

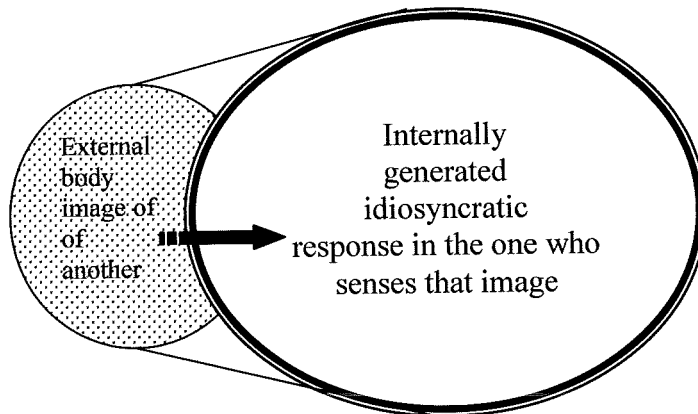
In Chapter Two I record work on interpreting dream body images. Dream images do not come via the senses, but from memory of past experience stored in the brain. The work of interpreting dream images is accomplished intentionally after waking (if done at all). In contrast, body images perceived during waking consciousness are perceived via the senses collaborating with memory, and the work of interpreting them often occurs simultaneously with their being sensed, without any seemingly intentional thought process.

The body image of another is a symbol that triggers within the one who perceives it, a pre-packaged response: one loaded with meaning that can be accessed instantly. Little or nothing may be known of the actual person behind the body image, but the perceiver swamps that by his instant interpretation through past association of what such a body image must mean.

If the perceiver wants to reflect on why he interprets this symbol in this way there may well be a delay in recall. His emotional association with such body images is there, but the past experience that gave rise to them cannot always be consciously remembered and therefore understood.

Figure 5 indicates that, at the moment of encounter, more value is given to the internal response of the perceiver to the other's body image, than to the actual person behind that body image.

Figure 5: External image: internal response



It is not the externally generated image of the other that affects the relationship. This is virtually hidden, dominated at the start of their relationship, by the triggering of an internally generated idiosyncratic response to that image in the one who perceives it.

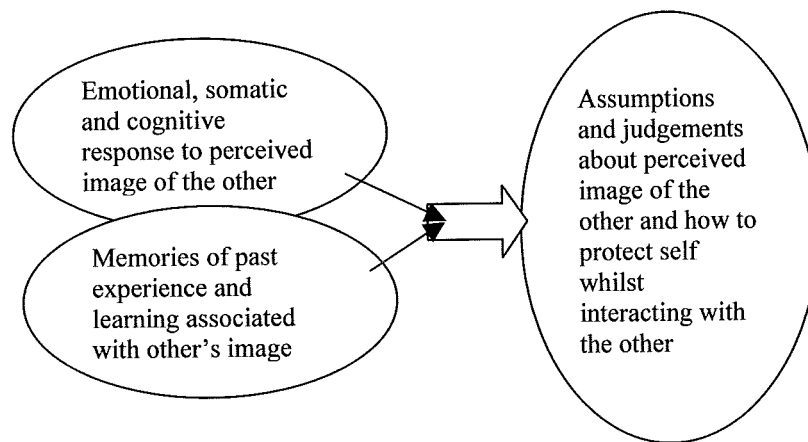
3. THIS INTERPRETATION IS IDIOSYNCRATIC TO THE PERCEIVER

My records indicate that these instant interpretations of an impaired body image are perceived and may involve both judgement on and assumptions about the person within the image. The person perceiving the other's impaired body image appeared to go through a process of:

- experiencing a learned specific emotional (often ambivalent) response to the perceived body image in the dyadic other (e.g. fear, awe, pity, revulsion, compassion)
- linking (not always consciously) what is perceived through the senses with memories and their associations of past personal experience
- accessing what has been learned from others of how to act when faced with an impaired body image ('Punch this to pulp!'; 'Be particularly loving and helpful')
- believing that the subjective interpretation reached is in some way true and satisfactory (Appendix 3.1.42)

In Figure 6, I represent what constitutes the assumptions people make about the body image of another.

Figure 6: Interpreting perceived body image of the other



So an assumption and its accompanying judgement on a currently sensed body image is based on past accrued meaning around similar body images for one who perceives it. It even includes hypotheses about what will be going on for the person inside that body image.

One example in the project was in a relationship where encounter with the actual body image of a client was experienced as a relief by the counsellor who had expected it to give her a problem. Nevertheless the body image of impairment was a curiosity for her. It triggered in her a great desire to learn about her client's life-world and how she coped with her disability. She assumed that a client with that body image would want to talk about it with her in the intimacy of the counselling relationship. This assumption damaged their counselling relationship (Appendix 3.1.42).

Both counsellors and clients, disabled and non-disabled, can bring inappropriate assumptions and perceptions from the past into present counselling relationships. Since they do not necessarily examine these in the current context for fit before they act from them, presumably, at an unconscious level they believe their past experience has led to transferable wisdom.

4. THE INTERPRETATION MONITORED IN SUPERVISION

Counsellors reported asking for supervisory help when they realised something had gone wrong in their counselling relationship. Supervisors also became aware of counsellors' struggle at times when

they did not ask directly for help. Where unconscious processes were negatively influencing the counselling relationship, the supervisor was often able to monitor these in the supervisory relationship because, unresolved, they were acted out again in that arena through the spoken or embodied language of the supervisees (A1.3).

The supervisor has norms against which she monitors what her supervisees present. Crucial amongst those will be the professional guidelines for relating to clients – the values and the ethical principles of counselling and psychotherapy – many of which are necessary reminders especially for practitioners working with diversity (British Association for Counselling and Psychotherapy, 2002: 2,3). My reason for saying ‘necessary reminders’ is that, in the face –to–face relationship with the supervisee, the supervisor can be affected by what the supervisee is presenting. She could visualise the client’s body image and have her own reaction to it. She could unconsciously monitor the supervisee’s work in a much more subjective internal process – by what she feels she might do in such a situation.

If supervisor and counsellor are both non-disabled or both disabled and the client different from both, the subjective process could lead to collusion and bad counselling practice, unless the supervisor is competent to work in this field of diversity. In the project, the relationships were based on the above model of supervisor and counsellor both disabled or both non-disabled. Both supervisors however had experience and knowledge in working in this area of diversity. Nevertheless, their parallel process dreams faced them both with their anxiety around their capacity to supervise well enough (A1.3) in spite of their doing a good job.

If the supervisor is competent, the supervisory relationship is the place where uncomfortable feelings and false assumptions can be monitored - accepted or challenged, and better understood and changed (Appendix 3.1.40).

Changes in meaning of a disabled body image can grow from current counselling relationships (A1.5), disempowering past associations although not necessarily obliterating them. Initial perceptions of body image can fade as a relationship is built in which the embodied self within the image becomes increasingly important and meaningful, with emotional and cognitive links forged in the dyadic process. This can be monitored and encouraged through reviews (A1.6) both in counselling and supervisory relationships.

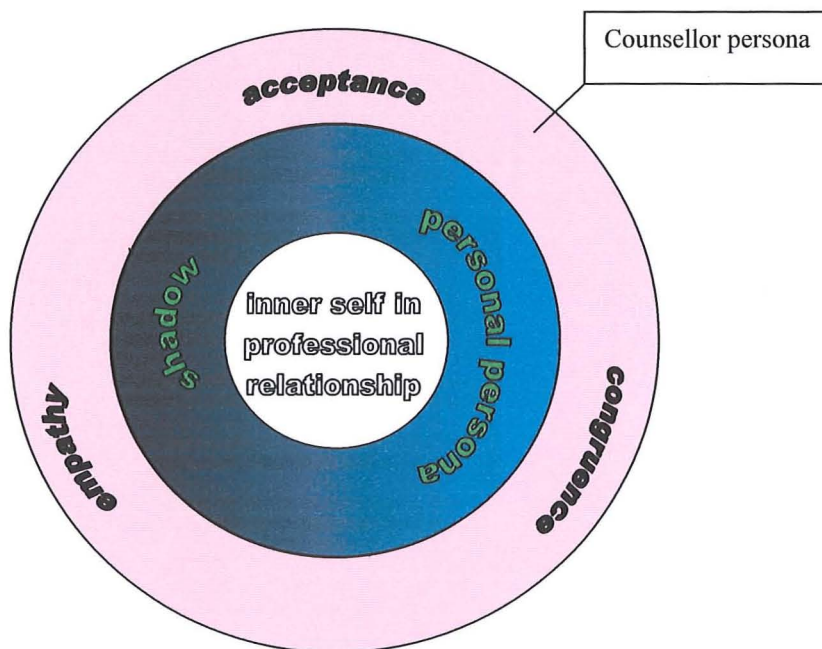
A3: THE MAIN CATEGORY

In A3 I set out as the main category the effect physical difference can have on the counselling relationship in this area of diversity. I use data from my records to show that Roger's core conditions¹⁶ for counselling can be missing in such counselling relationships. I entitle it:

THE STRUGGLE FOR PROFESSIONAL COMPETENCE

In Figure 7, I represent a counselling ideal where training has resulted in the formation of a counsellor persona¹⁷ from where the core conditions of the counselling relationship are offered to the client, irrespective of the past personal experience of the counsellor. This professional layer is built around the layer of life's experiences formed over the years to protect the inner self as it relates to others: the personal persona¹⁸ and its shadow.

Figure 7: Core conditions of counselling are in the counsellor persona



¹⁶ The Core Conditions (Mearns and Thorne, 1988:15) 'The creation of a growth-producing climate in a therapeutic relationship requires that the counsellor can:

1. be genuine or congruent
2. offer unconditional positive regard and total acceptance
3. feel and communicate a deep empathic understanding.'

¹⁷ Page 1999:19.

¹⁸ Persona is derived from the Latin work for a mask as used in classical theatre. Here is it used to denote the image of ourselves we wish to project to others

The main category for me in Section A is the effect the disabled body image of the client seemed to have on the counselling relationship, especially at the start but sometimes permeating the whole. Counsellors often struggled to maintain professional competence.

It has been noted (Guy, 1987) and was confirmed in the group of supervisors attending the continuing professional development workshop¹⁹ that certain personality attributes attract people into our profession. Many are there because they want to help people change and gain more control over their lives.

With a disabled body image before them, counsellors saw something in others they wanted the power to help them change, but knew they could not (A1.5, see drawing). They felt fear, anxiety, awkwardness, helplessness and guilt that their own bodies were non-disabled, along with pity, awe and compassion for the disability painted by their imagination on the life of the other. It was as if a power struggle, rather than a counselling relationship, had begun by the counsellors in giving away their appropriate professional power.

ACCEPTANCE?

One said of her client, *'She looked vulnerable, but she saw into my mind.'* And another, *'When I wanted to look at my watch to check the time, I felt quite self-conscious, that somehow my client would sense my momentary distraction more than a person who could see.'* A third suspected that her client doubted that she could be trusted to *'know her stuff'* as her counsellor.

Whatever is powerful enough to invite this to happen has to have won a prior battle for the mind of the counsellor, and displaced a core condition many believe essential for making a healthy counselling relationship – acceptance of the client, just as he is. They were anxious for themselves and threatened in the role of counsellor (A1.4.2i) with someone whom they perceived to be in a different life-world they could not fully understand. They lost sight of their vision of counselling being as valid for physically disabled clients and counsellors as for others. With this loss of vision they gave away their professional power to be effective counsellors.

¹⁹ in dialogue between the researcher/trainer and the whole group

CONGRUENCE?

One described her personal persona: *'I am sitting with too straight a back and am struggling not to wear the wrong kind of smile as I wrestle with the knowledge that my client knows everything and I know nothing about being disabled in such a visible way.'* Counsellors tried to hide their reactions to the different body image lest they unintentionally gave offence. Raised in middle class British culture they felt it rude to mention the physical difference they perceived in their client, and virtually impossible for them to own in words its impact on them. But what was deliberately ignored or denied was sometimes expressed unintentionally in attitude or assumption that felt unreal to the other. This led to uncomfortable feelings in both dyadic partners, which commonly led to the initiation of a psychological game (A1.6).

The body image was a symbol that represented past learning more powerful in its effect than counselling training. A persona is also an image, but one used to deflect the power attributed to the other. When the counsellor persona was inaccessible, the personal persona resumed its task of protecting the inner self of the practitioner, of making sure the client did not know her thoughts and feelings!

Counsellors could not trust themselves to know what to do or say. One was silent, robbed of words. Another reported, *'My client's not easy to be with. I feel I have to be very careful not to annoy or upset him... Maybe I'm thinking "Well, I'll try and make this as painless as possible for you."'*

EMPATHY?

The counsellor's task was to help the client explore his world and find there the resources to live more fully and creatively. But she held this in constant tension with the fear of being faced with her own version of such a world. One confessed, *'I can't be empathic when the idea of trying to feel my way into how life is for her is very frightening. I'd rather be dead than like that.'*

In such a situation, how could the counsellor offer the other core condition – empathy? Attempting to give acceptance, offer congruence, summon up the resource of empathy from the wounded world of the counsellor's perception, might well lead her to hide each core condition temporarily in her personal shadow²⁰ – out of sight, their power denied and disabled. Page (1999:18) says:

'As counsellors our personal shadow will be present when we are in the counselling arena just as it is present in every other aspect of our lives.'

²⁰ In Fig.6, I do not have the personal shadow overlapping the counsellor persona as does Page (1999:21 fig.2), but I envisage permeable boundaries between all parts symbolically illustrated.

Even experienced Person-centred therapists (C1.4 and 5; Appendix 3.1.3) sometimes struggle to be empathic and congruent because of their response to the body image of certain disabled clients.

It seems extraordinary to conclude that the counselling process can be affected negatively because one in the dyad has an impaired body image, and the other does not. It need not happen - as demonstrated by counsellors experienced in working with disabled clients – but it does happen with some who are inexperienced in this field. To reclaim professional competence and share power with their client was a struggle some did not win.

SECTION B: DISABLED PRACTITIONERS WITH NON-DISABLED CLIENTS OR SUPERVISEES

SECTION B has three subsections (B1, B2, B3) to examine the work of disabled practitioners with non-disabled clients or supervisees:

B1: OPEN CODING OF CATEGORIES

I had access to four data sets for Section B and in this section took each set separately and looked at their experience in being in a counselling relationship in this area of diversity.

1. For experienced disabled practitioners open coding was around four questions asked during their interview.
2. Open coding for disabled trainee counsellors was taken from supervision session transcripts and personal workbooks. Six expressed areas of common concern were listed along with three areas where practice differed.
3. The non-disabled clients of the disabled trainee counsellors were discovered to have areas of shared experience in these relationships. Also identified were idiosyncratic responses to having a disabled counsellor.
4. I included a tiny data set of two physically impaired practitioners who experienced the visualisation. The open coding here for both was the issue of whether or not their physical impairment affected their counselling competence.

B2: FURTHER CODING

For further coding I created a table with three columns, setting in juxtaposition the practice of experienced disabled practitioners, the assumptions of disabled trainee counsellors inexperienced in working with non-disabled clients, and the experience of their non-disabled trainee counsellor clients.

B3: THE MAIN CATEGORY

From the information given me by the experienced disabled practitioners, and having seen its wisdom proved by what seemed to disable the practice of the inexperienced counsellors, I drew up a statement of the specific professional responsibilities disabled practitioners have towards their non-disabled clients or supervisees, and how these might be discharged.

B1: ANALYSIS OF DATA SETS: OPEN CODING

B1, through **open coding**, looks at the length of experience, the practice, thoughts and feelings of four small groups of research participants:

1. Counselling supervisors (DS1) experienced in this area of diversity
2. Trainee counsellors (DS3 and DS5)
3. The clients of the trainee counsellors (DS6)
4. Counselling supervisors in continuing professional development training (DS9)

1. EXPERIENCED DISABLED PRACTITIONERS

I interviewed three counselling supervisors who have acquired disability. The majority of their clients or supervisees are non-disabled people.

Two mentioned their process of adjustment to becoming disabled within a profession where the non-disabled majority set standards. Trained and supervised by non-disabled practitioners, these people are at a cutting edge of professional practice with little chance to learn from more experienced disabled practitioners.

Two wondered if they had reached their present mode of practice through growing older (therefore wiser), not merely through length of experience! Another said, *'I am no longer aware of the difference between my body and theirs. I have no feelings nowadays about this difference.'* They all spoke about this difference in a very matter of fact manner.

I code their responses into categories around four questions from interviews.

Q.1: What, if anything, do you say to clients about your own disability?

One with a partial limb amputation shared, *'I now say that if there is any part of me that becomes of interest – that they find their attention turning to, then my preference is that they say so. Don't hold back out of embarrassment, because it would be of relevance to what is going on for them.'*

Another replied that when a client phones to enquire about therapy, she says, *'I use a wheelchair. Is that going to be a problem for you?'* She will say during their initial session: *'You may wonder why*

I'm in a wheelchair. I have multiple sclerosis. We can talk about that should you want to. I need to tell you that I don't suffer any pain. If you want to ask any questions at all about this, I'm very happy to answer them at any time. When we're working together I will be in your world and not in mine.' She now has a light electric wheelchair covered to match her other furniture; its seat at the same height as the client's chair. She goes by chair to welcome clients to her home, and precedes them to the counselling room so they can observe her mobility.

The third mused, *'Am I sharing the power with my clients by telling them about my visual impairment – and also about how I manage that with various pieces of equipment? I want them to know that I can do for them what any other supervisor has to do. I think the way I work is right – it means that I have everything under control and can concentrate on having their needs met in the session, and not on my needs.'* She works with clear contracts with her supervisees, and feels that her disability does not come into the work. They are coming to her because of what they want from her that they know she can give them – not because of what she hasn't got.

Q.2: Why do you talk about your disability with the client?

There were several reasons:

'At the beginning I did not mention my disability because I just saw myself as "me". My supervisor challenged me about this, and then I understood it as being something about power imbalance – the power of the disabled and how that can be used or misused.' Eventually she added, *'Do I lose something in the way I now tell my clients at the beginning about my disability? It used to be more organic – and they noticed and communicated their notice when it was right for them to do so – and I could use that in their therapy.'*

'How can I know if my disability impacts on my clients unless they bring the subject up? I think it's up to me to raise it.'

'Is this person going to find my body image off-putting? If they might find it so, I have to give them the option of not working with me.'

One mentioned that clients could become embarrassed if they don't notice her disability at the beginning, then after four sessions, see and wonder how it happened.

Is my client thinking, *'Is this counsellor really able to be independent? Or does she need my help?'*

'I think it is good modelling because I am saying, "You are here because you have a problem. I too have a problem, and this is how I have worked out that I can manage it."'

Q.3: What is your emotional response to clients' reactions to your disability?

Replies were varied:

One reported a 'wobble' as a client gave some facts about his father with the same condition as she had.

Another said she found it hard when clients respond with 'awe' to her condition, or 'when they say "Oh, how can I bring my little problem here when you've got **That!**"'

And 'Some clients would hook into any differences – they want to please you but they end up punishing you.'

One was disconcerted when a client seemed to be competing with her for severity of disability

One experienced clients who go into 'role-reversal' and look after her or 'try to be ingratiating' towards her. *"Why do they feel they have to help me, when I have clearly told them that I can manage independently? I feel reluctant to bring it into their work since I work in a Person-centred way, but I need to be congruent if it continues."*

Q.4: Are there potential benefits for clients in having a disabled counsellor?

'Sometimes my clients can talk about their invisible disabilities with confidence because they see that I have a disability. They can also talk about their relatives with disabilities.'

Sometimes the clients' reactions to her body help her to understand what is going on inside them. *'I ask myself, "Why is my client putting her eyes there (at that part of my body)? What does this mean for her?" And "What is she avoiding?"'*

If the client mentions her disability in any way, she asks herself *'What is going on here for him – and why? How does this connect to his life story?' ... 'I also covered up my body's missing bit when I knew it had an effect on a particular client. I just respected where he was – it was connected to how he saw himself.'*

One therapist thought, *'I sometimes wonder if I'm harder than other people would be. I'm not soft around people with disabilities on account of the disability. Some people play "Victim". As an experienced therapist you develop the challenge.'*

2. DISABLED TRAINEE COUNSELLORS

I place data sets of workbooks (DS5) and supervision sessions (DS3) together; they contain information from the same people. Counsellors reflected alone after each counselling session, then brought issues for supervision with their physically disabled supervisor.

Open coding categories here are issues on which the counsellors agreed, followed by those on which they expressed a difference of opinion. I give some sample quotations.

i) THEY AGREED ON:

Accessibility of location

Their choice from available options was to use their own homes as counselling locations during this project. *'I felt a bit funny because I hadn't seen anyone for counselling in my house before – a bit more exposed.'*

Their need for clients to have same level seating

The counsellors expressed awareness of power differential implied in the seats of their wheelchairs being higher than their armchairs, but on the same level as less comfortable dining room chairs. The visually impaired counsellor was also aware of the different levels of seating in her living room and chose one for herself on the same level as the client chose.

Their assumption that their clients would not find them different from a non-disabled counsellor

One was extremely surprised when suddenly she realised her client was both affected by her inability to see her, and intended to hide this from her (A1.4.2.ii).

Another counsellor was surprised when her client seemed to identify with her physical condition, and therefore was conscious of it. From her supervision transcript:

Counsellor: *She was saying how she had to prioritise things and she did get tired so she had to think about it. She just said "I'm sure you will know what I mean", which drew my attention to the fact that she was thinking I wasn't well at times. I don't know if I am just extra sensitive.*

Supervisor: *I think sometimes when clients say something like that "you know what I mean" there is a sense that they have an awareness or insight into what our situation is as a counsellor.*

Counsellor: *My client said she thought she was being presumptuous, after thinking about it. So it was funny that we were both sort of... That comment one way or another – it wasn't meant to make me uncomfortable.'*

Their need not to draw attention to their disability

The two wheelchair users decided to have their clients use remote-controlled entry systems. They felt less attention would be drawn to their disability through this. One said, *'At the end of this last session I would have liked to see my client to the door but the manoeuvre would have emphasised my lack of mobility.'*

Their apparent assumption of there being no need to acknowledge diversity in the dyad

None discussed or even named her disability with a client at the beginning of their relationship, and there was no invitation to a client to acknowledge this might be an issue for her.

Their need to prove their capability

They were very conscious of counselling people who knew about counselling, and that at some level their skills would be judged by their clients. One thought her client might assume she would be less competent because she was visibly physically disabled.

ii) THERE WERE DIFFERENCES IN PRACTICE OR OPINION IN THE FOLLOWING AREAS:

Discussion of their diversity in the dyad during a review

Each counsellor was advised by their supervisor to raise the issue of diversity during the fourth session – the review (Appendix 3.1.15).

- One did not say the issue of diversity was raised in the review
- One recorded a positive outcome to this being in the open
- The other counsellor said in supervision after the counselling was completed, *‘Only once - after the second session - did I feel I was different in any way regarding my disability, and my client said she felt the same – that there was no difference.’*

Diversity and psychological game¹ playing

Two counsellors set the scene for playing psychological games by not being congruent: by having a double standard in assuming or hoping that their disability would make no difference to their clients, and yet by trying not to attract attention to it. They assumed their clients would not be affected by their physical disability if they counselled from stationary wheelchairs, but might be affected if they saw them manoeuvring the chairs (A1.3). Their silence on the subject probably communicated at some level, ‘This issue is not open for comment’.

With the third, a situation arose where a game was played and feelings expressed in the workbooks of both client and counsellor but not acknowledged to each other. This arose around a diversity issue but had undercurrents of the competitive element between the two training courses involved in the research.

Transference of feelings from past experience into the counselling relationship

One counsellor owned on a workbook reflection sheet (Appendix 3.1.10: 12) that her client’s behaviour reminded her sometimes of the behaviour of both her mother and her daughter, and that she saw herself acting as her father had when angry at the way another handled anger.

¹ All the trainee counsellors in this project had training in Transactional Analysis with its emphasis on Psychological Games and the game roles of Rescuer, Persecutor and Victim. (Stewart and Joines, 1987: 231 – 258)

3. THEIR NON-DISABLED CLIENTS²

ACCESS ISSUES

Those who had to enter their counsellor's home via a remote-controlled entry system felt socially awkward at doing so

AWARENESS OF DISABILITY

All clients were very aware of the disability of their counsellors.

HIDDEN THOUGHTS

All sought initially to hide their response to this awareness from their counsellors. During the review, a client offered, *'When I first came in and you were seated in the wheelchair I felt the power was unequal. I felt more powerful.'* Another example is given from worksheet two in A1.4

HIDDEN FEELINGS

All were conscious of carrying hidden feelings of guilt about being non-disabled (see A1.3). Each recorded thoughts and feelings in her workbook she felt she had to hide from her counsellor. Two of the three eventually shared these in their dyad.

FEAR OF GIVING OFFENCE

All expressed feelings of guilt or anxiety in their workbooks around saying something during sessions that might inadvertently offend her counsellor or otherwise remind her of her specific impairment. One client wrote that it would be selfish of her to talk to her counsellor about her own chronic illness: she already had enough to bear with her disability.

CLIENTS' FEELINGS OF RESPONSIBILITY TOWARDS THEIR COUNSELLORS

All appeared therefore to feel responsible not to remind the counsellor of her disability.

IDIOSYNCRATIC RESPONSES TO DISABILITY

In attitude:

In the workbooks after session one there were two questions (Appendix 3.1.9 p.4, questions 2 and 3) designed to discover an idiosyncratic response in attitude to disabled people. They were to imagine how their parents might have reacted to their counsellor.

- One said that one parent would have been considerate and the other parent helpful.

² These were also trainee counsellors, but from another training agency

- One noted that neither of her parents would have commented on the counsellor's disability.
(Both above responded to their disabled counsellor according to parental example.)
- One elected not to answer these questions.

In experiencing strong reactive affect, yet being unable to express this:

Clients set themselves up to play psychological games with their disabled counsellors by not being open about their needs, thoughts and feelings.

One example of this from a client's notebook (Appendix 3.1.9 p.11):

The worksheet asked, 'What would I rather have done?'

The client wrote: *'Told the counsellor to "piss off!" Felt she was making a lot of assumptions ... really found her quite critical at several points in the session – felt like telling her where she could stick her counselling!'*

In transferring feelings from her past experience on to her counsellor:

One client wrote of having a mother whose threat was, *'I can see right through you!'* Her counsellor was physically blind, yet this client feared she might *'see right through her'* (A1.4. Worksheet Q.9).

Another client realised she displaced onto her counsellor expectations belonging to her sister: that if she told her the effects of her chronic illness she would experience this as being in competition for attention with the counsellor's physical disability.

**4. PHYSICALLY IMPAIRED PRACTITIONERS WHO EXPERIENCED
THE VISUALISATION**

Two participants who experienced the visualisation (Appendix 3.1.30) had acquired impaired mobility – the first as an adult, the second in childhood:

The first was aware as she waited for her client to appear that she might have to stand up, be seen as disabled, and be unable to hide this. She *'wanted to be seen as "normal" and equal, capable and competent'*. She noticed that her persona looked competent and in control. She looked at the shadow part of herself (a screeching witch) but knew it to be only one small part of her. Her client turned out to be her father who always had given her unconditional love and acceptance. It was a very positive, affirming experience for her of self-acceptance and capability as a counsellor.

The other participant has lived life as a non-disabled person, now facing retirement. In the visualisation his client was *'small, almost shrunken, in a wheelchair'*, anxiously wondering about her counsellor, who reflected, *'I am closer to my client than I feared. It is as if I am sitting in a wheelchair but it doesn't have wheels. I am almost shrivelled but I am also straight and open. I feel my disablement both as counsellor and client – and something about that disablement being the wheelchair, which takes me into empathy... My cloak falls behind me.'* I asked the meaning of the cloak. *'The cloak is both my anxiety and my need to have a role (the shadow) with people... I'm in a transitional stage that scares and excites me.'*

Both experienced a dream-like reflection of current life experience.

For the first, her openly acknowledged impairment in standing and walking did not affect adversely either her ability or her acceptability as a counsellor.

The second participant is used to counselling non-disabled people, but in this experience he chose to encounter a disabled client. He experienced a feeling of identity with this client. He was not hiding his impairment from her. When he thought of the new experience of counselling her, he felt disabled in this task (his wheelchair had no wheels!), yet was aware of an ability to empathise with her.

Additional material

In Appendix 3.2.1 I record the experience of two participants in the visualisation who, unknown to others, have disabilities. In the visualisation both acknowledged these, and subsequent dreams helped them process their experience.

B2: FURTHER CODING

B2 gives some background comment on the findings. It sets B1's first three categories of open coding in juxtaposition to show the effect on non-disabled clients of being counselled by disabled practitioners without previous experience of working in this area.

1. COMPARISON OF RESULTS OF EXPERIENCE

THE BACKGROUND OF THE DISABLED TRAINEE COUNSELLORS

The idea of this project arose from a question LCIL trainees had asked me, 'Does our training qualify us to counsel people who are non-disabled?' They had little experience in counselling non-disabled people. Although two had counselled relatives of disabled people, they could not evaluate their practice from that experience.

They trained and practiced in an agency where all students and clients are disabled people, and disability is a norm. These trainees later informed me that they had been advised not to answer direct questions about their own disability or that of their clients, but to discover why the clients ask such questions at the time they ask. They are warned against acting as if they had medical knowledge of any disability, and are trained in understanding disability as a social issue (Appendix 3.1.41).

THE CLIENTS USED IN THE PROJECT

In the supervised counselling project I had the opportunity counsellors do not normally have, of receiving from their clients reflections on what happened to them during counselling. These were no ordinary clients, but people who could report from the informed stance of engaging in reflective practice during counselling training! The apparent openness with which one did this, but withheld this information from her counsellor, made me wonder if her workbook record was meant to punish the counsellor by 'telling the teacher'!

An ordinary counselling review process might not produce similar results. The counsellor's power and the client's need to please, not to confront the one who holds their confidences in trust, might deter client openness. It is more socially acceptable to hide reactions to disability in our culture. Supervision transcripts indicate that counsellors were not confronted by their client's experiences as they would have been, had they read the workbooks.

It is likely, since their counsellors said at the end that the difference in body image and ability had not adversely affected the relationship, that two clients continued protecting the disabled counsellor, and shared only a watered down version of their experience at the review. The clients stated openly in

their workbooks that their reaction to the impairment of their counsellors had adversely affected their relationship with them, especially at the beginning. One, however, later reported having been greatly helped through the counselling relationship, and another said she had benefited from it. My research focus was on effects of physical difference in the dyad rather than on assessing the effectiveness for the client of the outcome of the relationship. Without feedback from the workbooks of these non-disabled clients in the project, I would have little factual evidence to place alongside my findings from the experienced counsellors' interviews and to discern the wisdom of their practice gleaned through experience, but in Table 14 I do that.

Table 14: Comparison in experience of practice and its effects on clients

1: Experienced counsellors	2: Trainee counsellors	3: Clients of trainee counsellors
Gave information to clients about their disability and management of it during counselling	Gave no information to clients about their disability and management of it during counselling	Were curious about the disability but did not ask about it
Invited their clients to address this issue whenever they needed to	Gave the impression that this issue had not to be discussed, so set scene for client to hide reaction and play games	Felt they had to look after the counsellor by concealing their reactions to her disability
Knew a client could be affected in attitude or emotions by the physical impairment of their counsellor	Hoped that not drawing attention to their impairment would lessen their client's awareness of it	Were constantly aware of the issue until it had been satisfactorily addressed
Knew their interactions in sessions with clients around this issue might provide insight into their client's world	Taken by surprise when they discovered that this was an issue in their client's awareness, they missed the insights they might have had	Felt guilty of having able bodies, and anxious lest they cause offence to their counsellors. These feelings and attitudes led them into the game roles of Rescuer, Victim and Persecutor

2. SYMBOLS FOR THE JOURNEY

Visualisation, like dreaming, can be rich in images and symbolism to convey meaning, and this was so for the practitioners in section B1.4. It was theirs to interpret. Participants were experienced reflective practitioners who know themselves well. They were quick to understand that the visualisation was bringing into their awareness – ‘the unthought known³’.

In different ways for each, the meaning of their symbols was that their acknowledgement of their physical impairment would not affect their professional competence. While this was not owned it had lurked in their personal shadow, adversely influencing their practice

³ A phrase from book title of Bollas (1987)

B3: THE MAIN CATEGORY

B3 sets out, as the main category for Section B, a statement of the specific professional responsibilities disabled practitioners have towards non-disabled clients or supervisees and how these might be discharged.

THE SPECIFIC RESPONSIBILITY OF DISABLED PRACTITIONERS TO THEIR NON-DISABLED CLIENTS OR SUPERVISEES

I am aware of having a non-disabled body, and of handling the above information, of necessity, through its perception of this part of counselling with diversity.

It seems that whether a disabled counsellor is trained alongside non-disabled students or within a community of students where disability is a norm, there are practices they would be advised to follow when counselling non-disabled clients. These allow the issue of diversity to come as openly into their relationship as the client needs it to be. Where the subject of diversity was not raised in the project assumptions about their counsellor's impairment distracted the clients and inhibited them sharing thoughts and feelings about it. This left a power balance in favour of the disabled counsellor.

Experience in counselling non-disabled clients may not by itself be the fastest way of learning what they need to know because of the prevalence in our culture of non-disabled adult people hiding their reactions to disability from disabled people. My records indicate that the therapists interviewed had learned much through the relationship with their non-disabled supervisors.

FOR NON-DISABLED SUPERVISORS OF DISABLED COUNSELLORS

Disabled counsellors are still likely to have non-disabled supervisors. Together they might still be in the process of learning what others have already discovered. They could benefit from the wisdom accumulated from others.

The main category of learning for the experienced disabled practitioners I interviewed was in their specific professional responsibility towards their clients:

- To know and accept that their non-disabled clients or supervisees may have responses to their disability that could affect their dyadic relationship
- To give appropriate information to their client or supervisee about their physical impairment and how they manage it within their professional role
- To give clients or supervisees a verbal invitation to talk about and respond to their impairment if and whenever it seems to be an issue for them
- To respect the client's or supervisee's level of readiness to respond to this invitation⁴.

⁴ It is important to note here that people who have recently acquired disability may not be ready

SECTION C: NON-DISABLED PRACTITIONERS WITH DISABLED CLIENTS OR SUPERVISEES

Section C looked at the challenges involved when non-disabled practitioners work with disabled clients or supervisees:

C1: 1 and 2 : Through open coding of 10 categories, the experience and practice of interviewees experienced in working in this area of diversity is contrasted with those new to it.

3 and 4: The reflexive experience recorded in workbooks and supervision transcripts of non-disabled trainee counsellors was placed within five open coding categories, and followed by the experience recorded in workbooks by their clients.

The response from this part of Section C is more fully explained in
Ch. 3.2 Results: 'Weaknesses in one part of the project'

5: The experience of a group of supervisors led in a visualisation was open coded in four categories: their emotions and bodily sensations, their feelings of distrust of their ability to counsel the disabled client visualised, the personae they created for protection and the shadow where they hid their resources for this relationship.

C2: Through further coding the sphere of practical access issues was seen as only one aspect of necessary accessibility for a disabled client working with a non-disabled counsellor. It and three other areas might well be learned through accumulative experience of working in this area of diversity: ease in talking about disability, owning and exploring challenged assumptions about disabled people, increased awareness of psychological games-playing

C3: The main category cited was the task of the supervisor in developing practitioner accessibility for disabled clients and supervisees. In this the supervisor is seen as enabler and monitor as the practitioner negotiates a three track highway for learning to counsel disabled clients. From one of those tracks, as necessary, the counsellor makes her 'Echo Journey'. The Echo Journey concept is explained. A resource book for supervisors is in preparation.

C1: OPEN CODING OF CATEGORIES

C1 looks through **open coding** at the length of experience, the practice, thoughts and feelings of five small groups of research participants:

1. Counselling supervisors (DS2) experienced in this area of diversity
2. Practitioners new to working with disabled clients or supervisees (DS2)
3. Trainee counsellors (DS4 and DS7)
4. The clients of group three (DS8)
5. Counselling supervisors in continuing professional development training (DS9)

1. EXPERIENCED NON-DISABLED PRACTITIONERS USED TO WORKING WITH DISABLED CLIENTS OR SUPERVISEES

Interview transcripts (DS2) indicate that all three practitioners welcomed the challenge of working with clients whom most counsellors would feel incompetent to counsel. They were prepared to become competent. Most of their reported work with clients necessitated them:

- working alongside other professional people who were often present in the counselling room
- learning new communication skills.

I asked each what she found challenging in this work. The ten categories of open coding for these interviews are identical to those for group two. I give examples below of the challenges group one described:

i. PRACTICAL ACCESS ISSUES

One had a client with no physical means of producing verbal speech (Appendix 3.1.3). A speech therapist had worked to create with her a specially adapted speech board that included icons for describing emotions. Together they taught the counsellor to work with it. The speech therapist then left them together to communicate in the usual confidential counselling relationship.

ii. PROFESSIONAL BOUNDARIES

A counsellor who had previously worked with hearing impaired clients with the help of an impartial professional sign interpreter was approached by a charity to counsel a couple attending their day centre. One client was deaf-blind and the other deafened. The procedure needed two expert interpreters. The counsellor became distrustful of the boundaries about confidentiality when one

interpreter appeared to have a personal agenda around the counselling outcome. She discovered the interpreters provided were staff members who knew the couple well!

Another counsellor worked long-term with a young congenitally disabled woman, sexually abused by an adult male in her childhood. Independent, she travelled by taxi in her wheelchair. The counsellor always finished her session earlier than with other clients *'so that she could get back into her skin'* before her jovial male taxi driver arrived to strap her into the back of his taxi.

iii. CHECKING OUT ASSUMPTIONS

A key worker brought a young man who could not speak, but could signal 'Yes' or 'No' in response to closed questions. The key worker told the counsellor why the man needed counselling, and explained his style of communication. This counsellor knew immediately that she should check out some matters and not make assumptions about them:

- Did the young disabled man actually want counselling?
- Did he understand what counselling was?
- Was the issue presented by his key worker the issue the young man wanted to address?
- Now that he had seen her, was he prepared to have her or would he rather have some other as counsellor?
- Was the key worker also bound by the normal limits of confidentiality as set out by counselling codes of ethics?
- On the occasions when the key worker made an intervention as the counselling relationship progressed, had he correctly interpreted what the young man was trying to convey?

iv. AREAS OF FEELING DE-SKILLED

One separated couple, both with speech impairment, asked for counselling. The counsellor explained her dilemma:

'One of the things I found difficult was her – what felt like – screaming at him. There was something strong and high-pitched about the way she was trying to communicate her distress. She needed to push her words out ... I knew that it was a kind of muscle airway control thing that was happening for her, and the more distressed she was, the harder it was for her to speak and to get her point across. He on the other hand had some kind of breathing apparatus, and could speak only when the machine allowed it – you might have thought he was so laid back! All the time I was thinking "Is this to do with their disability that they are working like this, or is this to do with them as people?"'

v. EMOTIONAL SELF-AWARENESS

The counsellor in iv (above) owned that as she listened to the woman she was aware of feeling, *"Thank God that wasn't aimed at me."* Had it been, she would have felt fear at that screaming sound – although understanding objectively she was not in danger.

The counsellor in example C1.1.i described her emotional reactions: *“For a while I had to concentrate so hard on understanding and learning that I did not allow any really deep emotional response in me to her life’s circumstances. Then I wondered if that was the same for her – was her self-protection - and that felt uncomfortable for me to think that.”*

vi. AWARENESS OF OWN BODY’S REACTION

One counsellor felt disgusted, sick and frightened with her client’s body movement and sounds.

vii. THEIR IDIOSYNCRATIC RESPONSES TO CLIENTS

Some of these were emotional responses to clients and their circumstances, as in C1.1.iv, v and vi.

The client with the speech board had received the counsellor’s undivided attention and unconditional positive regard regularly over two years, and she begged to continue their relationship. She had no substitute in her life for it. The counsellor knew she had to say no, but having experienced a very sore personal rejection in her own life, it was a huge struggle for her to reject the client’s plea and allow herself the professional boundary of the closure she wanted and needed.

viii. UNDERSTANDING THE CLIENT’S WORLD

Two counsellors had slightly different ways of talking about this:

- *‘I think the secret is to have some empathy ... like thinking, “What the hell must it really be like living in that person’s body?” Then thinking, “OK. I’m making assumptions that that is what it’s like,” and trying to check that out.’*
- *““This is my life – so I can work with it.” It’s the same for disabled people. If they’ve grown up with a disability it is just part of their self-concept. If we, from the outside, try to imagine what it would be like for us that would be very different. Don’t patronise by assuming you know.’*

ix. GAMES PLAYED.

One counsellor named a game ‘*Playing the Cripple*’⁵. She diagnoses this happening and challenges it when she intuits that someone is using disability as an excuse for his behaviour, hoping to play on another’s pity.

x. SUPERVISION NEEDS

The counsellor who worked with the client with the language board found that her client totally ignored any attempt on her part to be congruent with her feelings in the counselling relationship. She

⁵ People continue in the tradition of Eric Berne in his popular book ‘The Games People Play’ (1964) to name the psychological games they describe.

did not want to know! The counsellor needed supervision to explore her feelings, have them accepted as valid and discharge them. She might otherwise have stored up resentment and unconsciously punished the client for not caring about her.

The counsellor working with the couple discussed her ethical boundary issue in supervision before confronting the agency's management.

This data set of experienced counsellors was working at the cutting edge of some of a counsellor's usual ethical boundaries. They experienced needs:

- to touch a client to give necessary physical help
- for the boundaries of confidentiality to be carried not only by the counsellor, but by others whose presence in the counselling room was required because of the nature of the client's impairment
- with a new disabled client sometimes to work just outside the limits of their personal competence in order to learn new skills in communication.

It was essential for them to have supervisors with whom they could dialogue as partners yet who represented the profession with appropriate ethical flexibility.

2. NON- DISABLED PRACTITIONERS NEW TO WORKING WITH PHYSICALLY DISABLED CLIENTS OR SUPERVISEES

I have grouped together here experienced counsellors with trainee counsellors. The factor they have in common is their interaction for the first time with physically disabled clients or supervisees.

The 10 open coding categories for them were:

i. PRACTICAL ACCESS ISSUES

Agencies took care of access needs for trainees.

When a wheelchair-user phoned, a counsellor's agency did not have accessible premises. An apparently adequate ground floor room was borrowed but office furniture made it tight for manoeuvring the client's electric wheelchair. The counsellor squeezed her chair into the remaining space, realising she was much closer to her client than she would normally sit, but began her work. It so happened that the client's issue was the lack of a suitable sexual partner. Physical closeness and the

counsellor's open acceptance were interpreted as signs of possible availability to meet this need and the client made sexual advances.

ii. PROFESSIONAL BOUNDARIES

Two interviewees (DS2) with disabled people as their first clients were trainees. Their natural anxiety at being on their own with a client appears to have been heightened by the issue of diversity. For each, the main issue was that her client did not mention her disability – and the trainees needed their clients to do this. Neither felt they understood their client's world and they assumed, to be a good enough counsellor, they would need to understand it at the beginning of the counselling relationship.

'At first I trod on eggshells because her condition wasn't mentioned. Should I have asked her near the start of her counselling, "What does your disability mean to you?"'

There were other questions:

- *'What kind of language from me would have been acceptable to her?'*
- *'Do I wait for permission from her before I refer to her disability?'*
- And the plea: *'I want to get it right, because I want her to feel I am there for her.'*

Their training courses had not dealt with such issues.

iii. CHECKING OUT ASSUMPTIONS

There were at least two major assumptions woven together in the thinking of the counsellor with the wheelchair-using gay client. She did not think to check them out until after the incident had taken place.

- The first was that her being so physically close would not affect a female client. The counsellor was hetero-sexual and this was her first gay client.
- The second was that her physical closeness would not upset a disabled client. The counsellor herself would have felt it inappropriate to sit so close to a male client, whether gay or heterosexual.

iv. AREAS OF FEELING DE-SKILLED

One trainee said of her client, *'She spends her life pretending not to be disabled. I don't know how to talk about it with her.'*

A counsellor interviewed said, *'I felt so sorry for my client because of her disability that I couldn't confront her behaviour.'*

v. EMOTIONAL SELF-AWARENESS

Anxiety about performance was very high for all these practitioners in this new situation, as were feelings of guilt about their own non-disabled bodies. One felt angry with God for expecting her client to bear her disability. Another said *'Is this rage I feel hers, mine, or does it belong to us both?'* Another: *'I hurt that I can't "sort out" her loneliness.'*

When I asked one trainee about her emotions when counselling her disabled client, she gave me an impressive list: *'Battered, rejected, unacceptable, not good enough, split in two, like screaming, overpowered by my client's anger; anger for my client, at my client, on behalf of my client; punished, pained'...* Then she finished, *'and caring for her.'*

vi. AWARENESS OF OWN BODY'S REACTION

Many had a heightened awareness of their own bodies. One asked during her interview, *'What can I do about my growing awareness of my own body – its health, its flow – when I have disabled clients?'*

A supervisor found it difficult to change role from supervisor to parting visitor as she left her disabled supervisee's home. The supervisor was taking a holiday and could not own to going skiing. This was a real issue for her. On reaching her car she discovered she had bitten her lip till it hurt to prevent herself talking. When I asked her why she replied, *'Surely I need to make certain that I am not responsible for upsetting her by reminding her of her physical condition and inability to do what I can do physically?'*

vii. THEIR IDIOSYNCRATIC RESPONSES TO CLIENTS

The experience of the supervisor feeling she could not tell her supervisee about her skiing holiday stemmed from a period in her early teens when she had regularly accompanied her parents to a hospital worship service they provided for disabled patients. She had strict guidelines around permissible behaviour in that setting – to be bright, helpful and do nothing to upset the patients. From that experience she also carried a fear of her supervisee's health deteriorating – and how she would cope when she saw this happen. She had watched this process with the hospital patients, been bright and helpful, and felt she might upset her parents had she mentioned her feelings of fear and helplessness.

One trainee said, *'I wanted to disclose something of my own ill-health – to identify with her, so that she would realise I could understand.'*

viii. UNDERSTANDING THE CLIENT'S WORLD

Assumptions not checked out with clients meant that counsellors inexperienced in working with disabled people often discovered they had misunderstood the client's world – for instance, around the

wheelchair user's sexual needs, or the issue of how a disabled person felt if she knew that others were ski-ing.

ix. GAMES PLAYED

The counsellor with the wheelchair user in a cramped space described herself as being caught up in a *'No-win compassion circuit'*, from which she did not notice what was actually happening within their relationship. Her client had told her of rejection experienced from others and she sensed within herself a need to be better than them – to be utterly accepting of all the client said and did – to be a Rescuer, until suddenly she realised she was in Victim role.

x. SUPERVISION NEEDS

In counselling practice, supervision needs were high. It was disorientating to be plunged into relationship with a person whose world seemed 'other'.

The counsellor who did not feel out of her depth turned out to be most at risk! She (ix above: Rescuer turned Victim) had excellent supervision after the unexpected incident, but unaware she was heading for trouble, she had felt no need to ask for help, nor to tell her supervisor about inadequate access facilities.

3. SUPERVISED AND REFLEXIVE NON-DISABLED TRAINEE COUNSELLORS

As in A1, I will take data sets DS4 and DS7 together. They involve reflections by the same people on their work with their able-bodied supervisor.

This grouping was negatively affected by the weaknesses in the project (see Introduction to Results). In one dyad, work was incomplete due to a client's bereavement. For my records I had two supervision sessions instead of three and one workbook with the first session completed. I name the counsellor E.

AWARENESS OF OWN BODY'S REACTION

E's client has cerebral palsy, and was in a borrowed wheelchair difficult to manoeuvre through the doorway. E told her supervisor *'I felt light in myself with my own body movements, but when I was watching her awkwardness as she manoeuvred, I felt heavy and very bulky and lost this lightness that I had.'* The heaviness lifted after counselling began, but E felt it return in the session when she thought her client had been *'put upon'* by a relative who demanded that her duty was to physically care for her partner who was more severely disabled than she.

The supervisor asked if there was anything in her background that might influence her current response. She could recall feelings of anger and loss of dignity on the few occasions her own body had not functioned well. E then said, *'I suddenly thought how it would be if I had a wheelchair in my lounge... and I just felt - it was almost volcanic – there would be so much eruption and change in my life.'* And later, *'I had a great sense of confinement as if I could feel myself in my lounge in a heavy chair with this heavy feeling and I'm immobile, I can't move, and in the corner there is this dominant noise of the TV all the time making me feel more trapped.'*

TWO VERY UNCOMFORTABLE COUNSELLING RELATIONSHIPS

Two disabled clients seemed to play a defensive competitive game with their non-disabled counsellors, vying for control of the dyadic process. Both counsellors (C and D) felt discouraged and de-skilled. I use their records to trace their counselling process.

i. As the dyads began

To C, working with a physically disabled client was new, as was the experience of visiting a client at home, outside the familiar protective environment of her agency. As she anticipated her first session, she felt two concerns:

- Might this client require physical help from me?
- Might I use words that would be judged politically incorrect?

After session one, C was surprised her client had said little about disability and wrote that she was looking forward to finding out about it and her life-world.

D voiced no anxiety around the client's disability. D's client talked quite a bit about her impairment, and she had responded with interest, as to any other client issue.

C and D both expressed surprise and concern that their clients would not take out contracts for specific work in this brief counselling opportunity, but both settled for supporting them in what they wanted.

ii. Supervision issues

C brought her confusion to supervision, saying she needed *'just to talk about it'*. As a result of supervision, C realised her client controlled their relationship, and felt she had failed her.

D's first supervision session came after two client sessions (Appendix 3.1.40). Although the first counselling session went well, D said of the second, *'Some sort of game started. It felt as if I was to pass a test to see if I was a good enough counsellor. I let her down.'* When D spoke of the game, it was to say, *'I felt like a Victim.'* The game had been one Transactional Analysis names 'Mine is better

than yours', and was played around which participant had the better training course, and knew most about counselling theory.

iii. Identity issues

Both C and D picked up on their clients' views of themselves and disability:

- C commented to the supervisor, *'My client is not positioning herself as part of the world of disability, but can't be part of the able-bodied group any more. But she's not going to show me feelings about that.'*
- D reported in supervision, *'My client said she had one foot in the "abled" world and one foot in the disabled world. She wasn't sure where she really felt more comfortable. She feels angry that the world⁶ sees her disability and pays no attention to the other parts of her.'*

iv. The middle of the counselling relationships

C wanted to know, *'Is it OK not to work on disability? One time I said, "I'm feeling frustration", and got the reply, "Well, that's yours, not mine!"'*

D moved from, *'I don't want to challenge her very strongly, I want to be gentle because I think that is what she needs'*, to feeling confused about the counselling process, then to saying, *'I felt angry that I had been conned.'* This dyad reached a place of stalemate with long silences. Then in session four came the review. They were able to kick-start the counselling relationship around their responses to the questions supplied for it (Appendix 3.1.15).

v. Towards the end of the relationship

The supervision transcript showed C describing leaving the client's home as: *'It's quite a relief when I go, but I'm apprehensive about going.'* She explored this in her workbook. *'Felt awkward, somehow. Asked if there was anything I could do before I left, and there wasn't. I hesitated before going. Felt a bit strange and I was aware of the client's inability to get up and see me off.'* C would rather have *'left more swiftly and professionally'*, but the risk for her in that was, *'I might have felt guilty just getting up and "abandoning" her to her "isolation".'*

By this point C had settled for being with her client, listening and accepting what was aired or offered, and for not using congruence. She owned, *'I'm finding it very hard to find any real value in what we are doing.'* She felt relief when their relationship came to an end, and she could continue working with her other clients in the agency who were *'motivated to work on the "real" issues'* they brought to counselling.

⁶ It turned out that the researcher might have been part of this 'world' for her too, since her counsellor reported in supervision that she thought she was being 'used as a guinea pig' in a project where she was a *disabled* client.

In the final supervision session, D looked back: *'There always seemed to be a kind of understanding there that I wouldn't really challenge her on anything.'* Around finishing with this client D said, *'I felt a little bit sad... a little bit of relief... It was quite tough.'*

4. THE CLIENTS

In their workbooks (Appendix 3.1.9):

- C's client expressed anger at C, criticism of C's counselling ability and lack of trust in their process together.
- D's client owned to making the process difficult because of her attitude. She expressed her wish that this counselling relationship *'wasn't an experiment'*⁷. She said that for her, this relationship with a non-disabled person was not in any way unusual: that most of the people in her life were non-disabled, and as she could not see her counsellor, for her, no difference existed. This client finished her reflections with: *'We came to the conclusion which we expect you will come to as well, that the disability was irrelevant as it was the person counselling the person that mattered.'*

5. NON-DISABLED SUPERVISORS: THE VISUALISATION EXPERIENCE

Experienced practitioners were led through a visualisation experience (Appendix 3.1.30, or Appendix 3.1.31 – the audio-tape) where they were invited to encounter a disabled client. Roughly half envisaged a person they knew, while the other half saw a stranger. None saw an actual client: one visualised a current disabled supervisee as client.

I have four categories of open coding, each of which was an aspect on which the visualisation focused.

i. EMOTIONS AND BODILY SENSATIONS EXPERIENCED AROUND SEEING THEIR DISABLED CLIENT

- sense of anxiety (4⁸)
- threatened (3)
- apprehension (2)
- uncomfortable (2)

⁷ This is where it became clear to me that this client thought this research project was only interested in her impairment, and not in her as a person.

⁸ The numbers refer to the number of reports that used that word

- a mixture of pity and compassion
- fearful
- alarmed
- embarrassed and unsure

They described their experience:

- *'There is something blocking the flow between us.'*
- *'I have a small lump in my throat and another in my stomach.'*

One person did not mention any emotional reaction to seeing her disabled client in the visualisation. Another generalised, saying that the emotions she feels when working with disabled people are *'compassion, admiration and awe'*.

ii. DISTRUST OF THEIR ABILITY TO COUNSEL THIS CLIENT

Non-disabled counsellors brought to their work with disabled clients in the visualisation, assumptions voiced when they saw their clients in the visualisation. I have paraphrased some, and for others have retained (in italics) their actual wording:

- I'm expecting to fail
- I fear how I might respond to the client
- *'I'm afraid of saying the wrong thing'*
- *'I want to be open and friendly, but I also feel I must be very careful'*
- *'I was not at all sure that I would be able to handle her well.'*

iii. THE PERSONAE THEY CREATED TO PROTECT THEMSELVES AND THEIR CLIENTS

When asked to be their disabled client and look at themselves as their counsellors, examples of how they responded are:

- *'I had a sense of wanting to share real feelings about all my uncontrollable movement – not to deny or pretend everything was normal. I wanted some acknowledgement that I was different but still an OK human being.'*
- *'I saw myself as prepared to be very nice and accepting of her.'*
- *'I thought, "Can I trust this person? Does she know her stuff?"'*

- *'I saw someone who is calm and in control, but I thought, "Has she ever worked with someone like me? I don't want her to feel sorry for me. Will she want to hear how I really feel and be able to cope with it?"'*
- *'There is X, looking as if he knows what he is doing, but I know that he knows that I know he doesn't. I know that, deep down, X is glad he is not me. At the same time we are connecting and X values me as I value him. But there he goes again cocking his head to make sense of what I am struggling to say.'*

There was a preponderance of insecurity, of falseness, of fearing being found out – and of it feeling too challenging and dangerous to be authentic, yet of knowing that congruence was professionally required.

iv. THE SHADOW IN WHICH THEY HID THE RESOURCES THEY DENIED TO THIS RELATIONSHIP

This is the part of the visualisation nearest in its imagery to that in dreams. Since I believe such images have to be interpreted by the person from whom they originate, I do not use examples given that were not interpreted by participants.

I suggested to participants that their shadow in this experience is the part they deny when working with this client. It could be negative – what they do not wish to own because they fear or hate it; or positive – what they have yet to own as good and powerful for their personal growth and enabling others.

Here are extracts:

- *'I see two figures. One is a long skinny faceless figure wearing a grey habit with a hood. This figure is walking away because it doesn't want to be there at all. It wants to run away. It knows it cannot help, has nothing to give, has no right to work with someone who physically struggles to move at all. It is scared of the belligerence it feels in the room. Another smaller figure pushes its way in. It's me as a little girl and exhibits a wonderful focus of curiosity. As a child I had a fascination for disability and used to play at "being crippled" with one foot in a metal umbrella stand – and here is a real "crippled" person for me to look at! She pushes past the shadowy figure and stares at the client intently. The little girl has been around before and I always saw her as inappropriate but I am not so sure about that now. The grey figure is totally new for me and will need work done in order to understand her/his purpose in coming forward now.'* (Picture 2: Two Shadows, p. 230, was supplied with this description.)

- *'A butterfly whose wings are stuck together: an image of anger and impotence, because I feel trapped – yet I must not let the anger seep out. I must be calm and caring.'*
- *'The image that came for my shadow was the whelk shell inside which lives a hermit crab. I feel that since my twin died in the womb and I sense being with that bodily disintegration, I may find it difficult to work with someone with physical disability.'*
- *'Facing my shadow I immediately had an image of my hand reaching out, wanting to shake hands with my shadow – like pleading for help to find a balance between rescuing or protecting and being hostile and defensive towards the client. I came to realise that I was mirroring the client's feelings. She too was feeling apprehensive, insecure, for all her apparent strength and desire to be in control. But there was still something that I did not fully grasp.'*

(This participant noted that she had a dream on the night following this experience *'but it slipped away before I could grasp it with my conscious mind'*!)



- One participant had discovered herself unable to speak, afraid of saying the wrong thing. She described a dream from the following night:

'There was a grey person – almost as if in granite – standing shoulders hunched, with something over its mouth. On closer inspection, it was a strip of elastoplast.'

She interpreted the dream symbol as *'Elastoplast for me was two-fold – something about covering a sore/making things better, but also stopping my flow of words.'*

SUMMARY:

In all these extracts I have a sense that the participants are saying:

- 'I'm not there yet, but I might be on the way to working with this client.'

Some are also saying:

- *'I know exactly what is stopping me from going further.'*
- Three are making direct reference to the influence of their personal past history on this current experience.
- The one who says *'I feel trapped'* is referring to a current personal situation which demanded 'time out' for her, and uncertainty around future counselling work

In counselling it is possible to take the time needed to work with a client's shadow aspects. In a situation like this, the supervisor and supervisee together may explore whether this issue is one that can or should be explored in supervision time. It may be preferable for a supervisor to ask the supervisee to return to personal counselling elsewhere to work on such deeper issues, and to keep in touch with her progress there as it applies to her client work.

VISUALISATION AS A RESOURCE IN THE STRUGGLE TO MAINTAIN PROFESSIONAL COMPETENCE

In the normal course of supervision the supervisor will listen to the words and body language of her supervisee, and be alert to what is happening between the supervisee and herself. Thus she is likely to become aware of any uncomfortable emotional response or confused thinking in the supervisee around her work with her new client, and realise she is strongly challenged and struggling to maintain professional competence.

In situations like that, one option for a supervisor might be to offer to lead the supervisee in a visualisation experience similar to the one I used with these supervisors. If the supervisee agreed and responded to it, I have shown that this could provide symbols and metaphors to inform continuing professional development (More examples are in Appendix 3.2.1).

These symbols, like dream symbols, are personal to the one who visualises them. They could usefully become both part of a continuing internal dialogue for the supervisee's personal reflection and also a resource in supervisory relationship to monitor the supervisee's growth in competence in the counselling relationship with her disabled client.

C2: FURTHER CODING

Section C covers much material, with the reported counselling experiences of more than twenty people. To engage with it has required the discipline of sifting material to select what applies specifically to this area of diversity. For instance, the two lists of open coding categories for those experienced in working with disabled people, alongside those new to this work, show similarities with two such lists gleaned from interviews with experienced counsellors, and counsellors new to working with clients (Hawkins and Shoheit, 2000: 60 – 64). What, if anything, makes work in this area distinctively different?

After an introduction broadening the sphere of access issues, **C2** illustrates four areas where changes can be seen in the professional development of practitioners through cumulative experience in working in this area of diversity:

Introduction: Broadening the sphere of access issues

What changes with growing practitioner experience, and how does it change?

1. Dealing with practical access issues
2. Concern around talking about disability
3. Owning and exploring assumptions
4. Awareness of playing psychological games

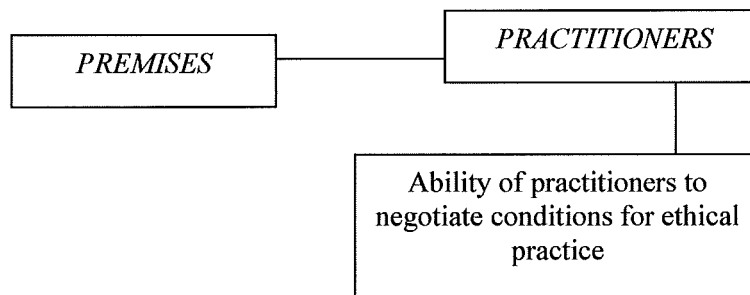
INTRODUCTION: BROADENING THE SPHERE OF ACCESS ISSUES

The counselling profession in the UK is committed to giving equal opportunities of access to services for physically disabled people.

'Practitioners have a duty to strive to ensure a fair provision of counselling and psychotherapy services, accessible and appropriate to the needs of potential clients.' (BACP: 2002, 3)

From my research, I believe that three factors, depicted in Figure 8, have to be accessible and appropriate for the task of counselling physically disabled clients.

Figure 8 : Three factors of appropriate access



PREMISES

Not only do we have to pay attention to access to buildings and appropriate furniture, equipment and space, but also to the need for adequate space for some clients to have other key personnel who may or may not be active within the counselling relationship accompany them into the counselling room.

ABILITY TO NEGOTIATE FOR ETHICAL PRACTICE

We must know how to negotiate with others around confidentiality issues and communication needs, in a way that neither discounts what is essential for counselling to take place, nor any needs of any persons involved – including those of non-disabled resource people present during counselling sessions.

PRACTITIONERS

Access needs require that we as counsellors be accessible for clients in this area of diversity. We need to challenge and have challenged our assumptions and beliefs in this area, acknowledging that our

prior counselling experience and even our personal experience of disabled people to date is not necessarily a sufficient basis from which appropriate access to some disabled clients can be offered.

Inaccessibility of counsellors in relation to the needs of people with physical disabilities, however, seems overlooked in our profession. I have found one similar study that looks at the aspect of experience in relating with disabled people of sexual and marital therapists in this area (Parritt and O'Callaghan, 2000). In the abstract for this study, they write:

'Participants reported little experience with disabled clients... Despite the extensive experience of participants they reported being anxious raising issues of disability and sexuality and found disabled clients evoked stronger emotional responses in them than other clients (p.151).'

It appears to be assumed that a counsellor will have the ability, from the start of his or her supervised practice, to carry out the tasks and processes of the counselling relationship in this sphere, as in any other.

WHAT CHANGES WITH ON-GOING EXPERIENCE, AND HOW DOES IT CHANGE?

To look at these issues I examined my findings over all the data sets where non-disabled people were practitioners (DS2, DS4, DS6, DS7, DS9), looking at what challenged those with long experience of working in this area of diversity and at how they addressed these issues. I compared this information with the findings from those who were new to this work.

i. DEALING WITH PRACTICAL ACCESS ISSUES

Those with long experience had learned the necessity of making certain that the counselling process with their clients would not be disabled by:

- unsuitable premises
- the counsellor's inability to work with equipment needed to enable mutual and effective communication with the client
- the interaction with and interventions of any additional personnel needed to service the work of the counselling dyad.

Those who were new to this work could adversely influence it by accepting unsuitable premises without thinking through what was required, or by not insisting on a change of premises if the first place proved unsuitable.

Experienced practitioners spent time becoming familiar with equipment new to them, if necessary undergoing training in its use (C1.1.i), and in the presence of and with the co-operation of the client. This procedure both respected the client's needs and was an attempt to share power with the client. Inexperienced practitioners were less likely to allow themselves the time and space to do this (C1.2.i), and might try to hide their inexperience from their client. Being open and congruent with clients even around practical matters seemed difficult for some inexperienced counsellors.

Experienced counsellors negotiated with and checked the assumptions of all those who had to be involved, in order to ensure that each was willing to operate under the code of ethics and practice of the counselling profession (C1.3). This involved the counsellor working out in advance – perhaps in co-operation with her supervisor – aspects of the code under threat in each new situation. The counsellor would remain responsible for being aware of any breach of the code, and for addressing this appropriately to protect the client's welfare.

In my research only experienced counsellors were working with personnel extra to the dyad.

So, learning in this area involves

- planning in advance
- reflecting on experience
- being open and congruent with the client
- sharing power with the client through reviewing the working relationship
- acting on feedback received.

ii. CONCERN AROUND TALKING ABOUT DISABILITY

Experience affects practice

It seemed likely from the evidence I was given, that disability in a client was a factor that might become less challenging as a counsellor gained experience:

- Experienced non-disabled counsellors also experienced in working with disabled clients (DS2) did not mention physical impairment as such as an issue or challenge for them.
- Disabled counsellors and supervisors used to working with non-disabled clients or supervisees (DS1), broached the subject very openly in their interviews – but said they had learned the necessity of doing this within their practice and in dialogue with supervisors (B1. Questions 1, 2).

One thread connecting the experience of several participants new to working with disabled clients (DS2, DS4, DS6, DS7, DS9) was their confusion around talking with their client about disability. As

far as they were concerned, the client's disability was the factor that made this relationship different and therefore would need to be discussed (C1.2.ii).

A conflict of interest

There seemed to be a genuine conflict of interest around addressing the issue of disability:

- Which issues has the client come to talk about?

versus

- Which issues does the counsellor feel the need to know about in the client's life world?

(Appendix 3.1.42)

No adequate counselling can take place unless the client's needs are met, but what about those of the counsellor?

Current emphasis on use of politically correct terminology

Some practitioners not used to working in this area, acknowledged being uncertain whether their terminology was currently politically correct (C1.2.ii). Too readily they remembered language commonly used in past years, but hesitated to speak it. They felt self-conscious trying to use the new terminology. Those whose clients did talk about their disability inadvertently (or perhaps intentionally) gifted words to their counsellors (A1.4.ii).

What they must not say

Two non-disabled clients used words or phrases they had not intended to use, which they felt must surely have upset their disabled counsellor (A1.6i). They felt guilty, and found it difficult to share and check this out with the counsellor. One managed to do this, only to discover her words hadn't been noticed: no hurt felt! They believed raising the subject would emphasise their self-consciousness of their counsellor's disability, and they wanted to convey the impression that it was of no consequence to them (A1.4.ii).

Confusion of roles

Some practitioners (especially those previously involved in take physical care of others) were seen by their client (or saw themselves) as fussing and patronising (Picture 1 explanation 5). Their need seemed to be to communicate to the client 'I see you are physically disabled'. They chose to do so in a way they assumed to be kind, but which was out-dated and even insulting to those living independent lives. Perhaps they were trying to cover up their feelings of helplessness at being a counsellor rather than a nurse or mother in this situation? Perhaps unintentionally they were conveying their assumption 'You are not able to look after yourself'. But if that was so, psychologically, how could that client be counselled?

Early parental injunctions about disabled people

Many remembered parental instructions given in their childhood to conform to what was considered culturally appropriate behaviour around disabled people. These included messages like: *'Don't stare. Don't pass remarks. Don't be curious. Don't ask questions. Don't upset people!'* These injunctions still held power with counsellors who had no difficulty talking about other very personal issues with their clients. They had no words to use. (A1.3). They hid their curiosity. Cultural social convention silenced and deskilled them in their counselling task. They had been taught to feel uneasy around disabled people.

Hiding behind a persona

This was illustrated openly, but with feelings of shame, when supervisors reported in writing, anonymously, on their visualisation experience. Able to get in touch with the persona they adopted around disabled people, most participants owned to feeling false wearing it - unethical, patronising and embarrassed to be like that. They imagined their clients seeing their appearance of competence, but also of 'seeing through' this defence against vulnerability (A1.4.ii Worksheet Q.9).

The need to access the potential of the shadow

These practitioners acknowledged the shadow aspect of their practice in this potential counselling interaction. They had used part of it to disable their effectiveness as counsellors. In the visualisation they were in touch with the fear that led to denying their skills and especially their ability to be genuine in this situation.

Some realised their shadow also contained untapped ability to relate well (Picture 1, explanation 6), and consequently understood how to be real and effective as counsellors and supervisors. Others claimed to be reaching out towards this, but not yet able to grasp and hold it for themselves (C1.5.iv).

One solution

During her visualisation experience one counsellor hit on a simple solution for this – and for other problems for those new to this work – she handed her client her 'not knowing'! (Picture 1, explanation 6, pp. 188,189)

It is the client's world: she owns this knowledge.

Structuring a review

Some structure was needed to help people in these mixed dyads (DS3 to 6) to talk about disability, and be open about how it affected their relationship. In the project, this opportunity was organised through structuring a review (B1.2i) in the fourth session. In it, one question asked them to share how the different body image of the other had affected them so far (Appendix 3.1.15).

Three dyads mentioned this as being helpful. The exceptions were

- the dyad where both participants were very angry with each other during session four, but did not verbalise this (Appendix 3.1.42)
- the dyad where the counsellor reassured the client in session one that she was not aware of any real difference. She did not manage subsequently to be open about her growing consciousness of the physical differences between them and say how difficult it was for her to sense how her client might be feeling. This remained hidden in the review (A1.4.ii).

When this question of difference was adequately addressed, the non-disabled participants felt more real in their interactions, and it ceased to be such an issue in their relationship. While concealed, it felt potentially destructive.

Like any other intervention, a review was only as helpful as the dyadic couple made it, but on the basis of the experiences of the dyads in the project I believe supervisors would best encourage the supervisee, disabled or not disabled, to initiate a review before the relationship becomes too firmly set in its pattern (A1.6i).

Two spheres of learning

Two spheres of learning about talking about disability are evident in the above.

One is located primarily within the counselling relationship and learned by trial and error (e.g. the current politically correct language for the specific disability of that client; whether or not this client will or will not talk about her disability; his need to talk about it, or not).

The other sphere is within the non-disabled counsellor, and concerns issues she feels she needs to hide from her client, issues she feels would make her too vulnerable if she raised them at a review. This is the sphere of learning reached through reflexive practice and supervision.

iii. OWNING AND EXPLORING ASSUMPTIONS

Assumptions are a part of all relationships and a major part of any counselling relationship. They weave around the roots of most parts in which we feel secure and happy just as certainly as around issues and problems.

Assumptions of counsellors not used to counselling disabled people

Amongst the non-disabled counsellors new to counselling disabled people I found assumptions that:

1. They would have a negative reaction to the body image of their new client (A1.1).
2. A disabled client would talk about her disability (C1.2.ii).
3. The client's disability would affect every issue she raised (C1.2.iv).
4. Aspects of the client's personality they found difficult to understand would be attributable to her disability (Appendix 3.1.42).

These four assumptions were all raised in the course of supervision (DS4), and were also raised by clients in their workbooks (DS6). The first was raised because of the surprise with which some discovered that the body image of their dyadic partner did not look radically different from that of other clients. Assumptions 2 – 4 were almost certainly based on personal and fearful projections of how the non-disabled people imagined life would be for them in a transition period after suddenly acquiring disability – how it would feel to be in a time of acute and distressing loss and readjustment. Some, however, had been partnered with people who were at home in their physically impaired body.

In the inexperienced counsellors' reports (DS2, DS4), there were three clients with acquired disability who did not yet feel at home living in their changed body, or with other people giving them the identity of 'disabled' (C1.3.iii: C1.2.v). In these counselling relationships:

- no client asked her counsellor to help her through this adjustment process
- each client seemed to her non-disabled inexperienced counsellor to be resisting counselling, giving her an unexpectedly difficult experience of counselling process
- each counsellor asked for supervisory help in her struggles with anger, helplessness, and confusion that they assumed belonged also to their clients.

Perhaps the counselling profession should accept some responsibility for the fifth assumption?

5. Some practitioners felt they ought to be able to counsel competently in this new situation (even if they had received no direct training around the issue of disability), but feared failure.

The final assumption was noticeable in all non-disabled participants to some extent, and was indicative of the need for skilled supervision and perhaps for personal counselling.

6. They thought they had to be extra cautious and careful around disabled clients (C1.2.ii), so challenging and congruence would be unacceptable in this relationship (C1.2.iii)

What happened to the assumptions?

Finding them untrue in a specific client relationship directly tested some assumptions. This enabled the counsellors to confront assumptions 1 – 5 (above) based on generalisations: they had one example that was not appropriate. In the supervision reports, they told the supervisor about such experiences.

Assumption 6 was more difficult to shift through direct experience in the dyadic counselling relationship. Uncertainty and anxiety in the relationship reinforced it. When this was discovered in supervision and challenged (DS2, DS4, DS6) some counsellors managed in turn to challenge their client, and to reflect on the efficacy of the result: most did not.

Assumptions of the disabled client of the need to discuss disability within the counselling relationship

Those clients who felt at home in their impaired body (DS1, DS2, DS4) assumed they would be counselled, as any other person would be, with the issues they raised being the focus of the counselling process.

Assumptions of disabled counsellors inexperienced in working with non-disabled clients (DS3, DS5)

Those counsellors assumed that their clients would not have a problem with their disability. Two out of three were faced with this not being so (A1.4. ii, B1.2). Extract in box). The third was not given this information: her client shared it in her workbook (DS6) but hid it from the counsellor.

Conflicting assumptions: conflicting needs

The above conflicting assumptions were seen to lead to a conflict of needs between clients and their counsellors (Appendix 3.1.42: B1. Q3 examples 2,5). The needs and assumptions of the disabled clients were noted in their workbooks (DS5), available only to the researcher.

Use of opportunities for reflection to increase awareness of assumptions

The self-supervision and reflection counsellors experienced, especially through the IPR questions in the workbooks (DS7), greatly enhanced their awareness of their assumptions of what in their relationships, and helped them begin to examine and own them was going on (B1.2 iii). But some increased awareness noted in the counsellors' workbooks did not lead to change in practice within the scope of the project. *'Only two counselling sessions left – not enough time'* indicated their continuing fear of vulnerability with the client, and the possibility that their next experience of counselling a physically impaired client might also begin without the counsellor using congruence.

In some supervision transcripts of both disabled and non-disabled counsellors such assumptions were explored and owned. Learning had taken place through reflection on experience (Appendix 3.1.40).

iv. AWARENESS OF PLAYING PSYCHOLOGICAL GAMES

People inexperienced in working in this area of diversity usually departed from the standards they were trained to observe (A3). All trainee non-disabled counsellors in the project were familiar with the basic concepts of Transactional Analysis (TA) from their training. Most practitioners interviewed who were new to working with disabled clients used the theoretical language of psychological games⁹ to describe some of their work.

Evidence for games in data

Two of the most experienced non-disabled counsellors of disabled clients¹⁰ interviewed (DS1) mentioned game playing, but each did so in the context of no longer being drawn into games or game roles they recognise as commonly played by disabled clients. One (DS2) described a game she named *'Playing the Cripple'*¹¹ – played when a disabled person uses his disability as an excuse (C1.1.ix). From her experience as a supervisor she indicated that counsellors inexperienced in working with disabled clients could be susceptible to coming in as Rescuer in such situations. Some less experienced non-disabled counsellors (DS2 and DS6) corroborated this by admitting to difficulty in challenging disabled clients, when they knew they should. They saw these clients as too vulnerable for psychological challenge because they had to live in a physically impaired body.

One (DS2) described a game like that in which for a while she unconsciously tangled with her client in *'a No-win Compassion Circuit'*. This was the counsellor who had a cultural background in her childhood where violence was commonly used against disabled people (A1.3. Third visualisation example). Having consciously personally rejected this behaviour for herself as an adult, it seems as if she unconsciously related to her client sometimes from the role of Victim and sometimes from Rescuer. Her client moved from what the counsellor perceived to be a victim of her impairment into the role of Persecutor.

Inexperienced counsellors (DS4) in the supervised project also found themselves caught up in their client's games (Appendix 3.1.40). It seems likely from the supervision transcripts that, because of inexperience and being rather daunted by what they had taken on in the project, they presented themselves as potential Victim in spite of being in the supposedly more powerful role. Their disabled

⁹ When they used this they usually referred either to 'playing games' or to the roles of Rescuer and Victim (no-one named the third role, Persecutor)

¹⁰ Neither were Transactional Analysts

¹¹ This is a game described in TA literature as 'Wooden Leg' (Stewart and Joines:1987, 253) used by non-physically disabled people to blame their circumstances instead of taking responsibility for changing the way they face their reality.

clients both played 'Now I've got you!' with them¹² (DS8 with DS7). One grew angry with the counsellor and instead of openly saying 'I don't want to discuss my disability with you' moved into in a series of minor interactions that built up to a place where she could triumphantly switch into Persecutor role, catch her counsellor out and expect her to be Victim, guilty and trapped (Appendix 3.1.42).

Visualisation reports (DS9) contained situations where counsellors realised they were not being genuine or open with a client but were relating through a personal persona that felt false and awkward, and thought that the client would be aware of this (C1.5.iii). These were situations waiting for games to be played, and it was obvious from the way participants described their thoughts and feelings that they already felt they were in the roles of either Victim or Rescuer (C1.2.ix).

Some participants identified the strong images they visualised as relating to difficult experiences of disabled people in their early childhood (C1.5.iv Examples 1, 4). Some could not identify the source of their negative feelings, but these were present, making it very challenging for them to bring the visualisation experience to a professionally satisfactory ending (Appendix 3.2.1).

Conflict between cultural norms of behaviour and counselling practice

Where an effective, experienced professional persona had not been developed, well maintained through reflexive practice and contained by informed and enabling supervision, it could be easily ruptured by the practitioner playing psychological games with her client. The counsellor's personal persona feared the disapproval of internalised cultural norms of behaviour if she responded professionally to the disabled client, by being congruent with her as she would with a non-disabled client. Out of awareness she had cut herself off from the resources she had through her training, denied and hidden them in her shadow. Visualisation reports (DS9) showed clearly the dominant operation of the personal persona and the scared defended shadow winning over the professional persona where participants had not yet processed their shadow's reactions to disability in their everyday lives.

Since all people tend to play psychological games when they feel either 'I'm not OK' or 'You're not OK with me' in any situation, our cultural norm of concealing feelings and reactions to disability behind a persona is fertile ground for playing psychological games.

¹² There was also an occasion where a disabled counsellor initiated this game with her non-disabled client (DS5 with DS6)

Change is possible

One visualisation participant explained that she chose her actual disabled supervisee to be her visualised 'client', and her experience proved positive because she and her supervisee had already worked together in their actual professional relationship to clear up difficulties they had at its beginning.

In the supervision transcripts (DS4) the supervisor was quick to sense when her non-disabled counselling supervisee was playing Victim (Appendix 3.1.40), skilful at enabling her to look at what was happening, to trace the origins of the game, and consider her resources to stop the game and be authentic with the client.

With increased awareness, experience and good supervision it is possible to stop games proceeding once they have been identified as happening; to work on relationships even when they have included games, and restore them to a more healthy footing.

C3: THE MAIN CATEGORY

THE SUPERVISOR'S TASK: DEVELOPING PRACTITIONER¹³ ACCESSIBILITY

In direct contrast to B3, C3 shows for the **main category**, not the need for more information or guidelines for non-disabled counsellors, but the need for experiential re-learning to transform assumptions, attitudes, values, beliefs and motivation damaged by past learning in disabling environments. It introduces the concept of '**The Echo Journey**'.

* * *

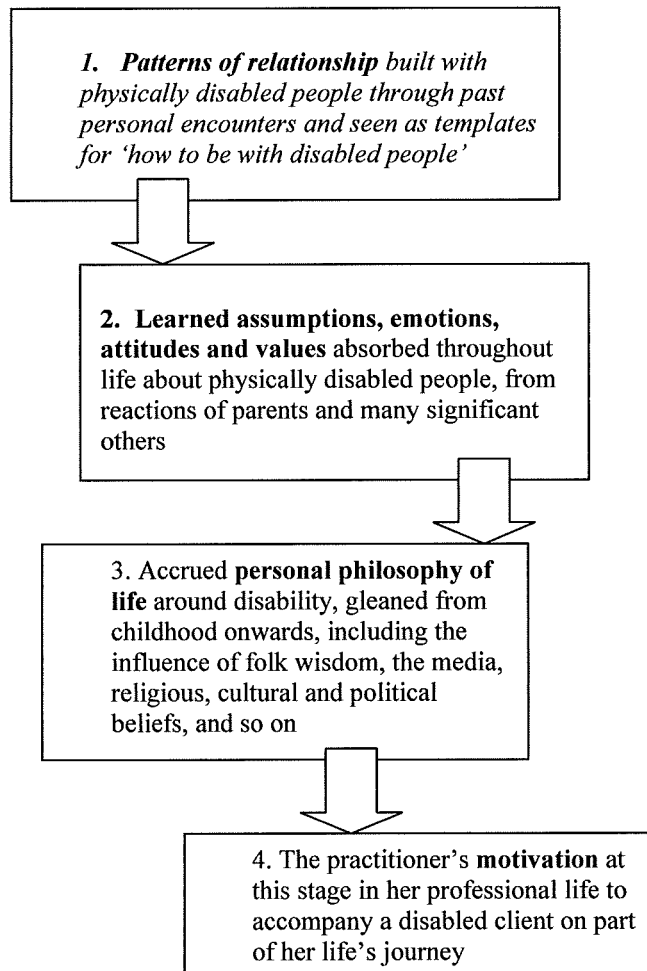
A key factor for satisfactory counselling for disabled clients is the accessibility of their counsellors (C2.Introduction).

AN INTERNAL CONFLICT OF PHILOSOPHIES

I suggest that many counsellors hit a basic conflict with their first disabled client, between the training they have been given to become effective counsellors when with clients, and the training life has given them in how to be with disabled people. Life's training may be stronger and more deeply rooted within their behaviour patterns than their newly acquired counsellor persona.

In Figure 9 (overleaf), I have constructed a flowchart of the developmental process of life's training in this area from information gathered from data sets.

¹³ For 'practitioner' in this section, read either counsellor or supervisor, and with 'client' include supervisee

Figure 9: Development of idiosyncratic response to disabled people**AREAS AFFECTED BY PAST EXPERIENCE**

Steve Page, in his book 'The Shadow and the Counsellor' (1999: 6 – 26), does not deal directly with counselling and physical disability. I have applied to this field the concepts he describes of the development of the personal shadow (p.12) alongside that of the developing concept of self (ego) in the child. He suggests that each person has available several personal personae (p.19) for use in the varied relationships and situations we encounter, and that during formal training to be a counsellor, a professional - a counsellor persona is formed.

The open and axial coding of relevant data in A1, A2, C1 and C2 indicate a strong connection between any non-disabled practitioner's past history and its effect in relation to others if it has not been re-examined and updated in the light of adult understanding and her current practice with

disabled clients. Because the result is dependent on the unique blend of experience of each practitioner, it will be idiosyncratic. Each will have a discrete personal identity package from which to relate to disabled clients, and it may have been reformed many times in the course of a lifetime's experience. It will consist of:

- their ego – 'This is who I am when I am with disabled people'
- their shadow – 'This is what I must not do or say with disabled people because it's not acceptable. I'll put it away and pretend it's not part of me when I am around disabled people'
- their persona - 'This is how I have to be seen and heard to behave when I am with disabled people'.

Even when grown-up and working as counsellors, this part of personal identity can persist until something happens in the counselling relationship to make them question it. For example, two counsellors said in supervision that it hadn't felt appropriate for them to take out a contract for work with their disabled client although they knew this to be good practice (C1.3.Trainees C and D).

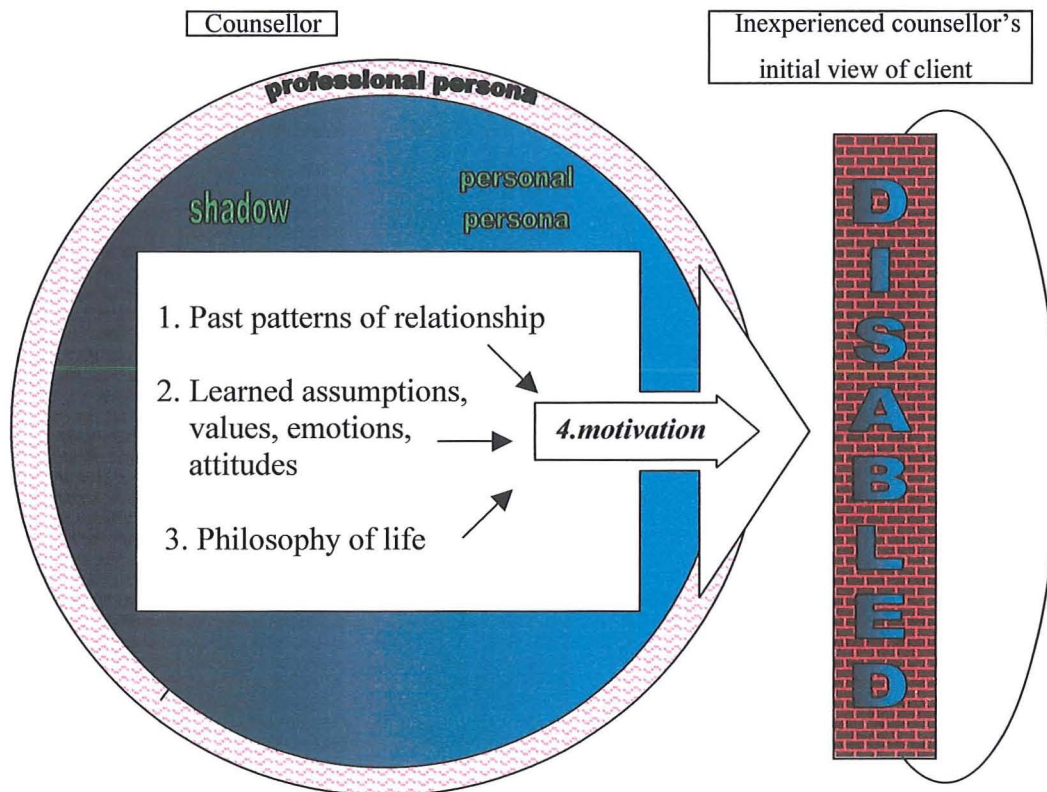
Page (1999: 19) describes the counselling persona as

'constructed as we train, built from the skills themselves, modelled upon the counsellors, supervisors and trainers we seek to emulate and shaped by the necessary boundaries of the role. ... desired attributes being emphasised and undesirable ones being discarded ... it takes place with a considerable degree of consciousness.'

With counsellors inexperienced in counselling the professional persona will have had little opportunity to develop and gain the necessary resilience and flexibility for meeting new situations. Many contemporary training courses give no direct input on counselling disabled people. It is assumed that there is no appreciable difference between counselling non-disabled clients and disabled clients. In my results it was apparent that there was (C1.2): that at least for some counsellors new to working with a disabled person, the acculturation of life's training for relating with disabled people was, in such a situation, suddenly felt to be safer than their new training in how to be with a client. They reacted to the client as they would to a physically disabled person they had met socially: from their personal persona rather than responding to him from their professional persona as a new client like any other.

In Figure 10, the professional persona is seen as ruptured by what life's training has developed within the counsellor for meeting with a disabled person. What the counsellor sees first when she looks at the client is that he is a disabled person.

Figure 10: Inexperienced counsellor meeting first disabled client



Fortunately, within our profession there is a built-in safeguard – compulsory supervision for each practitioner.

SUPERVISION FOR THESE ISSUES

Supervision is effective only if the supervisor is appropriately experienced and equipped for her task, and if the supervisee is open, aware of her needs and asks for the help she needs. From my axial coding of sections A2 and C2, I have gathered together evidence that counsellors new to working with physically disabled clients are in a situation they experience as different in some ways from working with non-disabled clients. What can supervisors in the psychotherapy profession do, when a non-disabled supervisee new to working with disabled people, comes for supervision aware that she needs help?

I set out in Table 15 below, three tracks of learning, all common also to generic and other areas of diversity in counselling. In this area of diversity, the content of the learning will be specific to reactions of non-disabled practitioners to physical disability in clients or supervisees.

Table 15: Three track highway for learning to counsel disabled clients

Learning tracks	Track learning that may accumulate through experience of working with individual clients in this area of diversity
1	To provide equal opportunities for this client in counselling in terms of practical access in accordance with individual needs
2	To begin, develop, maintain and end an enabling and power-sharing relationship with this unique client; contracting for work on his counselling issues with his resources
3	To manage and incorporate growth and change in self-awareness into professional competence through reflexive practice

The counsellor will use all three tracks on her journey to accompany this client, and sometimes tracks will merge. Track 1 would seem at first glance to be the required focus of attention and energy (Spy and Oysten, 1999) but in the beginning of C2, where I look at appropriate access, I strongly link Track 3 to Track 1; the practitioner herself has to be as accessible to a disabled client as the premises in which they meet.

At the beginning of forming such a new relationship (Track 2), most counsellors have within them a reaction to physical disability that renders them at least partly inaccessible. Some of the counsellor's reaction to her first disabled client may well surprise and disturb her, and she will need to move on to Track 3 to reflect on the reasons for this. The counsellor can address Tracks 1 and 2 in a straightforward way only as Track 3 is simultaneously being explored and contained. On Track 3 lies the baggage from the past that can effectively block progress being made on Track Two, and the counsellor's clarity about what is required for Track 1.

THE UNDERSTANDING PROCESS LEADS TO RELEARNING

The main – and crucial - supervisory task will not be to address Tracks 1 and 2, but to enable learning on Track 3: the task of consultation (Carroll 1996:75).

From the beginning there needs to be a focus on process – what is happening in the supervisory relationship, the counselling relationship, within the fantasy relationship between supervisor and client, within the client, within the supervisor, within the counsellor – and why. Much of this process will be unconscious until examined reflexively; it is archaic shadow/persona material.

A competent supervisor facilitates the use of this three-track highway. She encourages the reflexive practitioner to bring to supervision what is challenging or stressing her; then suggests a move to Track 3 in order to explore ‘Why is this happening?’ Track 3 is different from the other two. Every so often, it leaves the highway by a slip road, taking the counsellor back to explore territory familiar to her from her personal history. It revisits the original developmental learning process (Figure 8) which formed the practitioner’s present values and attitudes, and her philosophy of life about the disability of others which both supply her motivation to be in this relationship.

I call the time spent on Track 3, ‘**The Echo Journey**’.

THE ECHO JOURNEY

MY PROCESS TO IDENTIFY THE ECHO JOURNEY’S EXISTENCE

What impressed and concerned me as researcher interviewing non-disabled practitioners (DS2) new to this work, was the level of distress and bewilderment many experienced as they worked with disabled clients. Often they described themselves as ‘feeling disabled’ in their professional competence. I discovered in their stories what I also had experienced (DS11) when faced as a trainer and supervisor for the first time with groups of physically disabled people, and these were the very thoughts and feelings that had propelled me into this research. I cannot recall another phase in my professional life when I felt so swamped by anger, helplessness, not knowing, shame at feeling incompetent or where I worked so hard to maintain my work standards.

DREAMS

These feelings invaded dreams:

In one I had lost my grip and fallen from a steep learning curve disabling myself, in others I was in a wheelchair.
The non-disabled supervisor saw three wheelchairs side by side in the dream she had the night following her first supervision session in the project.

The non-disabled supervisor interpreted this scene in her dream as her fear that both she and her inexperienced counsellor would be professionally disabled as they worked with the physically disabled client. Supervisors who experienced the visualisation (DS9) also gave many examples of painful emotion and symbols of disability both in their fantasy and in subsequent dreams.

COPING WITH LOSS

Eventually I realised we were all coping with threatened loss – loss of competence, of self-image, of professional identity, of emotional stability: going through a process of grieving for the anticipated loss of what was precious to us. We were going in circles, coming back again and again to the anger or guilt that covers helplessness, then moving to bargaining by attempting to make adjustments to see if we might improve feelings and functioning (Kubler-Ross, 1969). Many were far from experiencing a comfortable adjustment to this new sphere of work.

THE BUCKET THEORY

I remembered the bucket theory of containment and displacement (Hawkins and Shohet, 2000: 153).

‘ We sometimes describe the containment process in a way that one organisation called ‘the bucket theory’. All helping organisations are, by their very nature, importing distress, disturbance, fragmentation and need. These are usually met by individual workers, who if they are empathically relating to the client’s distress, will experience parallel distress and sometimes disturbance and fragmentation within themselves.’

That fitted well, but not quite well enough. It fitted well enough for me to know that our experience linked somehow with our being non-disabled people working with disabled people. Our emotions sometimes felt overwhelming, disabling, but were we in the business of trying to be containers for the feelings of our disabled clients, supervisees and trainees? If so, we were rather leaky and overflowing buckets! If I looked around my trainees to see if I was trying to contain their displaced feelings I could, ruefully, identify one or two relationships where this might be so: life was very hard at that time for some of them. Some research participants might have had this same reaction. But then, why were those counsellors experienced in working with disabled people not overwhelmed in the same degree?

In my research were three inexperienced counsellors who felt angry and helpless and used various ways of adjusting their behaviour with their clients: trying to bargain¹⁴ within the relationship. All three had clients who appeared to be uncomfortable with their impairment. Two of the counsellors reported (C1.3 iii) the clients as saying this directly, and the third said it of her client. Did this affect within non-disabled people originate from the unresolved adjustment processes of those who were not yet at home in their changed bodies? Did they unconsciously displace it onto non-disabled counsellors, supervisors, trainers and it was too much for us to contain? Undoubtedly there would be some projective identification, but then, much emotion was openly felt and expressed by those on that journey: not displaced, but owned. Some disabled people with whom we were working, however, seemed well past the pain of adjustment and into the time when they were at home in their changed bodies, operating well from their new perspective. Even when accompanying some of these apparently comfortable people, signs of our jangled process were evident. Our condition could not be attributed to their disturbance.

NON-DISABLED PRACTITIONERS ARE ON THEIR OWN JOURNEY

Eventually, I decided that all non-disabled practitioners, who were in some way accompanying physically disabled people on their life's journey, were on their own pathways, and not those of their disabled client or supervisee. We did not have to adjust to huge changes in our bodies; the necessary changes were in our mind-sets. Our assumptions were under threat, crumbling under the impact of the hard facts hitting us week by week that the world is not a safe place and human bodies are fragile and vulnerable. The evidence before us was undeniable, unavoidable.

WHERE MIGHT THIS JOURNEY BEGIN?

We started somewhere on our journey to accompany disabled clients believing all sorts of irrational assumptions about disability. One was conscious, 'Those people are different from me' and another, probably unconscious, 'Because I am not like them, it won't happen to me.' As we grew more involved with people whose bodies had become impaired, we had to abandon all belief that ours were charmed lives.

¹⁴ 'Bargaining' in this way is one of the stages Kubler-Ross (1969) describes in people trying to stave off loss

THE ECHO EFFECT

An echo is the repetition of a sound by reflection of sound waves. It is a secondary process. If conditions are right, it follows as a result of the primary sound occurring. An echo can be repressed: it can be distorted.

The journey of people who acquire disability has to include not only their own reaction to their impairment and body image, but also their reaction to other people's reaction to the changes in them. We were not on their journey. Our journey was somehow an echo triggered by being so constantly in the presence of their impairment that we could not ignore its meaning for us. This experience rendered conditions right for this to happen, but our echo was part of *our* response: it was *our* sound, the sound of *our* pain. As Gibran (1980: 61) wrote:

‘Your pain is the breaking of the shell that encloses your understanding.’

HOW MIGHT IT CONTINUE?

We were not yet travelling towards accepting sudden drastic changes in our own bodies, but we had started out along the road towards knowing and accepting physical disability as a norm of the human condition, a norm for us.

If we, as non-disabled practitioners, were to pursue this echo journey by continuing to work with disabled clients and supervisees, and thus opening ourselves further to pain and growth through reflective experience, we could be bringing out from our personal shadow what we had hidden there so long ago - and welcoming it into our inner self (or ego). Some of our denied resources might be reclaimed and absorbed into our professional persona as we worked on developing and maintaining each relationship.

Counsellors long experienced in work with disabled clients were no longer caught up in this process: they had integrated it into their personal and professional way of being. They acknowledged however, that this had been done with the help of their supervisors. What was successfully integrated collaborated quietly with their professional persona. If work with any client raised another painful echo, they were likely to diagnose it for what it was, talk it through with their supervisor, and invest the result of their reflection back as a resource for working within their relationship.

THE ECHO JOURNEY IS EXPERIENTIAL

Essentially this journey is an experiential process rather than an academic subject that can be taught by those who know it. Because of that each person's echo journey is unique. It may be sparked off in a fresh way in the life of a person beginning to work closely with disabled people, but that person will have little feeder paths leading from her development in the past (Figure 8) to where she now is, and merging with the new journey's broader, and possibly steeper path. Each of those feeder paths winds through her past unique experience.

Each of the areas 1 - 4 (Figure 9) may have to be traced back to its origin for reprocessing. Some of course, may have already been brought up to date through experiences other than the present counselling or supervisory encounter. Eventually each will be understood and integrated into the main echo journey. If it is not, noises from the past will continue to distort, magnify and prolong the echo.

THIS IS A JOURNEY TO EXPLORE PERSONAL TERRITORY

My personal echo journey and my experience of helping supervisees to travel theirs leads me to believe that it consists not so much of a series of stages along a well-marked route, as areas of territory within us, there to be explored as and when baggage from the past seems to block progress on the pathway of a present relationship. New echoes from a variety of pieces of historical baggage may present themselves as other relationships are being formed and different areas of old pain reawakened.

MY EXPERIENCE OF SUPERVISION ON THE ECHO JOURNEY

Had my dreams not presented me with such vivid symbols of emotional pain and incapacity, I might not have stopped to pay attention to what was happening in my own echo journey.

I took my emotions and experience to the supervisor I had at that time (DS11). She had little experience of working with disabled persons, but she heard my pain and proceeded with me as she must have done with many others struggling with unconscious processes. I remember her paying more attention to my non-verbal communication than to the words I spoke. She fed back to me with marvellous gentleness what she saw and heard, and what she experienced in her own body as she accompanied me. It was as if she caught the gossamer of my shadow, until then too insubstantial and frightening for me to see, and held it safely for me until I could reach my hand forward to her and say, 'Thank you - that's mine, and I can use it: it no longer scares me.'

THE SUPERVISORY TASK

The task of the supervisor monitoring the practitioner on her echo journey would be little different from usual – to be aware of any factor in the supervisory relationship that might indicate the presence of unconscious processes negatively influencing the counselling or supervisory relationships, and to help the counsellor to be similarly aware in the counselling relationship.

The outcome of the counselling relationship will be influenced by the counsellor's accessibility for the client; it will depend on her awareness of, and ability to reflect on, the relevant areas to be monitored, and on her ability to take action when and if these factors negatively affect her counselling relationship. Since many issues that can affect such a relationship may not be in the foreground of the counsellor's consciousness, the supervisor would be advised to be even more active than usual in detecting non-verbal communication from the counsellor, and in exploring what might lie behind it.

It is essential to ensure that the counsellor is openly addressing the issue of diversity with her client, and including this aspect in regular reviews of the counselling process and relationship. It is just as necessary for the supervisor to raise the issue of diversity with her supervisee and encourage her on her echo journey.

CONCLUSION

This echo journey will entail the non-disabled counsellors who make it:

perhaps

- having to learn new skills in communication and sometimes adjusting professional boundaries, but always within ethical guidelines

almost certainly

- experiencing strong ambivalent emotions
- being confronted with the fragility and vulnerability of their own well-functioning bodies
- feeling deskilled (or 'disabled') professionally

hopefully

- being honest with their supervisor about what is happening to them
- discovering and working through various idiosyncratic aspects of personal history that have power adversely to affect their counselling relationship and process
- accepting those parts of the self they have previously disowned

- disposing of any desire to 'fix things' for this client, to identify with them, to collude in games or to imagine they know how it feels for their client to live in their body and their life-world
- learning to be real with their clients
- strengthening their counselling persona with the resources gained from examining their attitudes to physical disability which were once hidden in their personal shadow.

* * *

HANDBOOK OF RESOURCES FOR SUPERVISORS: A guide for the echo journey

This kind of journey towards accruing the desired wisdom and professional competence demands that each practitioner begin to explore what has already accrued within him or her. No person can know that for another. Each has to return to what was once learned through experience, and no longer serves today's needs. Re-learning or new learning is best gained through experience, and becomes integrated through reflexive practice.

I have begun to prepare a resource book for supervisors (Appendix 3.1.37) as a guide and workbook to use for their own growth, and for sharing with their supervisees while they enable them to explore territory on their echo journey towards reclaiming lost awareness and competence.

If it were to stand on its own, I would need to enlarge it by the inclusion of a section to explain its existence, purpose and use, along with some supporting theory from my research.

WEAKNESSES IN ONE PART OF THE PROJECT

I identify weaknesses in the supervised counselling project that is one of the sources from which I have compiled my results.

The data sets covering this project are:

- DS3 and DS4 -- Transcripts of supervision sessions
- DS5 and DS6 – Workbooks from counsellors
- DS7 and DS8 – Workbooks from their clients

WEAKNESSES IN THE SUPERVISED COUNSELLING PROJECT IDENTIFIED FROM SUPERVISION TRANSCRIPTS AND WORKBOOKS OF PARTICIPANTS

There were weaknesses in the project I set up:

1. By inviting trainee counsellors from two counselling courses to work together on this project, I set the scene for competitive psychological games within the counselling process.
 - Four mentioned that the person they were counselling probably knew as much about counselling as they did, and had a sense of having to pass a test of competence from the other.
 - This apparent competition, in some dyads, effectively blurred the issue I set out to explore. In two instances examples of competitive behaviour might be attributed to participants' need to prove themselves more competent than their non-disabled dyadic partners in case they were thought to be less able because of their disability (Appendix 3.1.40).

2. I asked participants to express a preference for the role of counsellor or client. (Appendix 3.1.16) It was not possible to honour all preferences, and two blamed this for lowering motivation. This appears to have been compounded by the launching of the project being delayed for four months. The same two, who wanted to be counsellors but were allocated to be clients said that issues they originally intended to work on were no longer current and stated that out of loyalty to me they had decided not to withdraw. I discussed this with both,

and both expressed the desire to continue and to find another focus for their work. Neither found a new single focus.

- In some dyads client motivation seemed high, but in others, low. Those with expressed low motivation were the dyads where psychological games were most in evidence although they were also evident elsewhere and in other data sets. Trust between the dyadic partners grew very slowly where such competition was evident, and those in the role of counsellor grew more cautious and less congruent in the relationship.
3. It was sometimes difficult to know whether those in the role of counsellor operated as they did because they were:
 - challenged by working in this area of diversity
 - self-conscious when supervision sessions were audio-taped
 - relatively inexperienced with clients.
 4. Some participants expressed feelings of insecurity (using words like ‘falseness’ or ‘artificiality’) about their counselling relationship being open to the scrutiny of a research process: for them this challenged the norm of confidentiality.
 5. Participants from different counselling courses had different needs around timing of counselling sessions and accessibility of premises. SCOC students, being mostly in full-time employment, had evening availability. LCIL students were mostly available during the day, with energy levels lower by evening. The fully accessible premises of LCIL closed at 5p.m. Other potential premises were less accessible and busier with the agency’s own clients in the evening. This meant that four dyads choose to meet in the homes of the disabled partner in the dyad.
 - For some disabled participants, choosing to base their counselling for the project in their own home was a new and added responsibility
 - Non-disabled participants expressed unease around letting themselves into their disabled dyadic partner’s home via an entry-phone system
 6. Some dyads honoured the specific professional boundaries asked for in this unusual counselling relationship; some did not. The request not to chat with the other, comparing training courses and experience – thus shifting out of role at the session’s end – seemed difficult for some participants to honour.

CHAPTER THREE

3. DISCUSSION

Straker (1993:33) attributes to the work of Racker (1968) her statement that clients have a profound influence on the way workers feel and function. In this section I trace material written about psychotherapy, its supervision and the effects on workers of the physical disability of their clients. I argue that we in the counselling profession are not taking this seriously enough to give adequate preparatory training or continuing support and challenge to help practitioners grow towards competence in this important and vast area of diversity, and encourage supervisors and their supervisees to make their echo journey.

COUNSELLING, SUPERVISION AND PHYSICAL DISABILITY

EVIDENCE OF THE IMPACT OF DISABILITY ON COUNSELLORS

Little has been written in the U.K. about counselling, supervision and physical disability. Parritt and O'Callaghan (2000: 153) who in their specialist article on sexual and marital therapy and disability, evidence familiarity with the relevant literature not only about disability but about reactions of non-disabled people to physical disability in others, say: 'There is little research evidence of the impact of disability upon therapists.'

I found one chapter on 'Supervision and working with disability', written by Spy and Oyston (1999:37), and its authors agreed:

'The impact of disability in practice on all members of the supervisory triangle – supervisor, supervisee and client – is not an area which has been given much attention.'

The above chapter is informative on the needs and rights of disabled members of the supervisory triangle, and very clear about definitions and models of disability and the need to include disability along with other issues of diversity in professional training. It describes the need to pay attention to practical aspects of the experience of disabled people in the counselling world.

'Although many of the issues for people with a disability are the same as those for able-bodied persons, many supervisors require separate training on aspects such as access, mobility, and resources available (p.46).'

There was only one paragraph in their work - a quotation from Elizabeth Holloway from the USA - on the issues that most concern me: the processes going on inside practitioner members of the supervisory triad. In her book with a systems approach to supervision of counsellors in general, Holloway (1995: 24) lists five categories under the title 'Supervision Tasks'. One is 'Emotional Awareness'.

'**Emotional Awareness** refers to the supervisee's self-awareness of feelings, thoughts and actions that result from working with the client and with the supervisor. Many theories of counselling stress the importance of understanding one's own emotional material both historically as well as immediately with the client. The participant's emotional responses in the relationship of supervision may also be an important subject for their work with the client.'

Their chapter, therefore, both complements my research and has the opposite emphasis: I mention practical access issues and the need in some such relationships for the non-disabled counsellor to learn to use special resources for communication with some disabled clients, but major on what can make the non-disabled practitioner herself inaccessible for the disabled client or supervisee.

Much of what could be included under 'the impact of disability on the therapist' reads like damning blame although understood by writers as lack of awareness on the part of non-disabled people. There seems to be little compassionate understanding or help offered to the counsellor.

Corker (1994: 73) has a table in her book where she contrasts healthy with unhealthy counsellor agendas in working with deaf clients. In a column headed 'The Unhealthy State' she lists that some counsellors can place conditions on their acceptance of the client by rewarding only certain actions; can collude with and disseminate a low-self image in the client; can show paternalism, encouraging dependence; can be over-protective, taking responsibility away from the client; can discriminate against deaf clients by giving them less favourable treatment than others and can dominate, tyrannise and manipulate the client. These behaviours would undoubtedly make a counsellor inaccessible for any disabled client!

In an article 'Oppression within the Counselling Room' a disabled counsellor speaks strongly about non-disabled counsellors' abuse of power with disabled clients (Reeve: 2002: 11):

'The attitudes and prejudices of counsellors towards disabled people can adversely affect the nature of the client-counselling relationship when the client is a disabled person – there is sometimes oppression within the counselling room. Whilst counsellors are aware of the need to challenge their racist and sexist attitudes, I suggest that many counsellors are unaware of their disablist attitudes, and these remain unrecognised and unchallenged.'

'DISABLING BARRIERS – ENABLING ENVIRONMENTS'

This heading is the title of a book where many disabled people are contributors on various topics.

There is a provocative chapter: 'Do disabled people need counselling?' in which Joy Lenny (1993:233) states both her conviction and her surprise:

'... while disabled people may need political action, self-help groups, community work, social programmes and the like, *they unequivocally do not need counselling*¹⁵. Yet as disabled people have begun the process of collective empowerment, they have articulated a need for counselling...'

She is scathingly critical of non-disabled counsellors who make inaccurate assumptions about the needs of disabled people, and who insist that they conform to various loss theories and pass through prescribed stages to mourn the losses experienced in becoming physically impaired. She gives no indication of how widespread she has found this practice to be, but any disabled person who has been treated as she describes would have grounds for complaint to the professional bodies of the counsellors concerned.

¹⁵ Her italics

In Lenny's final paragraph she gives her blessing to only one theoretical model of counselling! She concludes Rogers' person-centred counselling to be acceptable because

'it does not make judgements about how people adjust to their disabilities. It does not impose its own meaning on situations ... or put labels on people. It is not about someone's impairment or their disability but about helping them to make sense of the relationship between the two.'

If only the antidote to disablist practice was as simple as training every counsellor in one specific theoretical model perceived to monopolise what many counsellors would think of as one good practice model amongst many!

Person-centred is not my core theoretical model but I, with many others in the profession, would agree with Lenny that counselling is at its best when counsellors adhere to Rogers' core conditions of acceptance, congruence and empathy. His description of empathy is particularly relevant for non-disabled counsellors who work with disabled clients:

'... being empathic is to perceive the internal frame of reference of another with accuracy, and with the emotional components and meanings which pertain thereto, as if one were the other person, but without ever losing the "as if" condition (Rogers, 1959: 210).'

I have already demonstrated that this can be very difficult for inexperienced counsellors when counselling some disabled people and trying at the same time to cope with the processes going on within and behind their thoughts and feelings (Chapter 3, Section A3). It is not easy even for the most experienced! Two of those I interviewed were not only extremely experienced in counselling disabled clients (well over ten years' practice each), but they were experienced Person-Centred therapists. I quote from the transcripts of their interviews with me:

'I have an ability at times to have feelings which I would describe as patronising and that is one of the on-going struggles for me in working with people with disabilities because it is so much part of my early experience ...' [Therapist A]

'That's something I find really hard when I'm working with disabled people. It's like a part of me thinks it's not nice to challenge. It's rude. This poor person. And there's another part of me thinks, "Come on!" What I notice in myself over the years is how much more I've gone over to seeing people as normal and saying "They're at it!"' [Therapist B]

Lenny's wrath falls especially on those who assume that the loss of a 'perfect body' is a

'body-image problem [*that*] remains a psychological one rather than a cultural one based upon imposed norms surrounding the body beautiful ... despite the increasing denials by disabled people themselves... (p.234).'

I found this directly and graphically echoed in a novel where Kingsolver (1999: 559) puts the following words into the mouth of Adah, born physically disabled and white in America. Adah

returned from spending her teenage years with her Christian missionary family in Congo (a culture where her physical impairment was accepted as part of the human condition; only her colour made her different from Congolese people), and afterwards qualified to practice medicine:

‘Recently it has been decided, grudgingly, that dark skin or lameness might not be entirely one’s *fault*, but one still ought to show the good manners to act ashamed. When Jesus cured those crippled beggars, didn’t they always get up and dance off stage, jabbing their canes sideways, and wagging their top hats? Hooray, all better now, hooray!

‘If you are whole, you will argue: Why wouldn’t they rejoice? Don’t the poor miserable buggers all want to be like me?

‘Not necessarily, no. The arrogance of the able-bodied is staggering. Yes, maybe we’d like to be able to get places quickly, and carry things in both hands, but only because we have to keep up with the rest of you... We would rather be just like us, and have that be all right.’

Many non-disabled people look at those with visible impairment and react by imagining how they would feel if they became similarly impaired. The reality for disabled people is much greater. People who acquire disability have to cope not only with its personal psychological effects or that physical access to some buildings, work, leisure activities, alternative therapies, transport is not made possible for them by our society, but also with the greater social challenge of the attitudes of others (including counsellors) to their perceived difference. Many factors, of course, can affect those attitudes (Olkin 1999:62 - Appendix 3.3.1) and these can lead to major differences in how specific non-disabled people react to specific disabled people and even how disabled people (including counsellors) react to each other and to their own sense of self-esteem at times.

There is a difference of opinion amongst those who have acquired disability, about whether or not they feel totally at home in, and good about, their changed body image and the new life challenges they face. This is seen not only in the disability literature but also in LCIL’s microcosm of society. Two of the trainee counsellors (clients in the project) expressed to their non-disabled dyadic partners that they felt as if they had one foot in both worlds and were at home in neither (C1.3iii). One was extremely anxious to have feedback in their first session about how her body image affected her non-disabled counsellor. She wanted reassurance that her body image was not causing a problem. The wheelchair users who made certain that their dyadic partners did not have to see them move were aware that the image of their bodies’ struggle with mobility might give others a psychological problem, yet one said to me *‘The body I used to live in would run for a bus. That’s in the past. I have no problem living contentedly within my present body. I have no need or desire now to run for a bus.’* There was a difference for this counsellor in the way she felt about living in her disabled body right now, and the response she imagined her non-disabled client might have to her body’s impairment were they to see her manoeuvre her chair. She believed that her competence as a counsellor might be judged adversely if her physical disability was evidenced.

Those who acquire physical disability have been brought up in the same western culture as those of us who have not yet become physically disabled – a culture that undervalues people who have physical

impairment. I have just given examples of what Reeve (2002: 16) would call ‘internalised oppression’ – disabled people believing that non-disabled people will react negatively to their impaired bodies, and thus subtly oppressing themselves by behaving with them in an uncharacteristic, self-limiting, almost an appeasing way.

Olkin (1999:55) uses the research of Asch (1946) who ‘examined how we form impressions of other people, particularly their personalities.’ Asch said that some characteristics are central to impression formation, and Olkin states ‘Disability is a central characteristic. When other attributes are unknown (e.g. when first meeting) its role is profound in impression formation. The perspectives of persons with disabilities and others are divergent on the relative importance of the disability: “Data indicate that most disabled people say that their disability is not the most important thing in their lives” (Yuker, 1994:9), yet the fact of disability is perceived by others to be a defining aspect of the person, an inescapable defining characteristic.’

TWO ESPECIALLY DISABLING BARRIERS

Barrier 1: the perception that the counsellor holds all the power

In her chapter Lenny writes as if the counsellor is an all powerful, invulnerable figure who cannot be challenged by a client. Unfortunately, many clients without physical disabilities come to counsellors as they do still to those in other professions, expecting to be ‘made better,’ offering us power we must not take. Many clients come to counselling because people have exercised destructive power over them, especially as children, and some disabled people are no exception.

I structured my research so that clients, disabled and non-disabled had a voice in their workbooks. They used the workbooks to reflect on what was happening, but they did not all choose to share these reflections in the counselling relationship. I know that the disabled clients in my research were themselves well aware of power issues and disability, and accustomed to challenging others (for instance their non-disabled trainers) within their training context in LCIL. They were not typical clients! It is essential that counsellors provide an environment that enables clients to share power with them, but many counsellors believe they are already doing this, and their clients do not disabuse them of that opinion.

Barrier 2: the perception that counsellors are not affected emotionally by their clients

Lenny has not allowed for the fact that non-disabled counsellors, whatever their theoretical model, may be grossly affected by their internal psychological processes

From three sources other than my findings I quote instances where the phenomenon of a response to body image in a client is reported as having a de-skilling effect on experienced psychotherapists.

i) Yalom (1999: 115 -117) describes in some detail the final session he had with Betty – ‘The Fat Lady’ – who at just over five feet, weighed 250 pounds. In the course of their review Betty informed him, ‘For the first six months you didn’t even look at me!’ He was eventually able to confess, ‘When we first began to meet I was put off by your body.’ In the text he owns that he did not give her all she needed from him because of his reaction to her body image.

ii) Sinason (1992: 116), Principal Psychotherapist in the Child and Family Department of the Tavistock Clinic, described her first meeting with a young patient:

‘In the waiting room, a slumped, twisted, ferocious-looking body was jammed between his mother and a key worker. I could not see his face. When I introduced myself his legs went into an amazing forceful action as if they had a life of their own ... I tried to sound casual... but I felt most fearful. I was not only frightened by the violence of this child whose face I had yet to see, my fear had also eroded my professional confidence.’

iii) Parritt and O’Callaghan (2000) conducted ‘an exploratory study of therapists’ work with sexuality, relationships and disability’. The six therapists interviewed in the study had been working as sexual and relationship therapists for between 8 and 23 years, but few had much experience of working with disabled clients. In research they used a Grounded Theory approach. Their open coding categories (p.160) included concepts very similar to what I discovered in my research – for example, the therapists showed:

- ‘a sense of skills inadequacy with disabled clients
- anxiety in raising (sex and)¹⁶ disability with disabled clients
- perception of disabled clients’ lives as outside the therapist’s frame of reference
- strong emotional response to disabled clients’ lives’

WHAT EVIDENCE IS THERE IN THE LITERATURE FOR ‘ THE ECHO JOURNEY’?

I looked in the Parritt and O’Callaghan article to find any evidence of my concept of the echo journey. It was implicit in their record, but not spelled out. In their study they noticed that therapists had to adjust to the ‘atypical physical presence of the disabled client’. It is recorded that one adjusted to the place where she said ‘eventually the disability wasn’t even there between the two of us’ (which sounds like what I call ‘Track 2 learning’ (Table 15) because it happened somehow in the course of the journey), while with others this was not so. My hunch is that those for whom the impact of the

¹⁶ The brackets here are mine. Sex was mentioned only as a tangential issue in one interview (DS2) in my research, but talking about disability was a major hurdle for some of the counsellors (C2.2)

clients' disabilities did not lessen had need of an echo journey enabled by a supervisor: 'exposure experience' (see following quotation) was not enough.

The core category they found for their research was

'A tension evoked by the perceived 'otherness' of the disabled client, manifesting in a body/person dichotomy and mediated by distancing and exposure experience (p.163).'

I understand this to mean that the therapists did experience a tension triggered by their emotional reaction to their client's physical impairment, and that this discomfort was for them the beginning of, or re-entrance to, what I would name 'an echo journey'. On their journey they had to find some way to defend themselves against the unwelcome intrusion of visual evidence in the body image of their clients that they (the therapists) did not know how the clients might physically manage a sexual relationship. The researchers report that the therapists coped with this unusual and threatening situation by splitting. One therapist said 'I try and do it like we've got three clients – his needs, her needs and the needs of the disability.' The researchers' comment on that remark was 'While this splitting was perceived as a positive management intervention it also tended to 'distance' the therapist'. Another said 'I think my way of dealing with disability is to pretend it isn't there (p.163).'

In my research it was the disabled counsellors inexperienced in working with non-disabled clients that most seemed to want disability not to be an important factor in their counselling relationship (B2 Table 14) and their non-disabled clients seemed anxious to collude with this because they did not want to share what they were thinking or feeling about their counsellor's disability.

Parritt and O'Callaghan, summing up their selective coding process write:

'Mediating this (*that is, the discomfort with otherness and the de-skilling impact on the therapist*) is the process of adjustment to a disabled client that may arise through personal or professional experience and act in various ways to lessen the tension (p.164).'

I think this 'process of adjustment' is what they label 'exposure experience' in the core category's terse statement. I challenge the assumption here that personal experience of disabled people by non-disabled counsellors would necessarily lessen the tension that may occur in a professional relationship. It might if authentic and open, with power in the relationship in balance. It could, however, perpetuate outdated assumptions and attitudes about disability unless within the social relationship the disabled people involved assumed the responsibility to confront what might well occur at an unconscious level in the non-disabled person, and vice versa. The relationship itself would need to be a learning experience.

Olkin, a disabled psychotherapist (1999: 63), states this very plainly:

'Another factor influencing attitudes toward disability is contact with persons with disabilities. Findings in this area have been quite robust. Consistently studies indicate that *the type of contact is crucial*¹⁷. Attitudes improve when the contacts are between persons with and without disabilities who are of equal status. The able-bodied doctor-patient-with-a-disability relationship (or, for that matter, the therapist-client relationship), which is an unequal status relationship, not only fails to improve attitudes but in some cases, seems to make them more negative. Contact involving co-operative interdependence, in which there is support from authority figures, improves attitudes.'

NEED FOR ENABLEMENT ON THE ECHO JOURNEY

I was keen to discover what Parritt (the researcher) said about the effectiveness of supervision for the participants in his project, but disappointed that there was so little reference to it. Apart from stating that the participants placed emphasis on supervision and expert support when seeing disabled clients, his main contribution was:

'Therapists found it difficult to stay with their own subjective experience and tended to present case studies or report on the experience of clients themselves. This may reflect sexual and relationship therapists' style of working which may be different for other types of counselling and psychotherapy. It may also reflect supervision styles that focus upon client material where some or all of the presenting problem is seen in terms of either the dyadic couple relationship or a biomedical dysfunctional model (p.166).'

I wonder if what he describes here might also be because 'their own subjective experience' was one they found uncomfortable to own, or even that it was difficult for them (as he himself hypothesises elsewhere in the article) to share it with a physically disabled researcher. There was little sense of the growth and awareness in therapists that might be part of an echo journey. Was the 'expert support' the therapists sought an enabling environment or might it take a short-cut through their confessed lack of experience, bypass personal discomfort, and supply answers on what to do or say in sexual therapy with disabled clients, rather than facilitate practitioners' development?

Deborah Marks (1999:22) puts very succinctly some of the questions that have concerned me:

'How can we explain the emotional energy (whether of a sadistic, fearful or loving nature) behind so many non-disabled people's responses to the subject of disability? How do we explain the patronising, hostile and avoidant ways in which non-disabled people respond to disabled people? What is the emotional pay-off which non-disabled people gain from participating in "altruistic or "caring" work, as professionals, support workers or "carers"?''

Steve Page (1999) describes in depth a helpful model for explaining what is happening within counsellors - Jung's theory of Persona and Shadow. This is the one I offer as structure for exploration in the visualisation. It does not answer the questions Marks poses, but it gives a structure for exploring beliefs and behaviour in each of us as we begin to seek the reasons why.

¹⁷ The italics here are mine

Lago and Thompson (1997: 119 – 130) have an elegant model for supervision working in the area of cultural diversity – ‘The Triangle with Curved Sides’. With it they illustrate the presence and therefore the potential effects of the proxy-self¹⁸ in all three parties – client, counsellor and supervisor. For me it goes only halfway: Jung’s theory adds to the Persona, the Shadow. The Shadow contains not just what we fear and want to disown inside ourselves, but also the potential for addressing the fear – and from our own resources (Page, 1999:101).

I am greatly impressed by the writing of Gill Straker (1993, 1994, 2000) on her work in South Africa with trauma survivors and those who work with them. Many disabled people are survivors of trauma but for most in my project, many years have passed since their original trauma. Straker and those of whom she writes were amongst a community of people (and sometimes in great danger) while trauma was happening. She writes of the workers’ vicarious (or secondary) traumatisation, and many aspects she describes are similar in their cumulative emotional effect for people in my study, but I hesitate to give our experience that label. Perhaps the fact that I have called the result ‘The Echo Journey’ suggests that its trigger is further away from the source of trauma, perhaps the clamour of its pain, fainter. The echo journey happens also to those who work with people who show no psychological results of their trauma, as well as with those who would say categorically that they have not been through trauma as a result of their impairment. That is why I call it a different journey – not an extension of theirs. What Straker has done with her workers is very similar to what I recommend for those working with disabled people. Her work has inspired mine.

WHAT CAN BE DONE?

It has been fashionable for some years now, for people in the helping professions to go on ‘Disability Equality Training’. Often these courses present contrasting models of disability, and participants may encounter for the first time the theory of the Social Model (Appendix 1.1.2). Reeve (2002: 14) says that adding such courses to counselling training should help to reduce oppression in the counselling room for some disabled clients, but she considers this not to be sufficient. Often they are too short and not experiential enough to help participants integrate their learning. I know such courses can be taught well, but I have met non-disabled people who have left such a course feeling shamed, angry and that everything they have been thinking and doing has been so misguided that for the sake of disabled people, they need to avoid such clients in future rather than meet a new challenge in learning. Marks (1999: 18 -29) advocates a much wider view of social and cultural issues for those involved in this field. She writes: ‘The social and psychological relationships represent more than the sum of the individuals that constitute them.’ Built into each in the dyad is the influence of the society and culture in which they have been raised, and as she outlines, both disabled and non-disabled people have defensive structures against the pain that the response of each can cause to the other.

¹⁸ This concept is like Winnicott’s ‘false self’ (1965) and Jung’s persona

Reeve (2002:15 – 18), having mentioned the fact that some counsellors are not even aware of their prejudices towards disabled people, explores and discusses the possibility of radically different counselling training for those who would work with disabled clients. Most of her ideas are developed well beyond my current thinking about such training. They indicate an exciting basis for concrete plans to implement her vision of the future.

CAN SUPERVISION BE AN ANSWER?

My study is concerned with what might happen now, within our present structures. In our profession we have the wonderful provision of compulsory supervision - a third person to enable the work of the counselling dyad.

It has already been noted (Parritt and O'Callaghan, 2000: 166) that supervision styles differ. Some supervision views the client as the sole focus for attention. This is inadequate for work in any area of diversity, especially where the counsellor has little experience in that area of practice, however confident she might appear to be. If the counsellor, even unawares, has to use energy to defend herself against what the client's disability evokes in her, she cannot be wholly available either for the client or for collaboration with her supervisor. And is the supervisor appropriately experienced and equipped for her task? Will the presence of a disabled person either as her supervisee or the client of her supervisee trigger in her another phase of her echo journey? If so, will she be able to access the help she needs to be constructive in the supervisory dyad? Will she be able to share appropriately with her supervisee what needs to be taken into account of her personal response that might affect the supervisory process, and therefore the counselling?

FINAL REFLECTION

Being a trainer in the Lothian Centre for Integrated Living afforded me an opportunity unparalleled in Britain today to study the dreams symbols and metaphors of a competent group of trainee counsellors with a variety of physical and sensory impairment. Starting from this resource, and then expanding it through other contacts, I have been able to offer a rich array of findings to the counselling profession, not only to inform those practitioners who help their disabled clients interpret their dreams, but also to monitor self-supervision in client work and training situations through offering ways of understanding their own dreams arising from relationships with physically disabled people.

For much of this study I have seen this project as in two parts. I wrote it that way because that was how I researched it. I now see it as a whole: the value of the dreaming part became dependent on and developed by the counselling and supervision part, as I continued to record and interpret my own dreams throughout the total project. It was through the latter part that much new personal and

professional awareness grew in me and became integrated, freeing me from the restriction of unhelpful past experience. It was, however, much more exciting for me to give energy to exploring the fascination I have with dream symbols than to examine what lay behind my reluctance to take seriously the need for what I now call 'The Echo Journey.'

It was easy to think 'But all well-trained and competent counsellors and supervisors know the need to reflect on their practice, to examine their assumptions when working in an area of diversity, to be aware of the emotions and thoughts stirred within them in work with any client. What I'm discovering is not new: it's just how it is. It's all been done before - especially by those who raised awareness of racial and cultural issues for counsellors.' What I needed to say to myself was rather, 'Why are you discounting this work you have done? What are you avoiding, and why?'

I was avoiding being the bearer of more bad news about diversity issues for the vast majority in my profession – this time for the non-disabled people and their physically disabled potential clients. My original astonishment that the self-representation in the dreams of disabled people was of able-bodiedness lay in an unexamined part of me that took for granted that, of course, for disabled people it should be different: they should have disabled body images in their dreams. When I read the research of others in this area (most of them able-bodied), they saw the situation as I did, and like me, wanted to explain this phenomenon. I was far from being alone, and it took me a long time to begin to think – 'but perhaps it's not "different", perhaps it's the same as for non-disabled people! But if so – why should this be when our bodies look different in waking life?'

In spite of having disabled people as friends, was I perhaps typical of the majority of non-disabled people - including counsellors and supervisors – a person who was not fully aware of having beliefs and attitudes that could affect relationships, and who could project my felt discomfort and difficulties on to those 'different' others?

To see the importance of my research for others, I had to take seriously my own echo journey: my need both to make it and own it. I began it years ago, and I do not know if I have yet reached its end, but engaging in this research has taken me to a new viewpoint from which to understand the limitations of non-disabled practitioners in this area of diversity and to accept where others might be on their unique echo journeys.

The role of the supervisor is to ensure that both dreamer and counsellor are given safe space, encouragement and holding as they explore the 'unthought known'¹⁹. But because supervisors may

¹⁹ Bollas (1987)

not have had opportunity for practice then reflection on working with disabled people, I offer my handbook as a personal resource, and to help them guide others to explore their echo journey.

My findings have shown that when there are both disabled and non-disabled people working together, in whichever role combination, the diversity itself has to be taken into consideration because of the way response to it can negatively influence the various relationships involved – both in reality and in fantasy.

‘WE ARE SUCH STUFF AS DREAMS ARE MADE ON²⁰,

I found that counsellors looking at their first physically disabled client can grow so anxious about entering what seems like a new world of relational experience, that they forget to look then at what is disabling them – at the roots of their anxiety. I was also given evidence that these can be found and disentangled (often with the help of a supervisor who reflects, waits, believes, holds and dreams).

We are all of the same ‘stuff’. Only the dreamer can know the stuff of his dreams.

Only the counsellor can identify which echoes from her past waken in response to specific aspects of physical or sensory impairment and choose to journey towards stilling their confusing reverberation. A counsellor’s hard won professional competence can be set free to help each client find his own resources to meet his need in his life world.

²⁰ Quote from Shakespeare’s *The Tempest*. Act IV.

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APPENDICES

Appendix 1.1.1

This extract is taken from the article *'In my dream I'm able to walk'*, translated from German into English for me by Julie R. Baxter. I include it because it speaks of therapeutic group work with teenagers from a very different environment and culture from the one in which I did my research. All have spina bifida. All dream that they can walk.

* * *

Person-centred Group Therapy. Editors: Esser & Sander 1988

"In my dream I'm able to walk"

Helmut Muller-Breckwoldt & Christian Lipinski

The physical handicap of spina bifida in the experience of children reaching puberty.
An example of person-centred group work as part of rehabilitation.

Methods of groups.

We usually divide our sessions into three parts:

The first part is to activate the children by warming up, playing a game, usually by getting them to move about. The aim is to mobilize these children who lead a very static existence and to make them feel part of the group.

The second part is a work phase. Here we deal with a prepared theme e.g. information re handicap, awareness, feelings, trust, communication, and friends. Some of this is done through inter-active games. Themes brought by children might include family, contacts.

The third part is debriefing and relaxation, using some autogenic training, maybe a fairytale, maybe a story, a fantasy journey.

After each section, children can comment or discuss their experience. This is most important also for the leaders – to know where each individual and the group as a whole has got to, how much they react singly or depend on each other.

Our materials and methods vary: we use play therapy in order to improve social behaviour and stimulate cooperation and competition. We do this particularly at the beginning of the session to help create a group and group atmosphere. Relaxation methods at the end of the session are to help the children towards motivation, finding of peace, increasing self-awareness. Our methods in the middle section aim to get the children to talk about their handicap, experiences and feelings.

We hope that the children will learn that this is their time and increasingly initiate input.

As leaders, we want to provide, for the children, and ourselves a regular coming together creating a positive atmosphere, trying to be understanding, and showing empathy for their situation and story. We are prepared to introduce our own experiences as well as encouraging and affirming changes.

Makeup of the group.

We know these children and have worked with them for between five and eight years. So we all know each other well, and the children know each other. There are three girls (12, 14 & 15), each in a wheelchair and with hydrocephalus and a tube. There are six boys (9 – 15). They include one ambulant, one with a zimmer. All except one have tubes. Their paralysis is mainly of the spinal chord between chest and hips. Their head circumference is 56 – 57cm i.e. light to medium hydrocephalous.

All children appear younger than their age and seem slight in weight compared with able-bodied children. Compared to them they are two to three years behind. They excel at dealing with their wheelchairs and they can dress themselves. They need help with personal hygiene. Only two of the children have senior school experience. The remaining seven show poor to medium results of special school children.

Some examples of our group work.

Stage of children's development as seen in their drawings.

The children were asked to draw a tree and their dream house. The results compare with those of younger able-bodied children.

(There follow details and examples and drawings, which tell a great deal about the children's situation.)

Group work on knowledge and information. (Questions p147)

"How handicapped am I?" They want to be told, although they often know quite a lot about the possible causes of handicap.

"Why do we have to go to physio so often?"

"Why do we have to use walking equipment when we find it so hard?"

"Why do we have to take medication against inflammation of bladder and kidneys?"

"Why do some of us have a tube in our head?"

"How tall am I? I always feel so small in the wheelchair and that is how I'm treated at home."

"Why is it so important to 'pat' the bladder?"

The children draw parts of their bodies on big sheets of paper. They discuss physical development using a skeleton seeing what went wrong when they were small.

They visit the laboratory where their blood and urine is regularly tested.

They build up their life story.

They bring photographs and incidentally speak a lot about their families. Often this is the point when children who have been quiet suddenly join in and want to be heard.

They are asked to draw their bodies as 'a person I like'. They can't do that and their pictures show how useless they feel the lower part of their bodies to be. They can't imagine how this is for 'normal' people and ask the leaders to tell them

They do an exercise on 'the most important/ least important part of my body'.

For Vera it is her arms with which she moves her wheelchair.

For Steve it is his right leg, which he can move. He adds eyes and arms to his drawing, which provide contact with the outside world.

The damaged parts of their bodies are unimportant.

For Ortrud the most important part is her head.

The children wish there were a magic medicine to help them walk. They would all leap up, rejoice and dance wildly about.

Another exercise on 'what my body likes'.

The children have to draw their body and mark the functions of different parts.

Both Stefan and Vera's drawings show how unsatisfactory they find their bodies and what they would like them to be.

These pictures and descriptions say much more than is usually evident in the way the children present themselves. (pp. 152, 153)

"In my dream I can walk"

The children bring more of their own themes and become more active. They give Steve feedback about his behaviour. Ortrud and Vera praise him: he is more approachable, softer and relaxed. He approaches them, is nicer and more ready to talk. He is no longer stubborn, noisy and critical.

Vera (15) feels she is treated like a small child. At home, she doesn't have her own room and at weekends sleeps with her brothers who are more than ten years older. Her family appear not to realise that she is growing up. She wants more privacy and recognition. She doesn't really want to learn anything just now because "no one takes any notice".

"We want to show ourselves in the nude" – "to show our genitals".

These are the themes the children talk about, including sexuality in general. (This is clear in some of the drawings)

They often express the wish not to be handicapped.

In one of their last sessions the children asked to talk about dreams (p.154). It becomes clear how painfully the children experience the wish and the reality when they consider their dreams. All of them say that in their dreams they can walk.

Vera: "In my dream I see myself as not handicapped. I see myself walk. In my dream I walk using my feet."

Steve sees himself as a perfect football player – midfield on the right. So he runs into the stadium. As he talks he becomes thoughtful and sad: "See, with my handicap, there's no point." We feel the sudden tension in him. He shuts down. "I only dream of pleasant things."

Vera and Stefan often weep in their dreams and wake up weeping.

Ulrich often dreams of a ship where he finds himself sitting in a wheelchair. He too wishes he could walk.

All of them experience not being able to walk or walking badly as the main sign of their handicap. Of all their handicaps they regard this as the most serious. So their primary longing is to be able to walk, jump or dance even if it is only once in their lifetime.

* * *

Appendix 1.1.2

The Social Model of Disability

Disability

‘The social model, as formulated by activists and scholars in the UK, locates disability not in an impaired or malfunctioning body, but in an excluding and oppressive social environment. A number of disabled activists and academics in the UK (Hunt, 1966; Finkelstein, 1980; Oliver, 1990) argue that many restrictions imposed upon disabled people are not a natural or inevitable consequence of their impairment, but are a product of a social environment which fails to take account of certain people.

‘Barnes defines disability as ‘the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers’ (Barnes, 1994)...

Impairment

‘Impairment is defined by social model theorists (in contrast to disability) as the limitation in a person’s physical, mental or sensory functioning. Impairments only become salient and disabling in specific settings.’

(Marks, 1999:79,80)

*Appendix 2.1.1***Paper for discussion: 29/3/00****TOWARDS THE ESTABLISHMENT OF A TIME LIMITED RESEARCH BASE**

At this stage in my studies towards the degree of Doctor of Psychotherapy with Metanoia Institute and Middlesex University, I need a time-limited research base to further my present exploration.

As I believe you are aware, the research for this degree is supposed to be firmly based in our professional practice. The work I do in LCIL, while being far from the whole of my current practice, is a valued and important part of it, and one which is quickly, through reflection, enlarging and informing my understanding of counselling practice and theory.

In qualitative research it is normal to focus on a discrete client group. For this research a suitable group exists within LCIL, selected by LCIL for their counselling training programme.

My current interest is to use heuristic research to further enquire into the use of dreamwork in counselling. The label 'heuristic' when given to research 'refers to a process of internal search through which one discovers the nature and meaning of experience and develops methods and procedures for further investigation and analysis'. [Moustakas, C. (1990) p.9]

SOME EXPERIENCE LEADING TO THIS PROJECT

I have now been counselling formally for 25 years. I have noticed in my practice, that many clients seek counselling during a time of major transition in their lives. They are struggling to adjust to circumstances over which they may have little control, and in which they are faced with significant existential questions, the answers to which they may have, until this point, taken for granted.

Many of my clients, in their search for meaning, have sought to understand the dreams that appear to accompany such processes of change and upheaval. It is my belief that such dreams both indicate the presence in each human being of the drive towards psychological health, and are also an essential part of it. Our dreaming can be a part of our making sense of what is happening, and something that actually facilitates our good adjustment. Our own inner wisdom aids our growth and maturity.

Because this has been my experience both in counselling and in managing my own life, it is natural that I believe counsellors should have some basic training in how to understand their own journey, and how to help clients explore the significance of theirs.

It is my practice when offering counselling training to discrete groups in dreamwork, to look with them for a while at the specific dream symbols and themes they are likely to encounter with their clients: this happens in a context of general training in enabling clients to better understand their dreams. [For instance, with groups in the church I would focus on religious symbolism: with those being trained to help bereaved people, on symbols of death and new life.]

MY EXPERIENCE IN LCIL

Since coming to LCIL as a trainer, I have been delighted to find that one creative training method that seems to suit the abilities of all the trainees so far, is that of visualisation. Of course, some trainees have wonderful imaginations, and some less so. Some easily use symbols, and some have less facility and delight in their use. I believe that the ability to use visualisation is a near waking equivalent to an aptitude for being able to understand the language of one's own dreams.

It is not part of my training remit in LCIL to teach trainees about dreams in counselling, or in self-understanding. In chatting informally, however, at breaks in training days, I have found the subject holding some degree of fascination for many.

It was through one such discussion last year that one trainee, a wheelchair user, shared with the group that in her dreams she can walk, run and dance, and in fact her wheelchair is never in her dreams. That was fascinating enough for me, but I was astonished to hear that this phenomenon seemed to be shared by all the wheelchair users in the group! For one person there seemed to be a significant exception. In dreams during a time when she felt that her physical condition was deteriorating, her wheelchair was present although she was not sitting in it. She appeared to be using it as a dream symbol.

[Two of my acquaintances, not in LCIL, both with total visual impairment, informed me, quite independently of the other, that they had dreams where, to their immense delight, they were driving cars amongst traffic on a city street. With neither was it appropriate for me to enquire about what this symbolised for them at the time.]

I would like to be in a position to invite the trainees in LCIL to volunteer to take part in a research project with me about their dreaming.

As a result of this project I would hope to be in a position to feedback to LCIL Counsellors and to others in the counselling field,

- more awareness of the use of dreamwork in the general field of counselling
- material as a basis for shared discussion on how the counsellors of LCIL might use dreamwork with their clients
- any indicators this study might give of how people within a specific field of human experience may understand and use specific dream symbols to help them reflect on their lives
- some transferable understanding of how counsellors working in any dedicated sphere of client work might increase their understanding and use of dreamwork with their clients.

MY OFFER TO LCIL

I wish to offer the Board of LCIL the following possibility:

- 1) that with their consent I invite all trainee counsellors in LCIL to take part in this research project if they wish
- 2) that any trainee counsellor might offer to take part and then withdraw at any time from the project, withdrawing also their written consent for use of material they have provided.
- 3) that this project be time limited
- 4) that the research findings would first be presented to the Board of LCIL
- 5) that the research findings would then be presented to all LCIL's counsellors within the context of an In-service Training Day* designed to enable the counsellors to begin to listen to the dreams of their clients and to help them come to some understanding of them.

MY PROPOSAL TO CARRY OUT THIS PROJECT

That I would offer to all counsellors in writing

- a) a description of the research project and their possible participation in it
- b) a consent form to sign as an indication that they would be interested to take part.
- c) the information that their consent form would not be 'activated' if they chose not to contact me about a personal dream.

My offer to the counsellors of LCIL would be that

- if they had a dream they would be willing to explore, they would phone me as soon as possible to indicate their willingness for its exploration to be part of this project.
- I would then arrange with them a time when I would phone them back, recording the conversation on tape.
- I would use a method for engaging them in exploration of their dream that would be a model for them to use after their training. In this way they would gain experience on which they might later build training.
- I would ask them at the close of the taped phone call if they were still willing that I use what they had said in my research.
- this taped material would be stored and used according to the limits I have set down for this project.

MY ASSUMPTIONS

Behind this piece of research are certain assumptions:

- That dreaming within this specific group will be similar to that in most other groupings within our western culture and in people in contact with reality
- That their dreams are likely to reflect what is going on for them in their lives at the moment, both externally and internally
- That their dream imagery will be largely based on the people and things that inform their understanding of their world
- That their interpretation of any dream symbols will be personal and within their range of experience of that symbol
- That there may be dreams that indicate experiences likely to be common within this discrete grouping
- That they are likely to have dreams that are very personal and that they may choose not to share in this project

LIMITATIONS OF THIS PROPOSED RESEARCH

1. The written report for this research will be the copyright of the researcher.
 2. The results of the research will be open for comment and discussion, and feedback will be sought by the researcher on its language and content.
 3. The report will normally contain no material by which individual persons who have contributed their dreams might be identified.
 4. The one exception to this would be handled in the following way. The researcher would contact the person who is the source of information that can be presented in no other way than one through which they might be identified. Permission would be specifically sought for such to be published in the report from the person who is the source of that piece of information. If permission is withheld, their decision on this matter would be respected and final.
 5. It should be understood that this specific research project is part of a wider study undertaken in the context of the Doctoral Programme for which Jean C. Morrison is the researcher.
 6. The starting date of this project and its time limitation will be decided in consultation with LCIL.
-

NOTES:

- I believe it to be the case that a certain number of In-service Training Days are offered to the counsellors of LCIL by LCIL. My offer to lead one after this research includes the waiving of any fee normally given to trainers, because the response of the trainees to the research report would also constitute part of my total project.
- The book quoted on p.1 is : Moustakas, Clark: (1990) 'HEURISTIC RESEARCH: Design, Methodology and Applications', published by Sage Publications, London.
- Accompanying this paper are its Appendices A and B. (to follow)

Jean C. Morrison, 28 March 2000

Appendix B.

Draft outline of possible letter from me to counsellors:

This letter would also include

- *brief information on my doctoral work as a setting for this project*
- *the status of this letter and project within LCIL*
- *an outline of what they would have to do contribute to the research*
- *a description of what I would do with them on the phone if they contacted me ready to discuss a specific dream.*

DREAMWORK IN COUNSELLING: A SMALL RESEARCH PROJECT.

To all counsellors training with LCIL.

As you know, LCIL is a unique counselling service within Scotland. It has been set up as a Peer Counselling Service, where counsellors who themselves have the experience of physical impairment offer a service to clients who have physical impairment.

LCIL's counselling service is also generic: it welcomes clients who seek help with a wide variety of issues, and is not restricted to issues that are related to physical impairment. This means that the training LCIL counsellors receive must likewise be a generic training, yet must include, (as do others whose specific client group shares one particular category of human experience,) some specialised training towards a fuller understanding of their specific client group.

For over 25 years I, like all generically trained counsellors, have had clients who told me about their dreams. All human beings dream and have to decide for themselves whether to attempt to understand their dreams, or whether to dismiss their possible significance. The fact that some decide to explore their significance in counselling means that counsellors should be given help in training, to handle this situation.

Most dreams contain symbols that have personal meaning for the dreamer. Many dreams appear to be about things that are happening to the dreamer in their present life situation. Their dream symbols may be similar to that of another person in a similar life situation.

I don't know what I might discover if you as a group allow me to listen to your dreams. I may discover nothing of any great significance. What I would hope to look out for, when I put your records together would be –

- Do there seem to be any themes emerging in the dreams of this group of people?
- Do these counsellors appear to share any interpretation of specific dream symbols?

If I find even tentative answers to these questions I believe that when I discuss this later with you in my report, it might enable you to better to come alongside your clients when they tell you of their dreams.

I also believe that those of you who do volunteer to take part in this research by sharing your dreams with me will gain through that, experience of working on your own dreams. That in itself will be an excellent preparation for any further training you might receive in dreamwork in counselling.

I would like you all to take some part in this experiment, but I realise that you might have your own good reasons for not doing so, and I respect that.

Obviously, the more dreams I can hear from you, the wider and more pertinent my research can be.

Appendix A.

CONSENT FORM.

I understand that I volunteer to take part in Jean Morrison's research project on dreams only by contacting her to indicate that I have a dream I am willing to tell her about, and discuss with her.

I understand that she will then arrange a time suitable to both, for her to phone me to discuss the dream, and that this phone call will be tape-recorded and may later be transcribed.

I understand that the information I give about my dream will be treated with respect, and that when Jean stores it, and later writes up her project she will do so in such a way that my personal information will not be linked with my identity.

I understand that at any point between the phone call and the given date for the completion of this part of the project (*to be inserted*), it is my right to withdraw permission for this taped material to be held and used in her project.

Name of volunteer:

Signature of volunteer:

(*to be filled in by researcher*)

Dates on which this volunteer's contributions to this project were recorded:

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | |

Appendix C

MY PROCESS FOR EXPLORING THE MEANING OF DREAMS

1. I would ask the counsellor offering me a dream to tell me the story of the dream.
2. I would follow that by asking them what they thought the dream might be saying to them.
3. I would ask them questions like:

What do you think is the theme of this dream?

Which emotions did it stir in you?

Have you any thoughts about why you have dreamed this dream now?

4. Since the dream will contain symbolic material I would explore with them what each symbol means for them.
5. If the dream contains persons they can name, I would treat these as dream symbols.
6. I would not attempt to interpret their dreams for them. What I might do occasionally, if they seemed to be stuck, would be to say to them something like “ Some people when they dream about being in their own house believe that it might be a symbol for the self. Does that make any sense for you in the context of this dream?”
7. I would remain open to the fact that I might not be able to help a particular person find meaning in a particular dream.

Appendix 2.1.5

April 1, 2000.

Dear X,

I think you will recognise what this is! This is your copy. I have my own.

When you have some time, would you please read it through and give me feedback on the following:

- 1) Is it a true record of what we said?
- 2) Do you want to add anything, or have anything subtracted from the text?
- 3) Are you willing and ready to sign the consent form I gave you originally, and return it to me?
- 4) Is there anything you would like to draw my attention to about my whole process on behalf of the others who may volunteer to take part in this research project?

Since this was a 'pilot run' for the project, I really would value any comments you might like to make to help me learn.

If I do use anything from this 'pilot' material other than putting your dream symbols on a list amongst others, I would let you see what I intended to write, for your vetting.

Thanks so much for allowing me to interview you about something very personal. I appreciate it!

10 April, 2000.

Dear

THE DREAMS PROJECT

I think by now you will be aware that I am studying part-time for the degree of Doctor in Psychotherapy in London, at Metanoia Institute and Middlesex University. To do this I am required to use my work as a research base. What I do with you at LCIL is only part of this, but for me it is a very interesting part. The Board of LCIL has very kindly granted me permission to make you an offer - one that I hope you won't refuse!

Many counsellors have the experience of a client sharing a dream with them, hope that they can be told what it means. Most counselling training courses at diploma level contain some help for counsellors in dealing with such a situation.

What I want to offer you, is a unique lead up to an In-Service Training Day on this subject. You do not need to take part in this project: it is your choice. If you do, it will prepare you for the In-Service Training Day, by giving you first-hand experience of the subject.

Over a six-week period, from 24 April till 4 June 2000, I am offering you the experience of working with you individually, by telephone, on any dreams you may have. I will not interpret your dream or tell you what it means. I will listen to you telling me the story of your dream, then I will help you come to your own understanding of what it may mean for you. In this way, you will experience what I hope you will be able to give to your clients.

This should benefit you, but also benefit me. I have worked over a period of twenty-five years now on dreams with clients. A few of these have been people with physical impairments. This project will give me the opportunity to study the themes and symbols of the dreams of a discrete group of people – you and your colleagues. Because LCIL's is a peer counselling service, your group is likely to be similar in many of its life experiences to your client group. Most dreams reflect what is happening in the dreamer's everyday life experience.

If my research with you can discover anything significant in the dreams of the counsellor group, it will be something to help you work more effectively with your specific client group.

Enclosed with this letter are some pages, describing this project more fully. Please read them and phone me if you would like to talk over anything that is not clear to you before the 24th. My number is Leave a message on my answering machine if I am not available, and I'll get back to you. Amongst the enclosures is a consent form to be signed: a copy for you and one for me.

I hope you will take up this offer – and enjoy it.

Yours sincerely,

Jean C. Morrison

ADDITIONAL INFORMATION ABOUT THE DREAM PROJECT

ABOUT DREAMS

We all dream every night, at certain times throughout our sleep, but most people forget most of their dreams. Some people seem to remember dreams more easily than others do. When we do remember dreams we sometimes can recall a long dream where the scene seems to shift every so often to another one. Sometimes all we can remember when we wake is a tiny fragment of a dream.

There are other times when before we fall asleep, or just as we waken we see something that we know must be a dream image, because it isn't there in reality. Occasionally that is not something we see, but rather something we hear – perhaps it is a voice saying something, or a snatch of song.

In 'dreamwork', as counsellors call it, we can work with any of these to try to make sense of them in our lives.

REMEMBERING DREAMS

If you happen to be a person who rarely remembers dreams, you may have to encourage yourself to remember them. What you can do is to tell yourself just before you go to sleep that you want to remember a dream when you wake. When you waken, and before you even open your eyes, search your memory to find if there is something there from your night's sleep. If there is, try gently remembering what it is. If you can recall something, get up and record it as soon as possible – either on tape or by writing it down.

RECORDING YOUR DREAMS

Record it in as much detail as you can, because sometimes little details can be quite significant. Record too, how the dream left you feeling – happy? Upset? Worried? Was there a theme running through it? If there were people in your dream, did you recognise them? Were they young or old? Male or female? Was the dream in black and white or in colour? Which colours do you remember? Then try to think – what could this dream mean for me? Is it about something that is happening in my life just now?

You may be able to answer all these questions for yourself, or you may not. Don't worry about it.

CONTACTING JEAN

Even before you have a dream, and before April 24, please sign both CONSENT FORMS, and send one to Jean. [If you do not do any dreamwork with Jean by phone, she will destroy it after June 4.]

If you decide to talk a dream through with Jean, contact her as soon as you can after your dream. She will then arrange a time convenient for both you and her, when she will phone you back to do the dreamwork with you. [It will be on her phone bill, not yours!]

When she does phone you back, she will be tape-recording the conversation for her research. This is why she must have from you, a signed CONSENT FORM. If she doesn't, taping your conversation will be illegal!

She will ask you to tell her about your dream. You can then read out what you previously recorded, and add on anything else that comes to mind. She will then ask you questions to help you explore your dream more fully.

Here are some examples:

"In your dream there was a man you recognised. What do you know about this man? What do you feel about this man?"

“You had a large ginger cat in your dream. What is your experience of large ginger cats? Why do you think you had that cat in your dream last night?”

Sometimes at the end of such dreamwork, you will feel you understand a lot better what that particular dream was about. Occasionally, dreams remain a mystery: they just don't seem to respond to dreamwork.

The phone call should last no longer than about half an hour. It could be much shorter.

JEAN'S RESEARCH RECORDS

After the phone call, Jean will be left with an audiotape of the work you have done with her. She will keep this securely, and treat it with respect and total confidentiality. No one else will hear this tape.

She will use it in her research, but in such a way that your identity will not be disclosed. If, for any reason, you decide after the phone call that you do not want her to use anything of what you have said to her, contact her as soon as possible and tell her this. She will respect your wishes.

HOW OFTEN MAY YOU DO DREAMWORK WITH JEAN?

Ideally, Jean would like each of the counsellors to contact her at least three times over the six-week period with a dream. If too many dreams are offered for her to fit in, she will give priority to those who are offering their first three dreams. But you may phone and offer as many dreams as you wish, and she will try to make time for them all. She wants as many as can be fitted in!

This is a time-limited offer. You must contact Jean between April 24 and June 4, 2000.

REPORT ON THE RESEARCH

Once the research has been done, there will be a report written on it. You will be given a copy for the In-Service Training Day. It will also go to the Board of LCIL. Jean will welcome any feedback on it that people care to give her.

If the research has brought to light anything that might help counsellors in general, this will be submitted for publication – either to a professional journal or as part of a larger work.

Jean C. Morrison. April 2000

CONSENT FORM

I understand that I volunteer to take part in Jean Morrison's research project on dreams by contacting her. At that point I will tell her that I have a dream I am willing to discuss.

I understand that she will then arrange a time with me for her to phone me back. This phone call will be tape-recorded and may later be transcribed.

I understand that the information I give Jean about my dream will be treated with respect, and that when Jean stores it, and later writes up her project, she will do so in such a way that my personal information will not be linked with my identity.

I understand that at any point between the phone call and June 11, 2000, it is my right to withdraw permission for this taped material to be held and used in her project.

I understand that Jean's research will be put into the form of a report, and I will receive a copy. Some of this report may later be published under Jean's name.

Name of volunteer:

Signature of volunteer:

Date:

Please sign both copies of this consent form. Retain one and send the other to Jean as soon as possible at:

Appendix 2.1.8

QUESTIONNAIRE:
DREAM EXPERIENCE OF NON-DISABLED BODY

1. How does it affect you when you dream that you have a non-disabled body that can do things you would not be able to do in waking life?

2. a) If you have a particular emotional reaction to this when you waken, does this feeling linger?

b) If so, for how long does it tend to last?
(Tick the one that applies to you, please)
 - a few seconds
 - a few minutes
 - for most of that day
 - for much longer – it is deep down the way I feel about myself

Or do you have a different sense of timing for this?

3. If you feel there might be a psychological or spiritual reason why your dreams give you this particular experience, what do you think that might be?

6/10/00

Thanks – Jean C. Morrison

QUESTIONNAIRE COLLATION

Q.1. How does it affect you when you dream that you have a non-disabled body that can do things you would not be able to do in waking life?

Those who were born with motor impairment wrote:

- I'm not sure how it affects me because it's always been part of my dreams. I just think of it as a dream – e.g. visiting a place I've never been to. I can still imagine what it's like from watching TV, films and books, etc. I suppose I can feel positively or negatively depending on the dream.
- I have no particular feelings about doing things in my dreams I would not be able to do in waking life because this has always been so in my dreams. When I wake I say to myself either 'That was a good dream!' or 'That was a bad dream'. What I question is, 'Why are my dreams not showing any changes as my physical condition deteriorates?'
- In my dreams ever since I was a child I have been able-bodied – able to do everything! I waken feeling I can just throw the bedcovers back and leap out of bed, and then I realise that I can't, and feel disorientated for a minute. Then I realise 'It's only a dream', and life's back to normal.

Those have acquired a physical disability wrote:

- It's a very happy dream where my life is normal and not 'diminished' financially and in terms of energy and pain as it is now. I am sexy and have lots of choices which I don't really have.
- When I am dreaming I don't have any sense of wonder that I am doing ordinary things – It's just me! I always feel surprised that I can't move my legs to get out of bed. When I first became disabled this feeling lasted longer, but the longer I am disabled, even though I am continually deteriorating, the feeling now lasts only a few seconds.
- When I think about it – it's 'me', still me. The emotional/spiritual aspect of me. It's reaffirming – and that feels fine and good. Never losing that aspect of me and of being in touch with it. The more I analyse my dream, the stronger these feelings tend to get, and they may even last for a few days after a particular dream.
- I am not aware of being affected at all, except I have very occasionally dreamed of having a 'super prosthesis' which enabled me to do more than other people. I suppose this is frustration expressing itself in some way. Usually, though, in remembered dreams, I don't know if I have a natural or prosthetic leg. I'm more aware of what I'm doing.
- It only really affects me during the dream. As you know, I rarely remember my dreams but the ones about being disabled do seem to stick in my mind. Generally I seem to have a sense of being aware of doing something under 'false pretences', that I will be 'discovered' e.g. being in the middle of a game of rugby, unsure of how I got there and knowing that I had to get out of that situation somehow.
- When I wake I feel disappointed – as if I've lost a sense of freedom I had in the dream. This feeling only lasts a few minutes until I am properly awake – not more than five or ten minutes. Then I rationalise and tell myself that I am disabled and it was only a dream.

- When I dream that I have a non-disabled body that can do things I would not be able to do in waking life I feel healthy and refreshed when I waken. You see, in my mind I am a whole person, with a disability.
- It's neutral nowadays. I'm more interested in the content of the dream rather than the walking again. Rarely do I have dreams now where I wake up and say 'If only I could.' I used to, 7 – 8 years ago when I was still struggling to move around, but still moving around. I used to think, 'Oh, if only it were that easy!' But now that I am using another method of moving around (a wheelchair), I don't seem to feel as bereaved as I did. It's easier, somehow – and having the 'badge' of the wheelchair also makes other people more aware of that and they make more allowances for me.

Those who were born sighted but now have total visual impairment said:

- Before we knew about this with you teaching us, Jean, I never thought about it. I just took my dreams for granted, that they were that way – that I could see in them. I think I see in dreams because I could see before. I don't get emotional about it because I never have. I have no feeling responses either way.
- In my dreams I do not have full sight. I have sight similar to what I had over twenty years of partial sight. I think I dream that way because I now no longer remember what it was like to have full sight. I have forgotten how much people can see with full sight. When I waken I still say 'I knew I could see!', then I realise I can't. I don't dwell on it now. I just accept it and get on with my life. But it is enjoyable to see in my dreams. It's nice at the time.

Q. 2. If you think there might be a psychological or spiritual reason why your dreams give you this particular experience, what do you think that might be?

- I believe that the reason I often dream that I am not disabled is because being disabled has no relevance to the dream I am having. I also see it as important psychologically, as it can be an encouragement to me to have a go at something new. I can try it out in my dream.
- I think the psychological reason I am able-bodied in my dreams is that I still feel that the 'real me' can still do things. There may be a spiritual reason – that God sees me as a complete person, and that's the way I'll be after death. I certainly would *not* prefer to be disabled in my dreams!
- These dreams remind me of who I am and what I am capable of. And the strength of the human spirit: there is so much more to me than a woman who needs crutches to get around! Having a disability is not the sum total of who I am.
- I loved driving and was only stopped due to man-made laws. Most of the time I am able-bodied until my condition interrupts this. I feel that in my dreams I am able to relive my love for driving with no fear of retribution. This is because in my own dreams there is no restriction placed on me by the laws of man or my condition.
- Sorry I can't be more helpful.
- I have always been a 'doing' person more than a 'thinking' person so that dreams possibly help me accept my new limitations.
- I don't really have anything strong enough to call a reaction when I waken. If anything, I have a vague curiosity about it, and do try and come up with a satisfactory explanation for myself. If I could remember more of my dreams I may have a greater insight into them, but they are a very peripheral part of my conscious life.

- The reason why I get these dreams occasionally is that that was the way my mind worked before I was disabled, and the way I now long to be again. It's lovely in the dream, and I also love the recollection of what I was doing in such dreams. But now they come infrequently. It has changed with the passing of time with me. They were frequent at first when I was recently disabled, and then I had a spell when I was walking around in my dreams with great weights on my legs, or my legs were trapped in some way and I found myself saying to people in my dreams, 'I'm not disabled – I'm an able-bodied person who has these weights on her legs.' But these dreams have tailed off now that I have accepted my disability. Now I dream that I am in my wheelchair, and I don't need to explain, because people can see and understand that I am disabled.
- I don't know why it might be like this, but I do think there's something in your dreams. I do believe God helps me to cope with things. God gives me a lead to find things out – you have spiritual guidance in your dreams. There's a meaning in them, telling you to look and work it out. Perhaps it's so you look at things before you have to think about them? If I have a picture I have a clearer idea. Maybe that's why God gives me that?
- Dreams are what I think heaven will be like for me. I will have no physical restrictions there. I do wonder sometimes if what I am doing in dreams is blotting out reality and living in fantasy. Of course I would have wanted to be free of physical restrictions. I suppose it could be wish-fulfilment.
- It's nice at the time and I am interested in why dreams are like this, but I have no philosophy about why this might be so.
- For me, I feel that every day I am healed in my attitude – made whole again so that I can continue to live with purpose. Dreams like this help me because they reinforce this for me. With God I am the same as every other person. The way I dream is the way God sees me. My mother used to say, 'Oh, I wish God would heal you!' I feel differently. I feel God has chosen me because he knows I have the strength to carry on, even although I have the physical disability. If I didn't believe that I would just sit at home and not do anything.
- I suppose it's in a way, in my dream, feeling not disabled by my disability – which I suppose is a spiritually based thing. I get a bit confused about this, because as you know, I'm not a 'God' person. For me, it's not a psychological reason that is talking about denial. It's more about 'ablement' rather than not. It's usually symbolically used in the dream. I have challenges in my dreams. It's about a psychological aspect of me that is feeling disabled. I don't feel for myself that it's anything to do with wish-fulfilment. It doesn't ever feel like that. The content of the dream scenario is much more important, and when disability comes in, in any sense, it's to do with my ability to cope with the scenario, rather than just disability per se. A sort of psychological self-actualisation. The turmoil and torment I've been going through recently is towards that end as well. The resolution I have come to just now felt as if it were being worked on in my dreams – trying to find a healthier way through my situation.

Appendix 2.1.10

CONSENT FORM

I am willing for the information I give to Jean C. Morrison to be recorded as part of a research project.

I give my consent for it to be transcribed, but for my identity and that of any other person I might name, to remain confidential.

I understand that Jean Morrison will submit to me anything she writes specifically about it or any part of it she wishes to quote directly, with a view to my making any changes I wish in the text, or withholding permission to publish.

I understand that it is Jean's plan to present for publication within the next five years, work based partly on such recorded work, and under her name.

NAME OF INTERVIEWEE:

SIGNATURE OF INTERVIEWEE:

DATE:

July 4, 2000.

Dear

RESEARCH PROJECT ON DREAM SYMBOLS AND METAPHORS

Recently you kindly agreed to take part in the second stage of the above research project. You were invited because you are, or have been in the recent past, in a relationship with me within the counselling field. Because of this, I believe I know a little about you and the context of your waking life as I did with those in the first stage.

In the first stage of the project I helped current counselling trainees with interpretation of their dreams. These men and women all have some form of physical or sensory impairment and are being trained to offer counselling to disabled clients.

My research interest with you will, in particular, be in discovering and working with the various dream symbols, metaphors and themes that you offer from your experience of dreaming. Whether your dreams are complicated or simple, repetitive, part of a series – even dream snatches – as long as they were experienced around or within the experience of sleeping, and in the allotted six week period – I will be happy to hear them. You may offer me dreams you feel you have already interpreted for yourself, or ones that baffle you. What I cannot offer is any certainty that we will together exhaust the meaning of any particular dream by the end of our session together – but hopefully you will gain insight in the process and can work further on it by yourself.

In the second stage of this project I intend to provide the same structure for you as I provided for those in the first stage. The project will be time limited to a six-week period. This will be from [10 July till the 27 August 2000, inclusive](#).

What you need to do is this:

- When you have experienced a dream you would be willing to share with me, write it down (or tape record it) in as much detail as you can remember, as soon as possible after you dream it.
- As soon as you can, phone me to let me know you have a dream to offer.
- We will then find a time mutually suitable (usually an off-peak phone time) when I may return your call, to listen to the story of your dream and help you interpret it.
- My phone call to you will normally be for around 30 minutes per dream. It will be tape-recorded, and may thereafter be transcribed. If at [any time up to September 3](#) you change your mind about the consent you have given me, or want to place limitations on it, you may contact me in writing, or by phoning about this.
- Please send me your signed consent form and completed questionnaire as soon as possible, to indicate your firm intention to take part in this project.

You may phone me with as many dreams as you wish over that period of six weeks. The record from the other group was seven dreams from one person, while two people were only able to give me one each. I am hoping to have an average of about three from each of you, but I know that dreams don't always come to order! Do contact me if you have any queries.

I would really like this to be a good experience for each of you.

All good wishes – and happy dreaming!

Yours sincerely,

My reference for you:

QUESTIONNAIRE (please complete and return with the Consent Form)

- Most of the questions on this form are directed at obtaining information valuable for my research because of a factor shared by people engaged in Stage One of this project.
- Please circle or tick relevant information, and write legibly!

1. Gender. M F

2. Age Group. 20 – 29 : 30 – 39 : 40 – 49 : 50 – 59: 60 – 69.

3. Over the six-week period 10/7/00 – 27/8/00, which prescribed drugs (if any) do you expect to take?

4. If you currently have any form of physical impairment, what is it, and how might it disable you in your waking life?

5. Looking back through your entire life, have you at any time been in regular contact with a person who had a major physical impairment? Yes No Can't remember.

If your answer is 'Yes':

a) In which relationship was this person/these persons to you? -

family member: partner: friend: neighbour: acquaintance:

colleague: client: counsellor: supervisee: supervisor: trainer: trainee:

in another relationship with you (please specify)

b) At roughly which period of your life did you have this/these relationship/s?

In your childhood: in adolescence: in early adulthood:

in the past five years: all my life: currently.

6. Is there any comment you may wish to make around the above information?

7. If I choose to write about any of the dreams you might offer, and it is appropriate to give you a fictitious (but realistic!) first name, which would you like this to be?

Thank you for being willing to take part in this project, and for filling in this questionnaire.

Jean C. Morrison 4 July 2000

Appendix 2.1.13

Dear

RESEARCH ON SIGNIFICANCE OF CERTAIN DREAMING SYMBOLS IN PEOPLE WITH PHYSICAL IMPAIRMENT

Thank you very much for agreeing to take part in the above research project. This is one of two projects I am undertaking towards the degree of Doctor in Psychotherapy through Professional Studies with Metanoia Institute and Middlesex University in London.

In the course of my experience as a trainer for the peer counsellors at the Lothian Centre for Integrated Living, I was part of an informal lunchtime chat three years ago, on the experience of mobility in the dreams of wheelchair users. To my great surprise I heard that in the dreams of those present they mostly experienced themselves as walking, dancing and climbing freely, and that the wheelchairs that are so much a part of their everyday waking experience rarely were present in their dreams.

As a counsellor who has often worked with clients on the significance of their dreams I am used to helping people look at anything in a dream that is not in accord with their waking experience, as somehow being symbolic and significant for them, and worthy of their waking attention. So, if a client with good sight told me that in a recent dream she experienced herself as being unable to see, or a man who enjoys hill-walking told me that in a dream he experienced himself as in a wheelchair and unable to walk independently, I would assume that these dream experiences were symbolic of something happening in their lives that they would do well to explore. Furthermore, if either of these clients had ten dreams over a period of weeks in which they experienced the same phenomenon, I would be absolutely certain that their unconscious was trying to get a message across to them and they were still not heeding it. How might I account for the apparent fact that this group of trainee counsellors in wheelchairs seem to share a dreaming 'norm' that wheelchairs are not essential to their mobility? Was this significant for any particular dream they might have – or for all their dreams – or for none of their dreams?

Having wondered a great deal about the possible significance and causes of this phenomenon, and talked more about it with them, I eventually decided it was something I wanted to investigate further – hence my present research, begun formally last Easter with fourteen of the LCIL counsellors and a control group of people involved in the counselling world who do not have major physical impairment.

I am now at the stage when I need to listen to more people who have experienced physical impairment from birth or infancy, since most of those I have interviewed from LCIL acquired impairment in adulthood.

WHAT I WOULD LIKE FROM YOU

The next few times you have a dream, would you please ring me at _____ ? (I have an answering machine.) We will arrange a mutually convenient time for me to phone you back and record our conversation about it.

You do not need to tell me the whole story of your dream, unless you want to. I would be particularly interested in details indicating the presence of your waking physical or sensory impairment, or any indication that in the dream you experience yourself as **not** having any physical or sensory impairment. If in your waking life you have a physical or sensory impairment, but your dreaming 'norm' is different, I would love to know your opinion on why this might be so for you.

If I want to write up your experience (and I would let you see it, and ask your permission to let it be published), what first name would you like me to use for you?

If someone has already chosen this one, what would be your alternative choice?

Thank you. I enclose a stamped addressed envelope for returning to me the enclosed personal questionnaire and one of the consent forms.

I look forward to hearing from you when you have a dream. Even a snatch of a dream would do, as long as it is long enough for you to have a feel for the kind of issues I've outlined above.

With all good wishes,
Yours sincerely,

CONSENT FORM - TO BE RETURNED TO JEAN C. MORRISON

I understand that:

- I volunteer to take part in Jean Morrison's research project on dreams by contacting her by phone to tell her that I have a dream I am willing to discuss.
- She will then arrange a mutually convenient time to phone me back to discuss particular aspects of my dream. This discussion-based phone call will be tape-recorded and may later be transcribed.
- The information I give Jean about my dreams will be treated with respect. When Jean stores it, and later writes up her project for publication, my personal information will not be able to be linked to my identity unless I state that I wish this.
- At any point up to two calendar months after the recorded phone call, it is my right to contact Jean to withdraw permission for this taped material to be held and used in her project. I need not give my reason for doing this.

Name of volunteer:

Signature of volunteer:

Date:

Please sign both copies of this consent form. Send this one to Jean C. Morrison as soon as possible. Retain the other.

CONSENT FORM

PERSONAL COPY

I understand that:

- I volunteer to take part in Jean Morrison's research project on dreams by contacting her to tell her that I have a dream I am willing to discuss.
(Phone:)
- She will then arrange a mutually convenient time to phone me back to discuss particular aspects of my dream. This discussion-based phone call will be tape-recorded and may later be transcribed.
- The information I give Jean about my dream will be treated with respect. When Jean stores it, and later writes up her project for publication, my personal information will not be linked to my identity unless I state that I wish this.
- At any point up to two calendar months after the recorded phone call, it is my right to withdraw permission for this taped material to be held and used in her project. I need not give my reason for doing this.

Name of volunteer:

Signature of volunteer:

Date:

My reference for you:

QUESTIONNAIRE

(Please complete and return with the Consent Form)

- *Most of the questions on this form are directed at obtaining information valuable for my research because of factors shared by people engaged in Stages One and Two of this project. You are in Stage Three.*
- *Please circle or tick relevant information*

1. Gender. M F

2. Age Group. 20 – 29: 30 – 39: 40 – 49: 50 – 59: 60 – 69.

3. Please describe your physical impairment.

4. Have you had this impairment since birth? Yes No.

If not since birth, how old were you when you acquired it?

And how long ago is that now?

And did this happen suddenly, or

over a period of time?

5. Are there any major changes happening in your life now, (not only to do with physical impairment or disability) that might influence your dreams?

Yes

No

If yes, would you please give a brief description of them below, unless they are of a nature you wish not to disclose to me.

6. If I choose to write about the content of any of your dreams, and it is appropriate to give you a fictitious (but realistic!) first name, which would you like this to be?

And an alternative if this is already selected?

7. Do you normally record your own dreams, or have you in the past, done so?

Yes No.

Do you use any particular theories to help interpret your dreams?

Yes No.

If yes, which theories or techniques do you normally use?

8. Is there any comment you wish to add to this questionnaire?

Thank you for being willing to take part in this project, and for filling in this questionnaire.

Jean C. Morrison, 2001

HOW DO DISABLED PEOPLE RESPOND TO HAVING A NON-DISABLED DREAM BODY IN DREAMS?

In this appendix I will

- summarise the responses I received to the questionnaire of October 2000 (Appendix 2.1.8)
- conclude with my thoughts about the responses.

Summary of the responses (For full data see Appendix 2.1.9)

Q. 1. How does it affect you when you dream that you have a non-disabled body that can do things you would not be able to do in waking life?

Those born with motor impairment:

- Those born physically impaired seemed to accept this dream phenomenon as normal for them, as did the participant who acquired visual impairment in her twenties over 40 years ago. They said that for them it has always been that way, and that, in itself, it does not engage them at an emotional level.
- One asked why her dream self-representation had not changed since her body began a few years ago to deteriorate in its physical ability. (1)

Those who have acquired a physical disability, including visual impairment:

- Some seemed to have no particular emotional response when awake to having this phenomenon in their dreams.
- One expressed disappointment when waking to lose the freedom of her dreams.
- Others felt happy about it.
- One expressed something I had not heard from him before – not that his dream image was non-disabled, but that it was super-abled! (2)
- Three responses could well be summarised in the words:
‘Well – it’s me. It shows the way I think and feel about being me.’

Q. 2. If you think there might be a psychological or spiritual reason why your dreams give you this particular experience, what do you think that might be?

- Two said they had no personal explanation for why this might be so.
- Two said they wondered if it was a way of helping themselves to cope with the reality of their physical condition and its limitations.
- Two offered that this was how God would see them.
- One said the reason might be wish-fulfilment.
- One had been tracking her dream self representation to try to make some sense of it and had concluded that since she dreamed less often that she was able-bodied, this might indicate that she was coming to terms with her condition, and from now on would see herself in dreams in a wheelchair. (3)
- One who was congenitally disabled said categorically that being physically disabled or not in her dream had no relevance to the dream she might be having, but that it could be an encouragement to her to try something new.
- One said that it was showing that the ‘real me’ can still do things.
- One that the image showed ‘who I am and what I am capable of’
- And one said that the image symbolically expressed ‘ablement’ and that it was a psychological expression of self-actualisation.

Notes

1. This respondent answered the questionnaire before she began to have a wheelchair symbol in her dreams.
2. This man did not share such a dream with me during the six-week project, so I was interested to hear of it. He had had a dream where he was wearing his prosthetic leg which acted a bit like a seven league boot in fairy tales, enabling him to travel much faster than his companions with their own legs. I compare the final sentence in his reply with the response he gave me about a year later. His sentence was 'Usually, in remembered dreams, I don't know if I have a natural or prosthetic leg.' This was the case in the two dreams he gave to me as part of Group One. A year later I asked if he felt his leg in dreaming might be a 'phantom limb'. Without a moment's hesitation he replied 'No, definitely not!'
3. For this respondent, her dreams almost two years on still hold a mixture of sometimes being in a wheelchair and sometimes being non-disabled.

Conclusion

I think back to the conversation I overheard amongst some of the wheelchair users in this agency and that sparked off my research, and I'm pretty certain that if I had handed out this questionnaire the day before that conversation, instead of more than two years later, the results would have been different.

On that day, there had been surprise expressed that all those present shared this dream image experience. Since then, not only that first group but subsequent training groups have together been involved in the training programme that included six-weeks (Group One) of my hearing their dreams, and helping them interpret them, followed by each having a day's training on helping others look at their dreams.

Their awareness of this phenomenon in their dreams has been raised during this process. Their awareness of their own dreams has also heightened, and some have been involved since in sharing more dreams with me in Group Four. Dreams have been experienced, explored, shared, wondered at, joked about, forgotten – yet many have been remembered in a detail that has surprised me, because of their felt significance to the individual dreamer. Dreams have been part of the life of that community, and the responses to the questionnaire suggested this.

The variety in the responses indicated to me on the one hand that it was a subject they felt worthwhile to consider, and on the other hand that what each said reflected both his or her own personality and their personal journey with physical impairment.

Two threads seem woven throughout. Many seemed to say 'Well – that's the way it is, and now I know that, I'm getting on with my life.' The other was the link made by some, between their dream experience of self and their identity.

In a very positive open way, their core identity is that of being able.

HEURISTIC RESEARCH AND THE STAGES OF DREAMWORK

The table below indicates how I have applied heuristic research methodology to understanding my own dreams and relating them to the collected data of the dreams of others.

Table 2.1.1: Heuristic Research and the Stages of Dreamwork

Stage No.	Moustakas' Stages of Heuristic Research	Stages of Dream Interpretation
1	Initial engagement	<i>I've had a dream. What does it mean? I want to understand it. I'll record what I remember.</i>
2	Immersion	<i>What is its theme? What might this symbol mean? Why this metaphor? Which emotions did I feel in the dream? What am I feeling as I explore its meaning?</i>
3	Incubation	<i>I think I know what this part means, but my meaning for this symbol/metaphor/theme doesn't feel quite right. I'll put it on the back burner of my mind where it can simmer away, and come back to it later</i>
4	Illumination	<i>Aha! That's what that symbol/metaphor/theme means! Of course!</i>
5	Explication	<i>Does this dream meaning help me understand other dreams I have dreamt? And perhaps dreams of others? And what I've read?</i>
6	Creative Synthesis	<i>I can now understand how my dreams are related to one another, and related to the dreams of other people. I'm putting it all together and it is making sense as a whole theory that might help others.</i>

FIVE DREAM THEMES

I compared themes featuring in several dreams of Group One, with those of Group Two, noting five in particular. Part of our common humanity, they might highlight the difference in experience between Groups One and Two – and the need for this research.

In this appendix I present all five, and give a detailed verbatim record of the response of the participants to the first four as I presented each during a two-hour meeting on October 18, 2001, arranged for those in Groups One and Two.

I wanted to check my findings from my reading of the dream reports, so I offered these. Only two disabled participants could not attend, but only two non-disabled participants were present. It was an afternoon meeting, and most Group Two participants were working. I knew this was likely, but also that disabled participants would find it difficult to attend on a dark autumn evening. I wanted feedback from disabled participants more than from non-disabled - for my results to be judged fairly and hopefully be accepted and understood by the disabled group. Also present were some personal assistants of the disabled people attending, and some LCIL staff members.

The themes are numbered below, and in bold italic print.

DIFFERENCES***(1) A heavy sense of responsibility***

In Group Two, 15 out of 39 dreams indicated that dreamers had a heavy sense of responsibility for others, accompanied usually by either high anxiety or guilt for not keeping them safe.

Examples of this were:

- A friend's business is failing. In her anxiety the dreamer abandons her own work to try to save it.
- A passing car's exhaust falls off and the dreamer feels it could be dangerous. She moves the car to the roadside and has it repaired.
- There is broken glass in a children's playground. The dreamer gathers it up so that none will be hurt.
- A man tries to kill a woman by making her fall down a mountain. The dreamer attempts, but fails to catch her, takes the blame and goes to find the body.
- There are two ill-fed threatening dogs around. She needs to act lest they attack her nephews.

This did not seem such an issue with the dreamer trainee counsellors (Group One). A sense of responsibility for others appeared in only three dreams, and in none did anxiety or guilt feature. Disabled dreamers handled this without feeling burdened.

- The dreamer accepted she could do nothing physically to protect the person she loved from harm as he fell. This would accord with her waking reality since she has congenital mobility impairment.
- In another the dreamer realised at the dream's end that she should do something to protect others. In telephone conversation concerning the dream, she rehearsed with me what she might do about it in her waking life.
- In the final example the dreamer rescued, unharmed and smiling, the baby she was carrying when he fell downstairs.

Anxiety appeared in Group One's dreams. One dreamer felt anxious because she tried, but could not get something to come right, while another was anxious about her wheelchair, and did her best to find help.

When the above was presented to research participants at the meeting, their contributions were as follows¹:

- *'Maybe its because although we give help to others through counselling, we get more help in our lives, more than the non-disabled'*
- *'The group of people with disabilities – often responsibilities are taken by other people – hospitals, occupational therapists, and you didn't have much say in it. You weren't considered as a person in your own right. They made the decision and you just went along with it. I mean from early on in their life – if they had been born with a disability. Or even if it was an acquired disability, the responsibility was taken by others.'*
- *'I think a lot of that has to do with people's upbringing. Their social conditioning. Their social circumstances. I wouldn't necessarily feel comfortable saying that because this group are disabled and that one not disabled, there's a difference because of these two factors. If there is a difference, I think it would be multi-factorial rather than anything else.'*
- *'I think that disabled people may become a bit ego-centric. We become a bit concerned with our own selves. I've heard other people say this about disabled people.'*
(Here I challenged the speaker talking on behalf of 'other people', and she added)
'I know that I have become that way since being disabled.'
'Because you have so much responsibility for yourself that has to be carried?'
'Yes.'

Another disabled person asked if perhaps the non-disabled counsellors still had dependent children at home. Most children of the disabled people had grown up and left home. I replied that some had, and the difference could be partly attributable to that factor.

Only one non-disabled person commented:

- *'I was holding back for fear of being disrespectful to the disabled group and it was only when X spoke that I began to feel that it might be alright for me to say that that was the one that rang most true for me, that maybe from birth people get used to getting things done for them, not being allowed to have the opportunity to decide a lot of things for themselves. That's what sounded most true for me, but I didn't want to say it because it might sound a bit disrespectful. But I'm saying it now, and maybe that's part of the proof that you need to hear, that people in the control group get over-anxious and feel guilty about lots of things, particularly to do with disability.'*

The disabled participants had owned what I would have found difficult to say about them. My assessment of the difference here is that there are factors in the lives of this specific group of disabled people that might be shared with many – but not with all – disabled people. Only a few in Group One are in a living situation where others are still dependent on them. Many rely on physical help from others to enable them to live independent lives in their own homes.

(2) Watching or being watched

On reading through the dreams of Group One I noticed a recurring symbol of 'the stage'. Examining these more closely, I saw metaphors that might imply a consciousness of being watched by others.

Four Group Two dreamers mentioned being watched by others:

- One was observed playing tennis
- One couldn't close the curtains of a dressing room to ensure her privacy
- One decided against swinging herself up through a loft door wearing a skirt with two men around who might watch
- One commented 'I was conscious everyone was watching me'

¹ The words of the research participants are in italics. My interventions are not.

But in nine Group One dreams there were metaphors of being on stage or of performing while others watched.

- One stood beside a pool, trying to attract the attention of two personal assistants. Not succeeding she dived in while a watching crowd cheered
- The same dreamer was in a beautiful old house admiring it, when suddenly she floated up to the ceiling. There she stuck, unable to move while people pointed at her, jeering at her plight
- One was asked to perform in a play, and about to go on stage, but no one would give her a script
- One saw her deceased parents sitting in a car watching her
- One man sat in a room where one entire wall was window
- One had three repeating dreams where she was being threatened and criticised in her own living room: more people joined the cast in each dream supporting and surrounding her, and finally the walls held portraits of two past friends watching the proceedings
- One was dancing with a friend before groups of people who weren't able to join in

Two more men were watching performances rather than being watched:

- One (with a hidden disability) was the sole person in a theatre audience. On stage were people he knew - some with a disability
- The other watched his partner dance with a stranger

Here is a sample of the comments from the discussion at the meeting:

- *'Wherever you go, people are looking at you. You can't do anything about it. You attract attention. People turn their heads as you go along the road.'*
- (Here the speaker has a hidden disability) *'I'm aware of people watching me and saying 'She's not disabled!' Anytime. I'm aware that people will look at me and say 'Oh, she's alright.'*
'And why shouldn't they?'
'Well, if I know I'm disabled, and say that. People can't see it.'
'You live in a world of disability, and notice.'
'They come to the wrong conclusion about me. But I have the sense at sometimes that people are watching me.'
- *'There's something about people's perception of me, seeing the disability and not seeing me. I know I'm quite insecure when I go into a group where I don't know many people, because I use my sticks, or crutches or chair. So it's their perception of me. They see the disability first before they see the person. It's almost like having to be somebody that I'm not. It used to be I felt I had to come up to their standards. Now I'm more secure in who I am and it's OK to be who I am.'*
- *'Could there be some element of frustration in that? Wanting to do it for yourself, but not being able to, and watching other people doing things like, dancing, hill walking, that I want to do?'*
'Some were very frustrated dreams, where the dreamers were being watched, and some felt free and enjoying the audience being there. There were different emotions.'

(3) Transport

24 dreams of non-disabled participants mentioned forms of motorised transport, but only 8 from Group One. In two dreams non-disabled dreamers were in boats – one with a small party of work colleagues, and another 'a gunboat speeding towards the ice'. There were two aeroplane journeys and one helicopter was seen. There was a bus journey in Los Angeles. There were two lorries in separate accidents in one dream, with an ambulance and other rescue vehicles rushing to the scene. In a journey on the London Underground a dreamer dangled his foot through the carriage floor, stubbing his toe at a rail junction. A train featured in another dream. There was a Land Rover, a blue van on its side, a large black limousine that gave the dreamer a lift, a hearse and several cars – one with its exhaust falling off, one with huge scrapes down each side. There were

car journeys, the dreamers driving or being driven by others; sometimes parking was difficult. There was a tramcar. In three separate dreams women stood waiting for buses that did not arrive.

But for the dreamers of Group One, living in the same city, travelling regularly by taxi, bus or driving their own cars, and who sometimes fly off on holiday, there was a contrasting transport scene:

There was one stationary ambulance waiting to receive a friend on a stretcher, and one stationary car with the dreamer at the wheel. Another car was mentioned. There were two buses - one on which a dreamer was travelling and became trapped, and another where a young woman boarded with a child in a pushchair with her nose bleeding. One mentioned there being no taxi for her at a railway station.

The discussion at the meeting took off with energy:

- *'Quite a few people in LCIL are drivers'.*
'And those who don't drive are frequently in taxis.'
- *'But you often don't have control over transport, which is maybe one of the issues there. The waiting is a huge issue for so many people'.*
'So maybe there are symbols of that.'
- *'It could be representing this lack of control that disabled people feel over transport, with a lot of means of transport being inaccessible'.*
- *'The importance of transport for people who are disabled and those who are not disabled – does it not have quite a difference in the place it has in their lives? Transport for people who are non-disabled is probably something that is not hugely relevant, whereas for people who have disabilities it does have a much more central position in their lives. There's a greater variety if you're not disabled. You don't actually have to think about using it, whereas you are much more limited in your choices if you are disabled'*
'Are you not saying then, that transport for disabled people is a much more key factor in disabled people's lives?'
'Well, no. It has a different role? It's something that can be much more problematic, whereas, for people who are non-disabled it's tangential to all sorts of different things in their lives. Not such a big issue'.
'What sort of role?'
'Much more problematic. Like not turning up.'
- *'There are other issues around it like independence. Relying on other people, and stuff like that. For non-disabled people, those issues don't come into it. You also said that two people talked about things that weren't moving. Is transport also not a symbol for journeys and movement and progression? For people who are disabled, there's movement, but it's also often geographically quite static for people with disabilities, and it's not all that easy to go to a huge variety of places without thinking about it. Transport is much more limited in the scope it provides. I wonder if you're on to something about the symbolic thing, as well as the practical reasons?'*
'The people in the control group have an awful lot more freedom of movement'.
- *'Symbolically – this is a sweeping generalisation - people who have disabilities, their journeys are probably much less mobile, and their development – their personal progress – probably doesn't geographically change hugely. The idea of people's journeys that are non-disabled, is much broader – its potential is much broader.'*

- *'Yes, the able-bodied people can just jump on trains, buses, whatever, and they have a timetable, whereas someone with a disability has to say "I wonder if it has a drop step? If there will be a seat near the door? Will I have to walk? Will it be accessible for me?" And sometimes not being able to go on their own'.*
'You know, I would have thought that LCIL people would have had that kind of feature much more in their dreams'.
- *'Maybe if it's not a big issue in your life, it's an easy thing to dream about? Whereas if it is a big issues, problematic, then maybe at some level you are avoiding it in your dreams?'*
'Either that, or the anxiety is so obvious that they don't need to be even more anxious in the dream!'
- *'I'm glad you mentioned fear and emotions, because I'm at a loss. I'm wondering, Jean, what were the comments about emotion in the dreams concerning transport?'*
[non-disabled participant]
'OK. I haven't looked at that particular issue – emotions connected with transport'.
'I have nothing to offer other than that. I can't figure it out.'
- *'One thing I would like to point out was that the way you read it, Jean (the list of transport of non-disabled people) was full of excitement. Which is really quite significant. We can jump on things so easily, whereas, going back to what X was saying, it can be much heavier for others when you are having to weigh so many different things up.'* [non-disabled participant]
- *'And transport, if you don't have a problem with it, is so much part of your life, you take it for granted. It's incidental, whereas if it's a problem, you do it a lot less, and you don't have so much freedom about it. You never really go very far.'*
- *'It's interesting. You don't have any choice. You need it. You don't have any alternative. During my training at LCIL I was very much dependent on transport.'*
- *'I'm a bit puzzled by this finding, because if disabled people dream of walking when they can't walk, they dream of doing things they can't otherwise do, why aren't they dreaming about flying about in aeroplanes? And rushing about in fast cars?'*
'I was very puzzled about that too.'

One factor I omitted from the transport lists was wheelchairs. In Group One, 7 mentioned wheelchairs. None were in Group Two's dreams although one dreamer recorded that a disabled friend was not in her wheelchair. I drew an angry reaction from a non-disabled participant (Group Two) when I pointed this out later, rather than including it in the transport section.

I did not list wheelchairs amongst other transport because I wanted to present a whole section on wheelchairs later in the proceedings. I can understand that non-disabled participants thought that, by not mentioning wheelchairs I was somehow discounting what they assumed to be the obvious method of transport for disabled people. I acknowledge that ambiguity. I thought that, as wheelchair users fold their chairs and transport them in cars, taxis, or other specially adapted means of transport, wheelchairs by themselves were equivalent to having dependable walking legs. I know that in some situations wheelchairs can be experienced as an extension of the disabled person's body image, but at other times like 'something other' - not part of themselves, but on which they have to depend.

In their dream interpretation, non-disabled drivers used the symbol of their car or those of others to represent various aspects of their lives, including sometimes, their bodies.

(4) Endings

One difficult aspect of the Immersion Stage in heuristic research for me was that the material gathered became so familiar to me that I stopped viewing it objectively. I forgot to keep my head above water: I immersed myself. To help me regain some objectivity I sent some dream reports of Group One to a colleague, asking her to read them and work on them with me. At the end of our session, she remarked how painful it had been for her to read them at one sitting. I felt surprised. Fleeting I wondered why she was sympathising with me! Literally, my mind had grown numb to the pain: psychologically I had reached the stage where in a real life drowning, swimmers feel seduced into letting the waters close over their heads: no need to fight for survival because there is no pain left so no need to resist it. I had so absorbed the psychological pain in the dream records, that it no longer affected me.

Her challenge helped me regain a boundary between my life and the experience of the disabled dreamers. I read again the dream records of Group One, and followed by reading those of the control group. It was then I noticed another difference. Both recorded painful, sometimes horrific stories – in Group One there were 21 bad dreams out of the 35: but in Group Two there were proportionately more - 28 out of 39.

I then realised that in Group One, there were only 4 bad dreams with a good ending: in 17 a threatening situation was left unresolved. In contrast, Group Two had 18 dreams with a good ending to a bad dream, and in only 10 the threat remained unresolved. I illustrate this in Table 2.3.1

Table 2.3.1: Comparison of Dream Endings

Group.	Total number of bad dreams	With a good ending	With threat unresolved
Group One	21 out of 35	4	17
Group Two	28 out of 39	18	10

Examples:

One from each list has previously been illustrated in the dreams of Ruth and Christina (pp.59,60):

In Ruth's dream (Group One) her power chair toppled into deep water and sank. In the dream they could not bring it to the surface.

In Christina's dream (Group Two), her father's Land Rover toppled into deep water and sank. Her father and she together brought it back to the surface, and they went home.

I already cited two dreams dreamt by women, previously nurses in charge of hospital wards. In them they were back nursing, but with others whose authority they severely questioned because of the patients' physical condition. The Group One dreamer decided she was fit only to clean the ward, not to nurse. She had her temperature taken, not by thermometer but by a broadsword that fell from under her arm, slashing the seat of her chair. The Group Two dreamer managed to catch an elderly patient, saving her as she toppled, and ended up thinking positively about the nurse in charge.

In Duncan's nightmare (Group One) a corpse injected itself horizontally through his car door and feet first into his body. He was terrified, powerless to stop it. For Group Two's participant her mother died and the family walked behind the hearse. When the coffin was opened, out stepped a lovely, lively young girl.

At the meeting on October 18, I asked the gathered group of participants to reflect on this apparent difference in the dreams.

- *'Maybe life's a lot harder and dreams are harder?'*

- *'Could it be, Jean, that the control group were able to sort out their problems, and disabled people can't sort out their problems?'*
- *'Perhaps it's about keeping going. Living life with a disability, whatever that disability is. It's not something you can tie up with a nice bow and change. You have to deal with it on a day-to-day basis – an hour-to-hour basis. There isn't an escape from it.'*
- *'It's not like a broken leg in plaster that will be OK. And if, like myself, you have got something that is progressive, there are anxieties about "What if..."'*
- *'There are no happy endings'*
- *'Well, no happy ending that I'm completely in control of.'*
- *'Yes. It doesn't work out and get better'*
- *'There's a notion going round in my head about us - when we are asleep we incorporate things that try and keep us asleep, like if we hear a bell ring we'll dream of alarm clocks and ignore it, and I wonder whether there is a kind of mechanism that makes itself a kind of resolution, unless that has been damaged by life's experiences for the disabled'. [non-disabled participant]*
- *'Perhaps there's also... There seems to be a suggestion that the dream is a reflection of real life. But maybe actually the dream is a way of helping the real life. Maybe there's some sort of inner bit that's being stimulated to help the need for a resolution in waking life.'*
- *'I'm not actually too surprised about the numbers in both. Had it been the other way round I would have been really concerned. For myself, I found that physiotherapists, occupational therapists and so on used to make decisions for you, but there comes a time when you kick against the pricks and say "This is the reality and this is how it's going to be" then you can look at something that's offered and say "Well, it will enhance my life" – like a ramp, like an entry system. I'm dealing with that just now and kicking against it. I could be stubborn and continue with it to be unresolved, because I don't want it to be, and I don't want to face the situation. It could be something like that.'*
- *'This is going round my head. For people who were disabled, there were situations in which they were stuck somehow or other, and I don't know. There are some connections – like about transport – about lack of movement. There may be aspects about that are unresolved, but there may be aspects that are not resolvable. So there's a stuckness that is in the dream, but is also a reflection of a physical reality. And although in the situation that's being dreamed about, the wished-for ending would be a resolution, but the reality of the ending - an aspect of it is certainly not resolvable. So maybe some parts of it, if you looked at the dream as a whole, there maybe bits of it that are resolved, and parts of it that are not resolved as the disability will not go away'*
- *'And in counselling we might say that, and yet together we might find ways for you to cope with what is going on'.*
- *'I think there's something important to say in addition to the physical reality, there's also the political reality of a lot of people having the experience of not being able to feel in control, and that often that's been taken away, in some way. And I think it is really important to see it as well'. [member of staff]*

My response to this debate, mostly amongst the disabled dreamers, was that they had the necessary experience to empathise with the emphasis in these differences between the groups. Many were stating quite clearly 'There are aspects of our lives that give us anxiety and there is no

way we can resolve the situations in which they place us to give our dreams a happy ending. It is not a stage in our life to live through and move on: it's not going to get better.'

There was another factor that could contribute to on-going anxiety in Group One: they are all trainees. (Only four of Group Two came into that category.) Many find the demands of the diploma course stressful, and actively worry about having the necessary resources, academic and in terms of physical energy, to complete it successfully. This project was linked to their learning, and the researcher was also their trainer. Had this affected their dreaming²? The only way I can answer is to say I could find no evidence for it. No participant gave me a dream about the training course, and none associated their dream interpretation with this. On October 18, none offered this explanation. Had one suggested it, I'm sure there would have been a good-humoured response from others.

Group Two's dreams reflected that many were living through anxious situations not yet resolved – but in a higher proportion of their dreams there was some promise that a resolution might come.

One person in the discussion on October 18, mused '*Maybe there's some sort of inner bit that's being stimulated to help the need for a resolution in waking life.*' Kramer (1993) claims that one of the functions of dreaming is to regulate mood so that when people go to sleep with strong negative feelings, their dreams throughout sleep progressively process those emotions to lighten their mood. (Perhaps the folk wisdom advice of 'Sleep on it. You'll feel better in the morning' is scientifically sound!) It would seem, however, that since there are some physical conditions that cannot be changed, processing mood response through dreams in sleep is unlikely, by itself, to lead to changed affect: they are still there and may still be a cause for anxiety in the day ahead especially if there is, for instance, chronic pain or indications of progressive physical deterioration.

I came to no conclusion on whether the ending of a dream, as recounted, is any more significant than the mood of the dreamer on waking, or on how the dreamer feels about the remembered ending of the dream. I believe it may be important to explore such issues with the dreamer, and to compare and contrast one dream with another dreamed around the same time or theme. If many dreams end with painful situations unresolved, then that is a dream theme to be explored in therapy.

(5) Dream body experience and waking body experience

In addressing this theme, I was going to the heart of the phenomenon I most wished to understand. My first task was to make certain that it exists.

In Group One roughly 86% of dream body images were different from the dreamers' waking cognition of what their actual physical body was able to do.

Those with visual impairment saw clearly in their dreams. This phenomenon was experienced by those who had been born physically impaired, in those who had acquired physical impairment as a result of some sudden trauma such as accident or amputation, in those with a condition that surfaced in adulthood and led to progressive physical deterioration, and in those with hidden disability.

- Although Ruth has become progressively unable to walk unaided over five years, in her dream she ran along a path to try to get help
- Two dreamers who were born physically impaired and cannot stand without aid were both standing independently in their dreams
- Vevey who is tetraplegic as the result of an accident, swam and dived with great delight in one of her dreams
- Both the women with acquired total visual impairment in adulthood had sighted dreams. The one who also has chronic arthritis in her legs was not only sighted, but in one dream was dancing with another visually impaired friend in an eightsome reel - a Scottish dance that requires huge energy and precision leg work!

² One from Group Two had a dream whose interpretation indicated that she felt my research might affect the supervision relationship I had with her.

- A man with epilepsy, legally prohibited from driving, drove in his dreams

In the remaining 10% of Group One's dreams, for example,

- one person who cannot move her legs voluntarily, was trapped by the legs on a bus
- In one tiny section of a sighted dream, one of the visually impaired women took a very long time to find a toilet. In the conversation with me later she asked the question '*If I were sighted, why did I take so long to find that toilet? Perhaps I could not see at that part of the dream?*'
- Most of the others were wheelchair users who were in their wheelchairs in specific dreams

In the dreams of the Control Group, roughly 10% described their bodies as able to do or be something that did not accord with their waking cognition or ability:

- Christina helped her father retrieve his Land Rover from a deep pool
- One woman reported herself as walking faster than a bus
- Another woman was a teenager in one dream
- Another, playing tennis, accidentally hit a ball in a high curving arc over the high tennis court fence, so that it landed on the roof of a mini. Delighted, she repeated the shot precisely

Noting the high discrepancy between these results, I decided to find the percentage of this discrepancy in my personal dreams. Out of the 78 personal dreams I read through for this, in 8 my body or its ability was different: roughly 10%.

I had some powerful examples!

- In one I stopped my car, got out and grabbed hold of a fox's tail attached to a motorbike that was blocking my path. In one sweeping arc, I swung both the huge machine and its leather-clad rider out of my way
- Grasping a young disabled boy tightly to me, I jumped off a high wall and we floated unharmed to the ground far beneath us
- I was a man: a woodcutter living about 200 years ago, who had to clear a marsh of large sodden tree trunks and did so by lifting each unaided and throwing it away

Perhaps the most surprising fact for those who have never thought of this issue is that people born with a disabled body have an able-bodied dream self- representation. Those who know about dreams, but not about the dreams of those born disabled, assume that the image is so for people with acquired disability because they have a vast store of remembered self-images from before the time when their body became impaired. But here is a typical quote from one disabled trainee born with motor impairment:

'In my dreams ever since I was a child I have been able-bodied – able to do everything! I waken feeling I can just throw the bedcovers back and leap out of bed, and then I realise that I can't, and feel disorientated for a minute. Then I realise 'It's only a dream', and life's back to normal.'

By this part in my research I was totally convinced that the phenomenon I was researching, existed. It is part of reality for disabled people, and not only for those with visible physical disabilities.

All the physically impaired people whose dreams I recorded in Groups One, Three and Four have dreamt of themselves as able-bodied. For most, this is the norm. There are, however, some important exceptions to this rule as I will show later.

I did not record the discussion on this theme in the meeting of October 18. Having discussed it together in training days on helping disabled clients understand their dreams, the fifth theme came as no surprise to Group One.

Appendix 2.2.1

SELF-REPRESENTATION MIGHT MONITOR CHANGE

Amongst the disabled dreamers were two whose body image did not immediately convey to others the appearance that they were physically disabled: men with what is sometimes termed 'hidden' disability. One has epilepsy and the other a specific spinal injury that restricts his movement, but for which he needs no walking aid.

As I received their dreams in Group One, I wondered what their dreaming self-representation might show. In the dreams they gave me then, there seemed to be no overt symbolic or metaphoric indication of the presence of disability. They both gave me further dreams over many months (Group Four), and it was during this period that I began to identify that changes in what their dreaming self-representation was doing might be monitoring change in how they were feeling about their psychological or spiritual state or identity. If this was so, it could be useful for counsellors to know.

This appendix highlights the way the activity of the self-representation in the dreams of these two men changes to correspond with what is happening in their psychological or spiritual journeys:

- **one in releasing himself from the dependence on others originally caused by his father's need to hide his disability from the world**
- **the other in coming to terms with some major losses in his past – some caused by his disability.**

Kevin

According to a Website Fact Sheet 'Sleep and Epilepsy' (Weiss, 1999) 'in dreaming sleep, you don't get seizures,' yet it also states that 'forty-five percent of people with epilepsy have a form of sleep epilepsy' but this occurs

'during non-dreaming sleep (*when*) your brain produces the slow brain waves that form a very synchronised electrical pattern on the EEG ... conducive to the production of epileptic discharges.'

Perhaps Weiss was unaware, at the time of delivering the lecture, that dreaming occurs not only in REM but also in NREM sleep, and so what he says does not in fact preclude a dreamer having a seizure in a NREM sleeping state in which a dream is experienced¹. As far as I know, there is as yet no reliable method apart from in a sleep laboratory, by which dreaming can be ascertained to happen in NREM sleep. It is possible in sleep laboratories to waken the sleeper and ask whether or not s/he is being wakened from such a dream. I wonder if in Weiss's research the dreamers with epilepsy have rather been asked whether or not they ever dream of having a seizure, and they have all responded that they don't?

Kevin, my research participant with epilepsy, had no remembered sign of seizures in his dream body image – but for most of his waking reality nowadays, he has no sign of seizures. He is well informed about epilepsy, and in particular on how he might control himself in waking to prevent a seizure. He describes this as 'deliberately keeping myself alert and attentive, because it's only when my mind wanders that I can get a seizure.'

¹ Since writing this chapter I have read in Solms and Turnbull (2002: 197) 'Seizures occur quite frequently during sleep, and typically during the NREM phases – which are characterised by rhythmic, slow waves of electrical activity of a kind that are apt to set off seizures in predisposed brains.'

This has been a particularly important thing for him to tell me in connection with my roles of trainer and researcher. My first experience of Kevin was when I interviewed him in connection with the Pilot Research Project. When we finished, I turned around to disconnect the recorder and pack it away. I began to chat with my back to him, and received no reply. When I turned around to make eye contact, I realised he was experiencing a seizure. He was standing there, out of contact, unaware of my presence. Alert during the interview, he had allowed himself to relax at its close. This experience helps me make sense of Weiss's fact sheet. In relaxing, Kevin's brainwaves might well have slipped into a slower pattern, more 'conducive to the production of epileptic discharges' and perhaps conducive to daydreaming in people who do not have epilepsy.

What did appear in Kevin's dreams were anger, control issues and probably also shame around his being banned from the driving he loves, because of his neurological condition.

He described one dream where his wife was driving wildly across grassy patches, and he reached for the wheel to steer them back to the road. In another:

I was driving very carefully through a housing estate, taking back streets while heading to the motorway. My wife, who was sitting in the back seat, and I were arguing strongly about this. She was in a hurry and wanted me to take short cuts along footpaths to get there quickly. But I was doing everything properly.

When Kevin was three his father made him a beautiful red truck into which he could load his other toy cars, vans and a special red tractor. He loved this. His earliest memory is of a time when he had done something wrong, and his father punished him by smashing the loaded toy truck with his foot. Kevin had recalled this memory during counselling training, when reflecting on his growth of self-worth just prior to having the following nightmare.

My father (who died twenty years ago) was driving, while I sat beside him. We were travelling along a well-known road, when a red car from the opposite direction seemed about to smash into us. I grabbed the steering wheel, and the crash was avoided. Immediately another red car appeared, and again I averted the danger, and I did this again and again when these were followed by a red van, and finally a red tractor. At that point, I felt I was wet through, and dared to ask my father to wind up the car window. My father replied, 'The window's closed, it's the door that's open.'

When he awoke his pyjamas were wet with perspiration. His first thought was that he'd had a seizure, but his bedcovers were not in disarray – it was as if he had slept without moving, and yet sweated in fear.

Kevin has had epilepsy since childhood. His parents' response to this was to try to hide this supposedly shameful fact from the world. As he grew up his tradesman father trained him to work alongside him, always where he could control any situation that might develop, and explain away any embarrassment. He had freedom to learn to drive, to learn to handle potentially dangerous equipment, but at the cost of his adult independence. A family rule was that his father must not be spoken to when driving.

His dream symbolised how very frightening it is, and has been – especially within the past few years - for him to take over control of his own life. And now the door to realising the full extent to which he can be independent seems to be open for him.

In his dreams Kevin does remember experiencing seizures, but the symbol of a car appears regularly. This highlights the disability imposed upon him by society's safety laws concerning epilepsy. His dreams around the car symbol are of the tug-of-war for control that has dominated his life.

Duncan

The man with spinal injury and digestive problems tended to have dreams where he was sitting or lying down. In waking reality Duncan was confronted with his physical disability when attempting to rise from either of those positions, but in the dreams he recorded during the six-week project, he neither moved nor seemed to indicate that moving might prove painful or difficult.

He explained to me on one occasion, *'I watch you in the training course bending down to pick up your bag, and I think "Ouch! She'll hurt herself!" I'm so very conscious all the time that I have to keep my body in a certain position or I'll be in pain. And I seem to project this on to others.'* Finding about mirror neurons illuminated this part of Duncan's experience for me. His mirror neurons were firing, sending messages to motor command headquarters dissuading him from trying that posture!

About a year after the dream collection period ended, he reported having a series of dreams, similar to each other:

In one I was playing a vigorous game of rugby, and in some others, engaged in Tai Chi. In those dreams there was a pattern: suddenly I stopped what I was doing in mid-action, because I knew that my body could not and should not be doing this.

In those latter dreams it seemed as if his waking cognition broke into his dreaming. Had it influenced his sitting without moving in previous dreams?

This felt like 'a seed' I had to take through an Incubation Phase in my research.

'Incubation is a process in which a seed has been planted; the seed undergoes silent nourishment, support, and care that produces a creative awareness of some dimension of a phenomenon or a creative integration of its parts or qualities.' (Moustakas 1990:29).

The 'nourishment, support and care' for this seed were supplied mainly by Duncan's own desire for wholeness, growth in self-understanding and his capacity for reflection, but these were undergirded by knowing of my interest in his dreams and his journey towards coming to terms with the disruption of his life following his spinal injury trauma. I continued to mull over what he had given me so far: he continued both in waking life and dreams to process and promote his emotional and physical adjustment.

Duncan is disabled by his spinal injury: according to current medical practice, it is permanent. At his last hospital appointment the specialist advised him not to risk an operation that had a slim chance of improving his condition, but was more likely to leave him with bladder problems and less mobility. They suggested he accept his condition and make the best of it. Why, then, is he not experiencing in his dreams a freely moving self-representation? I looked at the group of dreams I had received from him, both during and after the initial collection, at their separate meanings for him, and realised that I might be seeing a process. My hypothesis was that Duncan had been working through a complex transitional process around cumulative loss – and that he may not have worked completely through it.

In the first dream offered during the six-week collection, he expressed jealousy for those who could still be actively involved with Tai Chi and had burst into 'great racking sobs'. The dream's meaning had been obvious to him. His spinal injury had deprived him of his job – teaching Tai Chi – with all that meant to him.

His next dream was a nightmare.

I was sitting at the driving wheel of my stationary car in the middle of nowhere, and a white mist surrounded the car. I had my young son on my lap. We could see nothing. Without warning, the stiff corpse-like figure of an elderly stranger injected himself feet first and horizontally through the car door and into my side, and there was nothing I could do to stop this happening.

He awoke with his heart thumping not sure whether his emotion was fear, terror or horror. We worked on interpreting it, but Duncan couldn't understand its significance for him. He wondered if it might be about the loss of his father when he was seven, but could not see connections between his memory of his father (who had died at 35) and the symbols in the dream.

From the information Duncan had given me, I suggested that he might usefully explore through counselling, the effects on his life of his father's early death. A few months later, responding to feedback I wrote on a training assignment where he worked through some personal life issues, he sent me a letter:

"I have been seeing an acupuncturist /Chinese herbalist in an attempt to find a permanent solution for my stomach problem. In addition to herbs, he was going to use acupuncture for the first time yesterday, partly also for my back. In a dream, someone very heavily thumped acupuncture needles into two points on my upper chest. I had no knowledge of these, but on relating the dream to my acupuncturist yesterday he tells me they do exist and are called 'the points where the spirit resides in old burial grounds'. These points are only ever used when a person is stuck and unable to get over a grieving process."

I am fascinated by the wealth of resources – both external and internal – interwoven in this story. There was awareness of the need for personal growth released through counselling training, the natural grieving processes becoming unstuck, Duncan's ability to be in touch with his emotions, his seeking help for his body and spirit through a Chinese herbalist, acupuncture, and counselling. Woven through it all, like a golden thread, was his dreaming process – raising issues for his attention, diagnosing, producing appropriate emotion, motivating with mystery – [and is there also an example here in the 'unknown' acupuncture points of a symbol from Jung's theory of the collective unconscious?] - all monitoring the process of integration of the major losses this man has sustained over decades: a complex account of a journey towards emotional health and wholeness.

Duncan did have counselling around his losses and his self-representation in dreams began to change. It shifted from sitting still, to being engaged in lively movement in keeping with the dreams of other disabled people. But why, I wondered, was his moving dream image now interrupted? Why does he go into a waking reality frame of avoiding more loss and pain? Might the process be as yet incomplete? Might his dreams yet to come hold a new self-representation as an indicator?

I decided to send the above material to Duncan and ask him to talk through with me what I had written about him. He took time to reflect on it before we talked, and dialogued with me on two specific areas – the issue of his current dreams reflecting a stage in his grieving process, and new understanding he had of his horrific dream.

He talked frankly about his stage in the grieving process around his disability. For him the dreams of being very active, and then realising he should not be moving like that, are dreams where his disability is the topic of the dream. These dreams are illustrating where he is with it, both emotionally and physically. In waking life he is swimming, having acupuncture, doing everything he can that may alleviate pain and strengthen his back muscles to give himself the best possible quality of life – and these are helping him move more easily and experience less pain. He realises, on the other hand, that there is little chance of his back ever being healed. He is still in a process of discovering exactly what it is he has to come to terms with. He says, *'I live with the threat of further loss and the promise of further improvement – a constant unknowing.'*

Duncan told me that through his counselling process he got in touch with the emotions and meaning of his nightmare, and now understood it. While discussing the effects of his spinal injury he came into an experience of incredible aloneness – feeling cut off from everyone and everything meaningful for

him – an existential experience symbolised in his dream by being in the car in the middle of nowhere with nothing but white mist around him. In his dream his son was sitting on his lap, and this for Duncan was a symbol of the child he had been who had lived through the experience of the long illness and death of his father and his mother's subsequent lengthy depression. The stiff corpse-like elderly figure was the threat of the future consequences of his disability. In the dream this was being forcibly injected into his body: its feet were aimed at the precise area of lower spine of his actual injury, and he could not stop it. Duncan reached a personal understanding that this was a dream that promised him wholeness through the integration of both these major losses.

Months later I was his trainer on an 'Attachment and Loss' module in his counselling course. He explained to me after it that he had waited throughout it, expecting that he would meet some unresolved and emotionally harrowing loss, but this did not happen. On the day we dealt with helping clients 'say goodbye' to something or somebody whose loss had been painful for them, I invited the group to experience a visualisation in which they might complete a grieving process if they felt ready. Duncan decided to use the experience to say goodbye to what Tai Chi had meant to him. In the visualisation he found himself standing at the top of a hill he knew well. Panting up this hill came his younger, fit self – the person he was before his spinal injury, sweating, puffing and blowing – and this was what he said goodbye to, instead of his Tai Chi – and that felt great for him. He was glad he no longer needed to punish his body by running uphill!

Two weeks later he recorded another dream when he awoke, and sent it to me.

I dreamt again that I was playing rugby. But this time, unlike the last in which 'my back' suddenly appeared, I played brilliantly, scored five tries and played with great determination, skill and strength. There seemed to be too many players on the field but that didn't stop me. Also the ball was too soft – it was an old, lace-up leather version, which is never seen now.

And he added, 'So in my dreams I seem to have reverted to the whole body image.'

I phoned him, wanting to know more about what he made of there being 'too many players' and the significance of the old soft ball. His explanation was that the fact of there being so many players on the field showed up how well he was actually playing – diving through tackles and leaving them to bump into each other. 'And the ball?' I asked. 'It was old and soft, but somehow that allowed me to play better.'

When he unpacked this statement it was to realise that although his body was now older and his muscles softer than formerly, his ability to handle and play with life had developed since his spinal injury. He now feels whole within himself in a way he never did before, and his self-representation in his dreams indicates that.

Conclusion

The examples given above are not from a counsellor's notes, but in this part of the study are the closest to such a record. They demonstrate the usefulness for a client in keeping a record of his dreams as material he may bring to counselling.

In the dreams of both Kevin and Duncan changes in their self-representation's activity could be used to monitor and encourage their psychological progress.

PHANTOM LIMB OR SELF-REPRESENTATION IN DREAMS?

An example from my research of working with the dreams of one man with an amputated limb

Only one of the dreamers in my research (Group One) has a missing limb. I wish to illustrate something of how I interacted with him to discover his dream body experience.

Tom's leg was removed by surgery as a result of cancer some years ago, and replaced by a full-length leg prosthesis strapped around his body. For balance, he requires a walking stick in his left hand. He has experienced phantom limb sensation in his waking life.

He described two of his dreams to me.

- *In the first he had climbed the stair to his usual barber's shop. The barber left to do something, so Tom took up the tools and gave himself the haircut he wanted.*
- *In the next he was on the steep pointed roof of a Gothic castle tower, walking around its slope.*

After each dream I asked him whether, in it, he was wearing his prosthesis or if his body had seemed intact. He found the questions very difficult to answer each time. He said he had grown so used to his prosthesis that he no longer was conscious of it when he walked; he took it for granted.

We worked out for the first dream what he could recall actually holding in his hands as he walked around the barber's shop giving himself the haircut. He concluded that as he was holding barber's tools in each hand, he could not, also, have been holding his walking stick. This meant he could not have been experiencing his current waking reality of walking with the help of his prosthesis.

Tom interpreted this dream. To him it was symbolic of a change in his self-image that accompanied a recent change in self-awareness of a pattern in his life. In this dream he was doing something actively to care for himself instead of spending all his time and energy on doing things for others.

It seems unlikely that he would forget if he had been upright on the sloping tiles high up on the Gothic tower roof with a prosthetic leg and his walking stick, but what he recalled was looking down from that height at the ground below, and not being a bit frightened by it because he had been used to working at heights (although not on roofs) in his previous job.

Tom was willing to take part in this dreaming project, but had made it plain to me that he normally paid no attention to his dreams because he had never thought there might be a value in doing that. He chose not to explore further the meaning in that dream at that point. He is a very kind man with a practical 'No nonsense! Just do what you have to do' philosophy of life.

So was this dreamer experiencing a phantom leg in his dreams, and in the dream was unaware of it, because it did not seem any different from his everyday experience? I asked him this question again about eighteen months after the project in which he had shared these dreams with me. During that time he had grown more used to recalling and reflecting on his dreaming experience, and had begun not only to be interested in this pursuit, but to value it. He replied confidently and immediately, that his dreaming experience was nothing like his phantom leg experience. 'No, it's quite different. I've never had phantom pain in my leg. What I have had is a sensation of pins and needles, as if my leg were still there. But in my dreams my body is whole.'

I then checked this out separately, with two other people (Group Five) who have had amputations and are aware of their dreams. Both said to me, in their own words, what Tom had said. Their experience of the phantom limb phenomenon in waking life felt different to them from their

dream experience of feeling that their bodies were physically intact and able to function without restriction.

I believe that the dreaming self-representation body image norm in those who have had amputations is the same as that of every dreamer. To label it 'a phantom phenomenon' is to associate it with physical disability.

Appendix 3.1.1

QUESTIONNAIRE FOR THOSE ATTENDING THE WORKSHOP FOR SUPERVISORS

Most of the questions on this form are directed at obtaining information valuable for my research because of information shared by people engaged in previous phases of this project.

Please circle relevant information and write legibly.

1. Gender M F

2. Age Group 20 – 29: 30 – 39: 40 – 49: 50 – 59: 60 – 69

3. For how many years have you been practising as a supervisor of counsellors?

4. If you currently have any form of physical or sensory impairment, what is it, and how might it disable you in your professional life?

5. Looking back through your entire life, have you at any time been in regular contact with a physically disabled person?

Yes No Can't remember

If your answer is 'Yes' –

a) In which relationship was this person/these persons to you?

Family member: partner: friend: neighbour: acquaintance:

colleague: client: counsellor: supervisee: supervisor: trainer:

trainee: in another relationship (please specify)

b) At roughly which period of your life did you have this/these relationships?

In your childhood in adolescence in early adulthood

In the past 5 years all your life currently

6. Is there any comment you wish to make about the above information?

Thank you for being willing to take part in this project, and for filling in this questionnaire.

GUIDELINE QUESTIONS FOR CT INTERVIEW.

(11/12/00)

Think back to your first remembered meeting with a specific disabled person who was to become a client or a supervisee.

1. What were your thoughts when you first met this person?
2. What did you feel?
3. Do you recall having any bodily sensations?
4. What did you do with him/her?
5. What might you have preferred to do (even if that would not have been a professional way to act)?
6. What for you might have been the risk in acting like that?
7. How do you imagine that person perceived you at that introductory session?
8. When you recall that first session, does any image come to mind?
9. Did that person remind you of anyone else from your past experience?
(not necessarily from counselling)
10. Is there anything else you would like to say about your initial experience of this client/supervisee?

That initial meeting with this client/supervisee would begin a process through which you would build a professional relationship together.

11. How would you describe the relationship you hoped to build?
12. What helped you make your journey towards this?
13. What appeared to help your client/supervisee on their journey with you?
14. Were there any important milestones on this journey for you? If so, would you please describe them?
15. How would you describe your learning curve on this journey, and what do you think you learned from it?
16. Was your client/supervisee's physical disability an overt issue in what s/he presented in the counselling or supervisory work?
 - If so, who raised it as an issue, and in what context?
 - If not, how did you acknowledge her/his physical disability?
 - How congruent were you able to be about your response to it?
17. If you were to have the experience of this journey with your client/supervisee all over again, is there anything you would choose to do differently?

*Appendix 3.1.3**Transcript of interview with experienced counsellor*

Would you like to tell me then something about your initial meeting with this person? What you thought, what you felt, and if you had any bodily sensations.

OK. The context of this is quite complicated but I can tell you a bit about that. This is a young woman who has very severe cerebral palsy and who has a degree of learning disability and also has no speech. I was introduced to this young woman by a speech therapist who had helped her to develop a system of communication by symbols on a language board. It was very much an experimental piece of work in that to begin with I needed to have the speech therapist present as an interpreter until I was able to learn this young woman's mode of communication. She understands speech but she can't speak herself. So there was quite a lot of preparation before we met and I guess for me my experience was a mixture of excitement about the challenge of doing something that seemed quite innovative in a way and fear – would I be able to understand, would working through a third person get in the way of us having a relationship? Would I be able to relate to this person without being patronising because for me one of the important parts of a counselling relationship is to make the power of the relationship as equal as I possibly can, so how would I manage to achieve this with this person? When I met her I realised that she was somebody who had a very very strong personality and that was apparent.

How was it apparent?

Just by her appearance, the way she looked at me. When she is very engaged her body tends to become more jerky than on other occasions. Just everything about her body kind of said this is somebody who is really strong and determined. So that was the really positive element.

And you felt?

I felt excited by that and I felt ... I also felt very apprehensive – how am I going to communicate? Is it going to be possible actually to have an in depth relationship with this person?

Do you remember any bodily sensation?

I don't remember – I'm going back four years or so, I can't remember.

So how did you go about the relationship then?

Well, we began by me saying a bit about how I understand counselling and how I work and inviting the client to say what she wanted to talk about, how she wanted to use counselling and that process went via the board. She would hear me and she would use her symbols and the speech therapist would then interpret her response and what I would do is then check so a lot of the interaction would be me checking back with her – 'is this what you are saying?', 'is that right?' and I learnt to understand that she can sign with her head the 'yes' and 'no' so I understood that way. A lot of me trying to get at what the emotional content might be and she was actually very good at ... her bodily movements when I got it right there was a lot of confirmation so I guess in that early stage that served to allay some of my fears around being able to communicate.

You knew that you were communicating.

I knew that I was communicating with her. It took so much concentration that I think perhaps I lost some of the emotional impact at the beginning for myself.

Because you were having to work so hard. Could you actually see what the speech therapist was doing?

Yes.

So you were beginning to learn the technique?

Yes. And the client has a board which sits in front of her and she points to symbols and at the same time I was also learning and I was conscious of trying to learn her communication system so it was quite demanding. The bit that I guess I found, I think for a while, and this is the interesting bit for me, I think for a while I didn't allow any really deep emotional response to her life circumstances in the situation.

You didn't allow that for yourself, or for her?

For me. And I'm not sure that the client actually allows that for herself. So I guess one of the tough bits that came for me later in our relationship was 'is this to do with a self protection in her' – if that's the case then it's not my job to push her on that but there is something in me that felt uncomfortable about that and that's been the scene throughout actually.

What do you think you would have risked if you had allowed in that feeling in the beginning or that realisation?

I think it could be quite overwhelming for me to imagine myself in her circumstances, and it's a real possibility. Not in the terms of cerebral palsy but it's a real possibility that I could have an accident or a degenerative illness ...

Now I want to ask you about ... there were central things about person centred counselling that in fact you should as I understand it try to get as near an understanding of the person's situation as you possibly can, allowing yourself to do that. So you were at that point ... a defence mechanism was working in you in fact which was against the theory you were working with and which you believe but you were protecting yourself?

I think so in the early stages, yes. I think I was. And in the later stages I had the dilemma of ... because I did on occasion offer a congruent response to the client of what my experiences would be like to be dependent on people 24 hours a day for personal care. To have such limited choices about what I could do in my life. And the client didn't pick that up so that was also very difficult for me. From a theoretical point of view as someone who has grown up with a disability I know from experience and I believe that we all have the resources we need to be able to make the best of our life circumstances. So I kind of know in my head that for me to understand what it is like to be in this young woman's shoes who has grown up with this disability is very different from me imagining ...

Of course. Would you tell me what disability you have? Did I misunderstand you? Did you say that you have a disability? That you have grown up with that?

No, no. I'm saying that I know from my experience of working with people, not my personal experience.

Sorry, I had to clear that up. I thought you were saying something very different.

A personal example I suppose in my experience of difficult life circumstances if you want to use something, but the parallels are different, I do have the experience of people saying 'how do you deal with that'. *(I have removed some information from this place that could identify the interviewee)* Now I often experience other people's reactions to that as being 'How do you cope with that?' And yes, it's been painful, yes, there has been stuff that I have had to process, but it's like I also...that's my life, so I can work with it. So that's what I'm saying really. If they've grown up with a disability it is just part of their self concept, it's just part of who they are and I know in my head that it's a very different experience for them to live day in and day out with their life circumstances than it is for me from the outside to try and imagine it ...

..however awful it might be for us to contemplate. So you found that when you did give a congruent response to that area she didn't seem to be interested in taking it up with you. Where did you go from there?

I let that girl get back to what was around for her so we came back to what her agenda was. I'm not thinking of a specific instance I'm just thinking of an amalgam of things that came out of the relationship that I was helping her with at the time.

How do you think that she was perceiving you during this time?

She was perceiving me I think as somebody who was taking time to try and understand her world in ways that she doesn't very often experience. I know that from her crude and unsophisticated way of saying that would be, using symbols, she would say 'X, hear me', that's how she would convey that. But her attempts to convey what was going on inside her were being perceived and I know that that's against an experience of a lot of people being with her and kind of being patronising, or jolly, or that kind of thing. So I suppose from a counselling point of view what I was concerned about was that she would at least perceive that my intent was to understand as well as I could what it was like to be in her world.

Yes. Had she ... again can I just come back. When she as it were ignored your attempts to ... how do you think she perceived you at that point?

How do you think she perceived me? I suspect that she probably didn't dwell on it very much. I suspect it was like it wasn't very relevant to her agenda so I think she would let that go. That would be part of my trusting with clients that if I get something wrong and they don't pick it up they just let it go, I don't try and push it and I think I was aware...

It wasn't important to her?

Yes.

Tell me more if you will about your experience of counselling this person.

Some of the difficult bit for me was around her physical disabilities because to be able to understand her I had to sit immediately in front of her, quite close so that I could see her board – I'm talking about later on when I had learnt to understand her communications and we no longer had the interpreter. She would sometimes cough and she would cough into my face and I found that very unpleasant. One of the things I routinely do with clients is to offer them a cup of tea so I would offer her a drink and she had her own cup that she would use with a plastic spout but I had to help her have a drink and that was one of the things I was most frightened of doing because I had seen the speech therapist do it and you had to stand behind her with a towel or a cloth and give her a drink and she would put her head back and open her mouth and you would have to pour a little bit and it sounded as if she was choking when she was drinking. I found that frightening and unpleasant because she would often cough some of it back up so it sometimes made me feel really quite sick to be with that and then I would have this conflict going on in my head which was 'this is awful but I don't want her to experience me as being rejecting'. I did talk about it. I didn't talk about my feeling sick or disgusted but I did talk to her about how frightening it seemed that she might be going to choke when she was drinking. And again she didn't pick up on that so it was as if that wasn't part of her experience.

Did you ever give her the option of having a drink with you?

Yes, she always wanted to have a drink and I would make tea or have the kettle in there and I would make tea at the beginning and would put the cup on her tray and she would point that she wanted a drink so at that point I would interrupt the process ... So there was that aspect that was just unpleasant and I didn't want to show that so that whole conflict around that ... because I didn't want my feelings of disgust to be put onto her but I kind of needed to acknowledge that they were there for me and that was something that I often had to take to supervision about not working with this young woman any

more but I had to take that to supervision and just try and clear that so that it wasn't taking me over when I was actually with her.

My understanding of being congruent ... is that you edit out what you think won't be helpful for the client and so that is presumably one of the things you were doing at that point but you had to take it to supervision because it was such an important reaction in you that it sort of got in the way.

Yes. In the moment it was quite clear that it wasn't something to say to the client but it was such a powerful response in me that I needed to acknowledge it to myself and that was one of the ways that I would do that – taking it to supervision and to be able to say that it actually made me feel quite sick sometimes when she was coughing into my face and I know that that is who she is and she can't do anything about it.

So was there anything, did you notice any movement in the journey you had with her, in your learning, in your ...

I think for her most of the learning was about, and this is not strictly part of the counselling relationship, but one of the things that happened was that she became more aware of her emotions and of being able to distinguish emotions and worked with the speech therapist on actually developing more symbols so that she could express more emotions. So that was one of the spin offs from the process.

And for you?

And for me one of the bits of learning was about allowing myself my boundaries. I worked with this client for about 2 years and she would have liked the relationship to continue...

Beyond counselling?

I think beyond counselling, or she would have wanted to call it counselling. Still, even 2 years on every so often I get a phone call, she wants to continue, and I find it very very hard to say I don't think that what you are wanting is counselling anymore and I can't offer this any more. That's been really really hard for me.

That is something people come up against.

And it's an issue I have encountered in one of the agencies where I worked with a man who has a mild learning disability and has an issue understanding what counselling is about. But also something around the quality of the relationships and peoples' lives that they want to cling on.

There must be so little of that for some people.

And that sets up a huge complex for me around wanting to...not wanting to be rejecting because normally if I work within an agency limit then both the client and I know that there is a set number of sessions that we have to work within but it doesn't upset the ... If I work privately then it is often open-ended so it is the client that decides when to end. But with this particular client she was funded for a certain amount of time and I had to say I am not able, I do not have the personal resources, to offer this person an ongoing relationship, which could be for life, and not get paid for it. I just find that really hard.

Did that in any way impinge... how can I put this question? You have given me some very personal information about yourself ...

Yes absolutely. It certainly is one of the my issues, so it is very hard for me to set that limit. And it is certainly one of the reasons why I have chosen to work in a person centred way I think, because I don't then take responsibility for making a decision about somebody having had enough. I don't have to reject people.

But you did say that you had to take that decision.

Because we came...and it's really interesting, and I took this back to supervision recently, it was also to do with the personality of this client who actually is despite everything very powerful. We actually did work with a contract, we worked with funding for 6 months and we got 2 extensions of the funding, and it was quite clear that we were working within that. But somehow in my awareness I can lose that very easily when I get a phone call from one of the client's personal assistants to say she wants to continue and I know there is no more funding from that source. And I don't have this experience when I am working with people in the ... scheme. It's like we both know that there are funds for so many sessions and that's the end. So, yes, that is part of my experience of working with her disability that I find it really hard to say no. I find it hard to say no to anybody but actually to say to her I'm not able to offer you this, it touches all sorts of stuff in me about my experience of not wanting to be rejected and it then gets mixed up with all this stuff about not wanting to be patronising and I end up ...

Yes. May I ask if what she was wanting from counselling was anything overtly to do with her disability?

No, it wasn't. It was actually to do with a bereavement which she... Indirectly it is related in that it was the death of someone who had been very important to her but she also experiences huge amounts of loss because her support workers continually come and go so it is a constant theme in her life that people abandon her. And it is because caring for her is difficult but I don't think that would be in her mind

And there was no way that that was appropriate for you to ...

She never picked it up. If ever I kind of put bits in she didn't pick it up.

So either she didn't want to know or she knew very well or knew that there was no future as it was unchangeable. What do you think you were able to?...

One of the things I think I learnt was about myself and setting boundaries, but I also learnt something about my ability at times to have feelings which I would describe as patronising and that is one of the ongoing struggles for me in working with people with disabilities because it is so much part of my early experience of working with people with learning disabilities – seeing the person, respecting the person in all their humanity and not seeing the disability. To be patronising towards somebody with a disability is about the worst sin I could commit and yet I noticed that it happened to me recently with a new client who again has a physical disability and possibly an element of cognitive impairment. I was aware of those feelings arising and thinking I don't want to be feeling like this.

I notice your body language when you are talking to me about it ...

I don't want to...and I know, I took it to supervision, because I know actually that if I don't acknowledge it to myself, talk about it in supervision, then I am going to be left with it and it is going to affect the relationship. But it doesn't feel like something that - well it goes away. I'm talking about nearly X years of regular contact with people with disabilities in one way and another.

So, is it then a defence mechanism that you are experiencing yourself?

I think it must be, yes. My attitude in terms of seeing disability as ... issue, I have absolutely no difficulty. It's very very clear to me at an intellectual level. So it is something that on a kind of deep emotional level around the fear of how would I cope if I had that disability. I'm just remembering years ago going on a person centred workshop and the theme was around disability and about half the participants were people with disabilities and about half who didn't have a disability and one of the exercises we did was asking people to put themselves on a continuum so that there was a chair that represented disability and a chair that represented non-disability. Virtually all of the disabled people

went to the non-disabled chair and vice versa. It was absolutely fascinating and I learnt so much about self concept and how we see ourselves but I also struggled, and I don't know if this is particularly in a counselling relationship, with some disabled people who want to deny the impact of their disability on their life. I'm thinking about some I worked with. I think it is possibly one of the issues the disability movement is struggling with - it's an equalities issue. It's just like being black, or being female - and it's not the same. So as a non-disabled person I struggle working with people who want to deny the impact of their disability on their life. How can I relate to them because I don't have any right... I mean that's one of the ways I struggle, I feel a bit that sometimes my experience is not valid because I don't have a disability, I'm not seen as someone who has a disability. So it can get more sometimes of a congruent response in that sense. Sometimes I don't feel I have the right to say I think if I was in your position I would really struggle in fact. But you don't know, you are not in their shoes and I wouldn't feel constrained by that if I was working with somebody who had been sexually abused for instance, and I haven't been sexually abused. So there is something that is very deep seated about disability issues.

Can I ask if there is any... we have already talked about rejection ...let's shelve that for the moment, as I'm not sure what I'm trying to ask you there...

Yes, I think I do know what I'm trying to ask you - have you experienced people being what you felt was patronising to you over that issue?

Yes, I have actually.

(I have removed the example the interviewee gave me)

The process felt a bit patronising from that point of view anyway, but there were times when she would say 'this is what it's like' and I was thinking, you can't tell me about that. So yes, so the bit about being patronising ...

Thank you. The other question I wanted to ask you is did you in your childhood know any physically disabled people?

One of my parents was diabetic and minimised the disruption, would never have used the term 'disabled' but people with diabetes are now described as a person with a disability. So I had that experience of somebody who was not allowing this to interfere with life. And then as a teenager I think was my first experience of working with severely disabled people, as a volunteer working in an institution for children with disabilities - helping feeding them and things like that.

Why at this stage of your life are you ...

I think it is partly because I have a lot of experience and some of that experience has been accidental in the sense that if a job had come up working with elderly people or in a children's' home I would have gone for that too! My job at X was similar in a way in that I was looking for a part time job that would allow me to develop my counselling practice. But I think I also have a bit of me that wants to change the world so although I think it's kind of accidental that it's people with disabilities I think there is a part of me that needs to be seen for myself and my way of doing that is somehow by changing the world or fighting for justice, or something like that. And that is about my own story, about not having felt able, or not having felt justified, in fighting for things for myself so I had to do it indirectly by fighting for causes.

Is there anything you would like to say or do to finish off this interview?

I guess there is a question that feels unresolved for me which is around the whole business of disabled people being counselled by non-disabled people, that whole area. It feels like, I don't feel clear about it - it's like I feel that if I work with somebody, whoever I work with, will touch bits of my story and my experience, whether it's somebody with a disability, whether it's somebody who has been abused, whatever the issue is and that's kind of part of my counselling theory. And I also am very aware of some of the political issues about institutionalised discrimination on a whole number of fronts and I guess that's one of the questions for me that is ongoing, that I don't know if I can resolve it. Because there is something that just feels like it's perpetuating difference and discrimination and any quality to

say that disabled people can only be counselled by other disabled people. And yet I can feel the argument for, or the danger of non-disabled people continuing to be unconsciously taking our own prejudices or our own fears into the relationship and actually disempowering people with disabilities. So I don't have an answer for it but it's a question and I don't know that I will ever feel completely comfortable about it. The example that I used, the client that I used, was a very extreme example, but if I think of people with less serious impairments there is still something that feels a bit uncomfortable about it and I don't know that I will ever be able to resolve that. Yet I do know that my own therapist has not had the same life experience as I have and has understood me very well actually. So I do think it's possible but it is an area that I think I will always have to be very careful about.

Thank you.

Appendix 3.1.4

Address.

Date

Dear

Thanks so much for agreeing on the phone to be a participant in this part of my research – but please feel absolutely free to cancel the arrangement we have that I phone you on Saturday 15 December at 11a.m. if you find that it no longer suits you.

I enclose with this letter, a Consent Form. If it seems OK to you, would you please sign it and return it to me – if possible, before your phone call? (If not – I will ask for a verbal consent from you by phone, because I will be recording our conversation, so will have an exact record of it.)

Below, you will find the kind of questions I ask you. I have been asking similar questions to selected non-disabled supervisors who happen to have disabled supervisees or clients. I'm trying to get a picture of both sides of the work.

All the best, and thanks again. Take care.
Yours aye,

Some questions for the phone interview.

1. When you are working with clients or supervisees who are non-disabled, are you ever aware of the difference between your body and theirs? e.g. are you aware of any emotional reaction inside you to this situation, or any thoughts you might have about this?
2. Have your clients or supervisees ever mentioned any thoughts or emotions they have in this connection?
3. Is the physical difference between you something you feel might influence your relationship in any way? And if so, how?
4. Is the physical difference an issue you would be likely to raise in your relationship with a client or a supervisee? If so, why and when?
5. Have you ever worked with a client or supervisee who also had a physical disability? If so, was this something that was discussed between you?

Appendix 3.1.5

CONSENT FORM.
(interview)

REF. NO.:

- I am willing for the information I give to Jean Morrison to be recorded as part of a doctoral research project.
- I give my consent for it to be transcribed, and I wish my identity and that of any other person I might name, to remain confidential.
- I understand that Jean Morrison will submit to me anything she writes about it, and quotes from it, with a view to my making any changes I need in the text, or withholding permission to publish.
- I understand that it is Jean's plan to present for publication within the next five years, work based partly on such interviews, and under her name.

NAME OF INTERVIEWEE:
(Please print)

DATE:

SIGNATURE OF INTERVIEWEE:

For future contact:

ADDRESS:

PHONE NUMBER:

FAX:

e-mail:

**PROBLEMS RAISED BY THE COUNSELLING RESEARCH PROJECT.
For meeting called on 17 August 2000**

Work for this project will have to be fitted into

- *the existing accommodation at LCIL*
- *the training schedule for trainee counsellors*
- *the existing supervision schedule*
- *the energy levels of trainee counsellors*

Existing accommodation at LCIL.

It is hoped that by that time many more clients will be using the services regularly than are doing at present.

Perhaps those who are volunteering to be 'clients' in this project might be seen as LCIL clients for the duration of their counselling, and appear so for administration purposes

Training schedule for trainee counsellors.

It is thought that taking on this project on top of all the other work might overload trainees.

1. They would all be required to attend two meetings

- one as the project begins, to be initiated into it and equipped for it, and
 - one at the end to gather feedback and share learning.
- These two meetings would have to be extras over and above their usual training commitments.
 - It is likely that these meetings would be at least two months apart, and more probably three.

2. If they volunteered to be CLIENTS IN THE PROJECT:

- a) Their attendance at the six sessions of counselling could be reckoned the same for them as if they had sought personal counselling for themselves from an external counsellor – which is a recommended part of training.
- b) Since they would not have to pay for it themselves, it could be seen to be a bonus.
- c) They would be required to reflect on their counselling sessions, prepare for them, and to keep a diary during this time – but it would be hoped that trainees would be doing this anyway during times they were receiving personal counselling in order to maximise their personal growth.

3. If they volunteered to be COUNSELLORS IN THE PROJECT:

- a) Their six sessions of giving counselling could be reckoned towards the counselling hours they are required to give to clients during their training.
- b) Because they will receive 3 hours' personal supervision for their client work during the project:
 - Their supervision for LCIL might be slightly adjusted during the time of the project to avoid overload as long as they were not being under-supervised.
 - Perhaps they might miss one two-hour meeting of their normal group supervision over the time of the project?

4. If participation in this project is seen to be a valid part of training

their work might be given credit within the Social and Cultural Issues Module, or be seen as a supplement in advanced counselling skills.

Appendix 3.1.7**RESEARCH PROJECT.**

This project is part of my project work towards the degree of Doctor in Psychotherapy through Professional Studies from Middlesex University and Metanoia Institute in London. This project was passed by these institutions on September 15, 2000.

To set up an inclusive research project in counselling training:

- to explore possible effects on the counselling relationship when one person within it (either counsellor or client) is physically impaired and the other is not.
- to identify issues to which attention need be given in order to provide equal opportunities for a creative outcome to the counselling process.

LEADERSHIP

In order for the project to be fully inclusive, it is proposed that it will be initiated and carried through by a team of three who in themselves reflect the project's image of one person who is physically impaired with one who is not – Meg McCallum and Mary Lawson, working with Jean Morrison, the researcher.

RATIONALE

Within Edinburgh there are several agencies or college courses offering training in counselling to Diploma level. In each of these, course participants go through their training, largely unaware of what is happening in other courses, and of what, if anything differs in their training from that of others.

The training offered by the Peer Counselling Service of LCIL, differs from others in that the trainees have some form of physical impairment or disability, and the clients within the service either have the experience of physical impairment or of learning disability. Often the trainees ask the question, 'Are we being trained as generic counsellors, or trained to offer counselling only to those who have some form of disability?' The trainee counsellors are not given the opportunity within their training to counsel a client who has no physical or learning disability, and yet their training to Diploma level has to prepare them for the task of generic counselling.

The trainee counsellors in other courses in Edinburgh will rarely have the opportunity to do the opposite – to discover in practice whether or not their training has equipped them to counsel people with physical impairments. It is more than likely that during their training they will be allocated only clients who are not physically impaired.

It is required by the counselling profession that counsellors who apply for professional accreditation have both training and practice in working with a wide variety of clients. There is an emphasis on the provision of equal opportunities for all in the Codes of Ethics and Practice of COSCA .

COSCA's Statement of Ethics:

2.6: Members respect the dignity, worth and uniqueness of all individuals and affirm their autonomy.

2.7: Members recognise and respect diversity and differences between people. Members do not practise, condone or abet unjustified discrimination or oppressive behaviour.

This proposed project would seek within its structure and process to address these issues for a sample group of twelve counsellors in Edinburgh who are still in training.

SUBSIDIARY AIMS in the setting up of the project would be:

1. to give twelve counselling trainees an intensive, time-limited experience of exposure to the need for equal opportunities in counselling
2. to give them support while they identify and begin to address any personal issues that might arise for them from their experience within the project.
3. to introduce trainees from two diploma courses within Edinburgh to each other and thereby to encourage further experiences of inclusion and sharing amongst such courses.
4. to provide all participants with a relevant, challenging and fruitful new dimension to their existing professional training.
5. to provide a possible model for other such projects within the area of equal opportunities.

SUGGESTED ACTION.

If the Board of LCIL supports this project in principle, approach would then be made by the project leaders to the co-ordinators of the Counselling Training Course of the Scottish Churches' Open College [SCOC] at _____, Edinburgh to explore the possibility of their co-operation and participation.

WHY CHOOSE SCOC?

SCOC was the first counselling training course to become fully accredited by COSCA – something to which LCIL aspires. The content and structure of their Counselling Training Course is very similar to that of LCIL, and closer than that of any other counselling training course in Edinburgh. The students from SCOC do most of their counselling practice during training with the PF Counselling Service (formerly the Pastoral Foundation) at _____, in a similar structure to LCIL's students who all practice within LCIL's Counselling Service.

The training building at _____ is newly restructured and fully accessible, The Counselling Service of the PF is about to move into the _____ Centre – another newly reconstructed building which is fully accessible.

Jean Morrison has both a past and present connection with SCOC and the PF. In 1986 Jean was appointed first Director of the Pastoral Foundation, and was responsible for setting up a counselling service, for establishing a counselling training course, and then a course for supervisors. She remained in that post till 1993. During its history she was variously supervisor and trainer for the students, and also line manager for its growing staff. Currently she gives external supervision to SCOC's course co-ordinators and the leaders of its Personal and Professional Development Groups, but has no current relationship with the course participants. This project would link Jean's past and present work in a creative project, and would benefit from her experience of the work of both organisations.

Meg McCallum's contribution to the Counselling Service and Training Course in LCIL is well known and appreciated by the Board of LCIL. This project would be one in which Meg could continue to contribute to the growth and development of LCIL'S counsellors within, as she understands it, a manageable time-limited framework

THE PROJECT.

PARTICIPANTS:

Volunteers: In all, 12 trainee counsellors to be involved -
6 trainees from LCIL and 6 trainees from SCOC.

(roughly equivalent COSCA diploma courses)

(This project assumes that the LCIL trainees would be people with physical impairments, and the SCOC trainees would not have physical impairments.)

Meg McCallum and Jean Morrison would work collaboratively to set up, enable and maintain, and to complete the project.

STRUCTURE:

- 3 LCIL trainees would volunteer to counsel three SCOC trainees for 6 sessions.
- 3 SCOC trainees would volunteer to counsel three LCIL trainees for 6 sessions.

Supervision would be involved – perhaps on three occasions for each counsellor. If possible, the supervision sessions would be

- a) after the first counselling session
- b) after sessions three or four, and after a review has been done of the counselling progress and relationship
- c) after the final session.

Those from SCOC would receive supervision from a non-physically impaired supervisor, Mary Lawson. Those from LCIL would receive supervision from supervisor with physical impairment, Meg McCallum.

(The reasoning behind that would be that it might be easier for the supervisees to feel open about their feelings and any prejudices or intrusive counter-transferences that arise if they were sharing with someone they felt might not be personally affected by what they might say.)

In this project, there would be some support offered for those who are the clients. It would normally be in the form of access by phone to the Project Leaders as necessary for advice and support rather than for supervision.

TRAINING/DISCUSSION FOR PARTICIPANTS.

The PROJECT would involve the following training/discussion sessions.

1. There would be an initial meeting for all involved to launch the project after people had volunteered and committed to it.
2. At that meeting there would be a time when the volunteer clients (from both training agencies) would be given the opportunity to explore their thoughts and feelings about the project with someone enabling this process. They would be informed of the support system to be set up for them during the project.
3. There would also be time for all the volunteer counsellors to meet as a group to do the same.
4. Counsellors would in addition be given guidance on working within a six-session counselling framework.

After that meeting the allocation of clients to counsellors would take place, and counsellors to supervisors.

5. The Project team leaders would work together
 - to ensure that everyone understands and is prepared to carry out the processes required for the project
 - to liaise with the counselling service and training co-ordinators of both agencies involved

- to prepare all materials and test them for accessibility
- to review the project and gather in the shared learning at the end
- to find the best way to disseminate the learning within the agencies involved and in the wider counselling arena in Scotland.

SUPERVISION

Each participant in the project would be asked to keep a self-supervision 'diary' to be used by them after each session – whether of counselling or being counselled, supervising or being supervised. They would be encouraged to record in it any dreams they may have that might have some bearing on the work they are doing. This diary would help them reflect on their own internal processes but might also produce material to feed into the sessions they have with client/counsellor or supervisor.

The system known as 'Inter-personal Process Recall (IPR)¹ would be used within this practice, but it would not be restricted to IPR alone. Supervisors working with counsellors would where possible use creative methods of supervision as appropriate to encourage the counsellors to reflect on unconscious processes that might be influencing the counselling relationship. These might include various forms of self-expression – for instance - poetry, artwork, bodywork, visualisation, working with dreams, as well as the use of the IPR questions.

CONTRACTS

All participants in this project will be under contract. Contracts will be written and signed, and will set out what is expected of each party during the time of the project and beyond.

- The counsellors will contract with the clients for the work they will do together.
- The supervisors will contract with the participants both clients and counsellors for the work they will do together.
- The training agencies and the project leaders will contract for their relationship.

THE TRAINING/COUNSELLING AGENCIES

It is hoped that the Counselling/Training agencies involved would incorporate the counselling given by their participants into their counselling services. This would mean that the participants from LCIL who were to be counsellors in the project would use their usual counselling rooms in the Norton Park Centre, and the clients allocated to them from SCOC would travel to there for this. Similarly, the participants from SCOC would counsel from the PF premises, and the LCIL client participants would travel to the Eric Liddell Centre for their counselling.

Funding would be sought to give each of the centres a fee of £30.00 per counselling session for this, and to cover normal travelling costs to counselling, supervision and training sessions for the participants.

EXPECTED OUTCOME FOR THE PARTICIPANTS

Although all trainees involved in this project will be given either counselling by another participant or supervision by a supervisor, it may well be that any trainee will have raised by the experience, the need for further personal counselling.

The project will not assume any responsibility for this, beyond encouraging any such to take this further for themselves. Because all participants are within a training course, it is assumed that guidance in this area about referral will be available from their own training staff.

¹ See appendices to this submission, A and B

CONFIDENTIALITY

This whole project will be operated in accordance with COSCA's Statement of Ethics and Code of Practice.

- Confidentiality will be contained within the personnel involved in the project, and within usual counselling boundaries.
- There will be no reports given on any participant to their training courses.
- Each participant will be required to sign a consent form prior to taking part in this research project.
- Meg and Jean will be happy to talk to the members of staff of the participating organisations and to their counsellors, about the findings of the project.
- Jean will write up the project in detail as part of her doctoral research work.

CONDITIONS NECESSARY FOR THE PROJECT TO GO AHEAD

This project is totally dependent on external funding being obtained for it. It cannot go ahead without it. It is dependent on the full consent from the Board of LCIL and any other participating agency. (Hopefully, these would be SCOC and the PF)

It is hoped that COSCA would be a signatory to its happening.

Middlesex University and Metanoia Institute would require to authorise this project as being officially part of Jean C. Morrison's work at Doctoral Level. This could not happen till September, 2000 at earliest.

Since it is envisaged as being part of Jean Morrison's doctoral research, Jean would assume responsibility for all writing, and would be 'where the buck stops'.

Jean C. Morrison. July 16, 2000.

*Appendix 3.1.8***FOR SCOC AND PF STAFF.**

An introduction to the research project that might involve some of the Counselling Diploma Students with some similar students from the Lothian Centre for Integrated Living Counselling Diploma Course.

Hello! I'm Jean Morrison, and I'm hoping to involve some SCOC students in my research.

MY STUDY PROGRAMME

In 1998 I was accepted by Metanoia Institute and Middlesex University in London, as part of the first cohort of their first joint degree programme - Masters/ Doctorate in Psychotherapy. These are work-based, professional qualifications - D. Prof., not Ph.D.

The idea behind this programme is that it gives the opportunity for those who are senior practitioners in their field to achieve something significant for their profession whilst gaining a doctoral qualification. Each practitioner is therefore fully engaged in researching her own work practice at doctoral level, rather than researching at what could be a more esoteric and merely academic subject. Although a doctoral thesis may be what is finally produced, it is as likely that she will write a textbook, produce a CD Rom, set up a system for some aspect of her work, or have some other way of contributing something of practical value to her profession. I hope to write a book .

These past two years I have been working at Masters' level (Level 4), and am now at the stage where I am ready to move to Doctoral Level (5), and start working towards what I want to accomplish for the doctorate.

On 1st. September, 2000 I have to have my plans for this spelled out and delivered to Metanoia Institute, and will be called for interview in the middle of that month.

MY WORK-BASE

I had the privilege of becoming the first Director of the Pastoral Foundation in 1986, and therefore of starting up the work which resulted both in the PF Counselling Service and the SCOC Counselling Training Courses. Prior to that I was Group Relations Advisor for the Church of Scotland's Board of Education. I am a Deaconess of the Church of Scotland.

Since I left the PF in 1993 I have been a counsellor, trainer and supervisor in private practice. Three years ago I was invited to become a group supervisor, then a trainer of counsellors within the Lothian Centre for Integrated Living (LCIL) – a voluntary organisation for disabled people. They have a Peer Counselling Service where disabled clients are counselled by disabled counsellors.

My involvement with LCIL has resulted in my decision that the work for my doctorate will facilitate a more informed and professionally competent inclusion within the field of counselling for disabled people, whether as clients, counsellors, supervisors or trainers.

PILOT STUDY RESEARCH

My last year's research was:

A pilot investigation into how counsellors might be equipped and supported to work with clients with physical impairment or disability.

- During that initial research programme I discovered that although disabled people are reckoned to be around 14.2% of our population, they are about 1.9% of the population that come for counselling in Scotland.
- From interviews I conducted with disabled people who had been clients with counsellors who were not disabled people, I heard that around half had not felt understood, and that they thought that assumptions about disabled people in general had got in the way of their being experienced as individuals.
- I interviewed my fellow trainers and supervisors in LCIL (nearly all non-disabled) and discovered that they, like me, found their work with disabled trainees far more difficult and demanding (in several areas) than with comparable non-disabled trainees.

I ended up believing that with impeccable equal opportunities policies, and with sometimes wonderful good will, more help was needed in this area than was already operating within training courses and supervisory services for the counselling profession.

- I believe that the research project I outline in the report I enclose, although small in itself, may well raise many of the issues that have to be more widely experienced and thought through, and point the way to how they may be both dealt with, and communicated to the world of counselling.
- The report enclosed was written for a small support group at LCIL, and was warmly welcomed by them. They will present it to their Board in August.
- Meg McCallum was until recently the Co-ordinator of their Counselling and Training services, and is an experienced supervisor of counsellors.
- This report outlines only one section of the research in which I am engaged which will come together eventually in a textbook on disability in the counselling field.

Jean C. Morrison, July 24, 2000.

YOUR REFERENCE NUMBER IS:**FOR CLIENTS IN THE RESEARCH PROJECT.**

This project is part of the research that Jean Morrison is carrying out in her work towards becoming a Doctor of Psychotherapy through Professional Studies.

Thank you for volunteering to become a participant in this research. Every thing you report should provide valuable data for the project.

Aims of the Research Project:

- **to discover how body image affects a counselling relationship where one is a physically disabled person and one is not**
- **to explore and evaluate ways in which the client and counsellor (with supervisory support) might constructively address this issue.**

This research makes certain assumptions about counselling:

- That the building and maintenance of a relationship during counselling sessions is a vital factor in the outcome of the counselling.
- That more goes on in the thoughts, feelings and bodily sensations in both the client and the counsellor during counselling, than is normally shared with the other.
- That where there is a major difference between a client and counsellor (e.g. in culture, gender, race, age, body image and so on) this factor might negatively affect the counselling relationship if its presence and influence is denied.

Please note:

As in all counselling, your counsellor will be given supervision for the work s/he does with you.

If at any time you want advice or help about your participation in this project you may contact Jean Morrison by phone at

How you help to provide the necessary research data.

Your commitment in this research project is

- A. To sign a formal consent form as a participant in research.

This will be dealt with at the initial meeting at Update.

- B. To have counselling for six sessions with your given counsellor.

You are responsible for bringing personal issues to these sessions on which you can work together.

- C. To fill in a worksheet after each counselling session.

These six worksheets are available to you in the following formats:

- *On paper*
- *On floppy disc for those with a PC*
- *On audio-tape*

- D. In addition, if you have a dream that seems to have come because you are engaged in this project, please record it.

Instructions for reporting dreams are provided in this pack

Within two weeks of your final counselling session, please send your six worksheets, in whichever format, in the stamped addressed envelope to Jean C. Morrison,

RESEARCH PROJECT

YOUR DREAMS.

If, during the weeks of the counselling project – or before it, or after it – you have a dream that you feel might be related to your being a client in this project, please

- 1) *record it in some way as soon as possible (on tape or paper) giving as much detail as you can recall*
- 2) *record also what you feel it might mean to you in this project*
- 3) *use it, if you choose to, with your counsellor*
- 4) *send the description of the dream and its meaning for you to Jean: it could become a piece of valuable research data.*
- 5) *make certain your reference number is on what you send, and keep a copy for yourself.*

If you prefer it, you can phone Jean as soon as possible after your dream, and ask her to work with you by phone, on what the dream may mean for you. If you choose do that, she will arrange a mutually convenient time for her to return your phone call, so that it is on her phone bill, and not yours! She will, however, tape record the conversation, and afterwards may transcribe it and use parts of it in her research, with your permission.

Phone number:.

(continued overleaf)

Session One (continued).

4. a) For how much of this session were you conscious of the physical difference between you and your counsellor?

1 ----- 2 ----- 3 ----- 4 ----- 5

Scoring: Please circle a number on the continuum to represent where you sense you were, in counselling session one.

*1 = not at all, 2 = occasionally, 3 = sometimes,
4 = often, 5 = all the time.*

- b) At which points in the session today were you most conscious of this physical difference, and what brought it to your attention at those times?

WORKSHEET TWO: After Session Two.

Recall a time in session two when something happened that you found difficult in some way. Describe it here, briefly, before you answer the questions below:

1. Which emotions did I feel at that point?

2. What did I think?

3. Which sensations did I have in my body?

4. How did I behave at that point in the session?

5. What would I rather have done? (even if not appropriate)

6. What might have been the risk for me in reacting as I would have preferred?

7. How do I imagine my counsellor was perceiving me at that point in the session?

8. When I think of my counsellor, what image comes to my mind?

9. Does this counsellor remind me of anyone else from my past experience of life?

10. Does anything else come to mind for me around this experience?

WORKSHEET THREE: After Session Three.

1. a) For how much of this session were you conscious of the physical difference between you and your counsellor?

1 ----- 2 ----- 3 ----- 4 -----5

Scoring: Please circle a number on the continuum to represent where you sense you were, in counselling session one.

*1 = not at all, 2 = occasionally, 3 = sometimes,
4 = often, 5 = all the time.*

- b) At which points in the session today were you most conscious of this physical difference, and what brought it to your attention at those times?

WORKSHEET FOUR: After Session Four.

1. a) For how much of this session were you conscious of the physical difference between you and your counsellor?

1 ----- 2 ----- 3 ----- 4 -----5

Scoring: Please circle a number as before on the continuum.

- b) At which points in the session today were you most conscious of this physical difference, and what brought it to your attention at those times?

2. Is there anything from today's session that you would like to talk about at greater depth with your counsellor? If so, what is it, and what will you do about that?

WORKSHEET FIVE: After Session Five..

Recall a time in session five when something happened that you found difficult in some way. Describe it here, briefly, before you answer the questions below:

- 1.. Which emotions did I feel at that point?

2. What did I think?

3. Which sensations did I have in my body?

4. How did I behave at that point in the session?

5. What would I rather have done? (even if not appropriate)

6. What might have been the risk for me in reacting as I would have preferred?

7. How do I imagine my counsellor was perceiving me at that point in the session?

8. When I think of my counsellor in this experience, what image comes to my mind?

9. Did my counsellor remind me of anyone else from my past experience of life?

10. Does anything else come to mind for me around this experience?

WORKSHEET SIX: After Session Six.

3. a) For how much of this session were you conscious of the physical difference between you and your counsellor?

1 ----- 2 ----- 3 ----- 4 -----5

Scoring: Please circle a number as before on the continuum.

- b) At which points in the session today were you most conscious of this physical difference, and what brought it to your attention at those times?

4. Now that your counselling relationship with this counsellor is finished, what would you like to say about your experience of counselling in this research project?

Thank you for taking part in this research project.

YOUR REFERENCE NUMBER IS:

FOR COUNSELLORS IN THE RESEARCH PROJECT.

This project is part of the research that Jean Morrison is carrying out in her work towards becoming a Doctor of Psychotherapy through Professional Studies.

Thank you for volunteering to become a participant in this research. Every thing you report should provide valuable data for the project.

Aims of the Research Project:

- **to discover how body image affects a counselling relationship where one is a physically disabled person and one is not**
- **to explore and evaluate ways in which the client and counsellor (with supervisory support) might constructively address this issue.**

This research makes certain assumptions about counselling:

- That the building and maintenance of a relationship during counselling sessions is a vital factor in the outcome of the counselling.
- That more goes on in the thoughts, feelings and bodily sensations in both the client and the counsellor during counselling, than is normally shared with the other.
- That where there is a major difference between a client and counsellor (e.g. in culture, gender, race, age, body image and so on) this factor might negatively affect the counselling relationship if its presence and influence is denied.

Please note:

Any queries you might have about this project should be taken to your supervisor.

Within two weeks of your final counselling session, please send your six worksheets, in whichever format, in the stamped addressed envelope to Jean C. Morrison,

How you help to provide the necessary research data.

Your commitment in this research project is

- A. To sign a formal consent form as a participant in research.
This will be dealt with at the initial meeting at Update.

- B. To provide counselling for six sessions with your given client.

Your client is responsible for bringing personal issues to these sessions. You are responsible for keeping the appropriate boundaries within the counselling relationship, for making, maintaining and reviewing your relationship with the client, and for bringing the counselling relationship to an appropriate ending on the sixth session.

- C. To fill in a worksheet after each counselling session.

These six worksheets are available to you in the following formats:

- *On paper*
- *On floppy disc for those with a PC*
- *On audio-tape*

- D. To have three supervision sessions for this counselling.

With your supervisor you will make mutually suitable arrangements for the timing and location of these supervision sessions.

It is your responsibility for bringing to supervision all aspects of your counselling relationship for which you need supervision.

It is your supervisor's responsibility to raise any issues with you necessary for this research project and to audio-tape these sessions for later transcription.

- E. In addition, if you have a dream that seems to have come because you are engaged in this project, please record it.

Instructions for reporting dreams are provided in this pack.

RESEARCH PROJECT

YOUR DREAMS.

If, during the weeks of the counselling project – or before it, or after it – you have a dream that you feel might be related to your being a counsellor in this project, please

- 1) *record it in some way as soon as possible (on tape or paper) giving as much detail as you can recall*
- 2) *record also what you feel it might mean to you in this project*
- 3) *use it, if you choose to, with your supervisor*
- 4) *send the description of the dream and its meaning for you to Jean: it could become a piece of valuable research data.*
- 5) *make certain your reference number is on what you send, and keep a copy for yourself.*

If you prefer it, you can phone Jean as soon as possible after your dream, and ask her to work with you by phone, on what the dream may mean for you. If you choose do that, she will arrange a mutually convenient time for her to return your phone call, so that it is on her phone bill, and not yours! She will, however, tape record the conversation, and afterwards may transcribe it and use parts of it in her research, with your permission.

Phone number: .

Session One (continued).

4. a) For how much of this session were you conscious of the physical difference between you and your client?

1 ----- 2 ----- 3 ----- 4 -----5

Scoring: Please circle a number on the continuum to represent where you sense you were, in counselling session one.

*1 = not at all, 2 = occasionally, 3 = sometimes,
4 = often, 5 = all the time.*

- b) At which points in the session today were you most conscious of this physical difference, and what brought it to your attention at those times?

WORKSHEET TWO: after Session Two.

1. a) For how much of this session were you conscious of the physical difference between you and your client?

1 ----- 2 ----- 3 ----- 4 -----5

Scoring: Please circle a number on the continuum to represent where you sense you were in this session.

*1 = not at all, 2 = occasionally, 3 = sometimes,
4 = often, 5 = all the time.*

- b) At which points in the session today were you most conscious of this physical difference, and what brought it to your attention at those times?

(continued overleaf)

2. Read this question, and then sit for a few minutes with your eyes closed, trying to get 'into the shoes' of your client.

Now that I have been with my client for two sessions, what do I imagine life would be like for me if I were living in that person's body instead of my own?

Now explore the question in writing, or on tape. You may

- do this in a very straightforward way, recording thoughts as they come.
- try writing a poem about it,
- have a dialogue between two different parts of your own personality or body,
- put your ideas in the form of a letter (that you will not post) to your client,
- or express your thoughts and feelings in some other creative form.

WORKSHEET THREE: After Session Three

Recall a time in session three when something happened that you found difficult or challenging in some way. Describe it here, briefly, before you answer the questions below:

1. Which emotions did I feel at that point?
2. What did I think?
3. Which sensations did I have in my body?
4. How did I behave at that point in the session?

(continued overleaf)

5. What would I rather have done? (even if not appropriate)

6. What might have been the risk for me in reacting as I would have preferred?

7. How do I imagine my client was perceiving me at that point in the session?

8. When I think of my client in this incident, what image comes to my mind?

9. Does this client remind me of anyone else from my past experience of life?

10. Does anything else come to mind for me around this experience?

WORKSHEET FOUR: After Session Four.

1. a) For how much of this session were you conscious of the physical difference between you and your client?

1 ----- 2 ----- 3 ----- 4 -----5

Scoring: Please circle a number on the continuum to represent where you sense you were, in counselling session four.

*1 = not at all, 2 = occasionally, 3 = sometimes,
4 = often, 5 = all the time.*

- b) At which points in the session today were you most conscious of this physical difference, and what brought it to your attention at those times?

2. What do you feel you need to take to supervision from this particular session?

WORKSHEET FIVE: After Session Five..

Recall a time in session five when something happened that you found difficult, or in some way challenging. Describe it here, briefly, before you answer the questions below:

1. Which emotions did I feel at that point?

2. What did I think?

3. Which sensations did I have in my body?

4. How did I behave at that point in the session?

(continued overleaf)

WORKSHEET SIX: After Session Six.

1. a) For how much of this session were you conscious of the physical difference between you and your client?

1 ----- 2 ----- 3 ----- 4 -----5

Scoring: Please circle a number as before.

- b) At which points in the session today were you most conscious of this physical difference, and what brought it to your attention at those times?

2. Now that your counselling relationship with this client is finished, what would you like to say about your experience of counselling in this research project?

Thank you for taking part in this research project.

COUNSELLING RESEARCH PROJECT

CLIENT'S CONSENT FORM

REF. NO.:

I am willing to take part in this research project as a client, attending six sessions of counselling with my given counsellor and filling in the worksheets afterwards, with records of any relevant dreams.

I am willing for Jean to use in her research any or all of the information I give her in the worksheets and records of dreams I return to her in the format I have elected to use for this project.

I understand that my identity and that of any other person I might name, will remain confidential.

I understand that it is Jean's plan to present for publication within the next five years, work based partly on such recorded work, and under her name.

NAME OF RESEARCH PARTICIPANT:

SIGNATURE OF RESEARCH PARTICIPANT:

DATE: 30 August 2001.

Please underline what applies to you

SCOC5T

I am in the age range 20 – 29 / 30 – 39 / 40 – 49 / 50 – 59 / 60 – 69.

Have you ever before, as far as you know, received personal counselling from a physically disabled counsellor? Yes / No

Have you ever received personal counselling from a non-physically disabled counsellor? Yes / No

If you are a non-disabled person, have you ever had a personal, or professional relationship with a disabled person for more than six months? Yes / No

If you have, was that person a relation / a friend / a colleague / a client / an acquaintance / or - please state other significant relationship -

.....

COUNSELLING RESEARCH PROJECT

COUNSELLOR'S CONSENT FORM REF. No.:

I am willing to take part in this research project as a counsellor, providing counselling for six sessions to my given client, and to fill in worksheets after each session, and make records of any relevant dreams.

I am willing for Jean to use in her research any or all of the information I give her in the worksheets and records of dreams I return to her.

I am willing to attend the three supervision sessions provided, and for this supervision to be audio-taped and later transcribed and used for research by Jean C. Morrison in her doctoral studies.

I understand that my identity and that of any other person I might name, will remain confidential.

I understand it is Jean's plan to present for publication within the next five years, work based partly on such recorded work, and under her name.

NAME OF RESEARCH PARTICIPANT:

SIGNATURE OF RESEARCH PARTICIPANT:.....

DATE: 30 August 2001.

Please underline what applies to you

I am in the age range 20 – 29 / 30 – 39 / 40 – 49 / 50 – 59 / 60 – 69.

Have you ever before, as far as you know, given personal counselling to a disabled person as your client? Yes / No

Have you ever received personal counselling from a disabled person as your counsellor? Yes / No

If you are a non-disabled person, have you ever had a personal or professional relationship with a disabled person for more than six months? Yes/ No

If you have, was that person a relative / a friend / a colleague / a client / an acquaintance / or – please state other significant relationship –

GUIDELINES FOR SUPERVISORS

Session One:

- Have their first supervision session after the first counselling session if possible, and at the latest, after their second counselling session.
- Ask about the counsellor's initial reaction to their client
- Discover and discuss the contract for work or focus they have from their client on how they want to use their six session relationship
- Ask what they need from this supervision session.
- Check to discover how the professional counselling relationship boundaries are being observed, or if they need some help with this.
- Either this time or next try some IPR with them.
- Give to them and discuss with them the sheet for review, and suggest they do this at the start of session four.

Session Two:

- Have this, if possible, after counselling session four.
- Ask how they felt and what they learned from the review session.
- Discover how they are responding to the worksheets so far.
- Ask them what they need from the supervision session.
- Be on the look-out for any parallel process that might give an indication of what is happening within the counselling relationship, and explore this with the counsellor.*
- Discuss the winding down of the counselling relationship and completion of the counselling.
- Ask them to look with their clients at Session Six, the two 'Aims of the Research Project' (these are printed on the first page of their worksheet folder) and discuss with each other how this aspect of their counselling relationship has been and how they felt they dealt with it.

Session Three:

- This should happen as soon as possible after the counselling sessions have finished.
- Ask what they need from this final session.
- Discuss the ending they accomplished
- Look with them at the two 'Aims of the Research Project' and ask if they feel there was anything more they would have liked from you to help them deal constructively with this issue.
- Ask what they feel they have learned from this project in addition to what they had in their diploma training. How might they apply this knowledge in their future counselling?
- Make an appropriate ending of the supervision relationship.

COUNSELLING RESEARCH PROJECT

SUPERVISOR'S CONSENT FORM

I am willing for supervision I give within this project to be audio-taped and later transcribed and used for research by Jean C. Morrison as part of a project in her doctoral studies.

I am willing for Jean to use in her research any or all of the information I give her in any records I return to her in the format I have elected to use for this project.

I understand that my identity and that of any other person I might name, will remain confidential.

I understand that it is Jean's plan to present for publication within the next five years, work based partly on such recorded work, and under her name.

NAME OF RESEARCH PARTICIPANT:

SIGNATURE OF RESEARCH PARTICIPANT:

DATE:

Questions for the Review at Counselling Session Four

This should be a review in which both share thoughts and feelings

We're now past the halfway mark in our counselling relationship:

- How is our counselling going?
- Is there any way in which we would like it to be different?
- How are we dealing with the focus and goals from our contract?
- One of the aims of this project is to discover how body image affects a counselling relationship. Let's take a few minutes to discuss how this is and has been for us.

I can attend the meeting at Update, 27 Beaverhall Road, on Thursday April 26 at 6.30 – 8.30 p.m.

YES

I am willing to be involved in Jean Morrison's RESEARCH PROJECT as a counsellor / a client / either.

AVAILABILITY

Please circle as many options as possible, since it is quite difficult to pair up twelve volunteers with a mutually suitable time and location! I would hope to be able to give each counselling pair a regular time and place for the six sessions they will have together.

- If I am chosen to be a *counsellor* in this project I am willing to counsel at **LCIL, Norton Park Centre, 57 Albion Road, EH7 5QY (Off Easter Road)**

on Mondays, Tuesdays, Wednesdays, Thursdays, Fridays

starting at 11a.m. 12noon 1p.m. 2p.m. 3p.m. 4pm

or if you have another more suitable time please write it here:

or at **The PF in Sandra's room** on Wednesdays at 6p.m. 7p.m. 8p.m.
or Fridays at 2p.m. 3p.m. 4p.m.

- If I am chosen to be a *client* in this project, I would be available on the following days and times at the Norton Park Centre, 57 Albion Road, EH7 5QY:

on Mondays, Tuesdays, Wednesdays, Thursdays, Fridays

starting at 11a.m. 12noon 1p.m. 2p.m. 3p.m. 4p.m.

Is there another time and place that would suit you better? If so, please write it here:

PERSONAL DETAILS *(Please print)*

Name:

Address:

Phone No:

E-mail:

Please return this completed form to Jean Morrison by April 17th. Thank you.

Summary of Research Project: Jean C. Morrison

28 March 2001

Personal Information

- This project is the final one of my work towards the degree of Doctor in Psychotherapy through Professional Studies from Middlesex University and Metanoia Institute, London.

Aims of the Project

Having become aware that some physically impaired clients have unsatisfactory experiences in being counselling by non-disabled counsellors in Scotland, my project aims

- **to discover how body image affects relationships in counselling when one person in the dyad is physically impaired and one is not, and**
- **to explore and evaluate ways in which the counsellor and client with supervisory support might constructively address this issue.**

In completing a pilot project at Masters' Level last year, I reached the conclusion that with impeccable equal opportunities policies, and even with wonderful good will, more help was needed in this area than was already operating within training courses and supervisory services for the counselling profession.

I believe that the research project I outline, although small in itself, may well raise many of the issues that need to be more widely experienced, thought through and communicated to the world of counselling.

Research Project

I will conduct qualitative, reflexive research with volunteers from two Edinburgh counselling diploma courses: The Scottish Churches' Open College (SCOC) and the Lothian Centre for Integrated Living (LCIL).

- The participants in this project will be in six supervised counselling dyads.
- This will be a fully inclusive project with six physically impaired trainees from LCIL engaging with six non-disabled trainees from SCOC.
- Three from each training agency will act as counsellors with three in the other agency as their clients over six, weekly, hour-long counselling sessions.
- For this work each counsellor will receive three hours of supervision provided by one physically impaired and one non-disabled supervisor – Meg McCallum and Mary Lawson.
- All involved will have one preparation and one follow-up meeting together.
- It is hoped that this work will be completed within ten weeks.
- All supervision sessions, and some counselling sessions will be audio-taped for later analysis by the researcher.

All work will be carried out within the ground rules laid down by the Codes of Ethics and Practice of COSCA and the British Association for Counselling and Psychotherapy.

There can be no provision made within this project for offering additional counselling for any trainee for whom personal issues may be raised during it. This project is one that fits well with both training courses and their objectives, and credit will be given to those involved for their part in it, in recognition of the learning and counselling practice they should gain. There will be no payment made to SCOC or to the voluntary counsellors from SCOC: their gift will be the experience they gain in this innovative experiment. The LCIL volunteers will be given their travel expenses as usual, for meetings and for the counselling and supervision sessions.

Timing:

The initial meeting will take place at UPDATE, 27 Beaverhall Road on the evening of Thursday 26 April. Counselling sessions will begin as soon as possible after that date, and it is hoped they will be completed by the end of June, if possible.

This is a unique learning experience – and it may never again be on offer to trainees. I hope it will be a really positive experience for all who take part.

Appendix 3.1.18

17 April 2001

Name
Address

Dear

RESEARCH PROJECT

I'm very sorry to have to notify you that this project will have to be delayed for the foreseeable future – so there will be no meeting held at Update on 26 April 2001.

There are two reasons for this. Today was the closing date for volunteers to apply to take part in the project, and there have been fewer applications than was required. Then this morning I received the very sad news that one of the LCIL trainees died, very suddenly, over Easter weekend. You will understand that this means that the LCIL trainees might not be ready to take on this new venture right now.

If I may, I will get back to you when it seems right to re-launch the project. Meanwhile, thanks for your interest and support.

Best wishes,

Jean C. Morrison

Appendix 3.1.19

Name,
SCOC

1 May 2001

Dear

MY COUNSELLING RESEARCH PROJECT

As you know, I had to send messages to all involved in this saying that it had to be delayed until further notice. I have not yet decided when it might take place. I am wondering about July/August period, in order for it to be completed before the new session's work begins for all the trainees.

If this were possible, the counselling pairs would be able to make their own arrangements (after these have been discussed with me) over the summer, avoiding any holiday periods they might each have, as long as they clock up six sessions in all.

The students who have already volunteered from SCOC are -

AA: Counsellor

BB: Client

CC: Client

DD: Counsellor

This means that, if all the above are able to be volunteers during the next timing (whenever that will be), **I will need two more SCOC students – one to volunteer as counsellor and one as client.**

Could you pass this request on to the students – either as a whole, or by approaching specific students that you think the project would be good for ... – and if you can interest any, have them contact me?

I will not be making definite arrangements about the timing until mid-May, when I should hear whether or not I will be getting the funding requested from the Novum Trust.

I hope this is not imposing too much on you, X , just at a time when M is off work and you too have a crisis around funding. Please don't allow it to add extra hassle for you.

Best wishes,

Appendix 3.1.20

SUBJECT: New dates for Counselling Research Project

E-mail sent to:

You will remember that you volunteered to take part in the research project involving counsellors from SCOC and LCIL. This had to be cancelled in April, and has now been rescheduled.

The training meeting will be held at UPDATE, 27 Beaverhall Road, Edinburgh at 6.30p.m. till 8.30p.m.

This means that all counselling in connection with this project would be expected to take place during September and October 2001 – each counselling dyad meeting on 6 occasions at a mutually suitable time and location.

This is a message going out to all the volunteers whose e-mail numbers I know, so apologies if it feels a little impersonal.

I would like to know from each of you, whether or not you are still able to take part in this project on the terms you originally agreed – which includes attendance at that training meeting. If you have elected to be a counsellor (not a client) on this project, you will be asked to have three supervision sessions over the period of your counselling – but, more at the Launch Meeting!

I hope it will be a very positive learning experience for each of you.

I hope you are all having a good break during the summer, and that I will hear from you as soon as possible.

Best wishes,

Appendix 3.1.21

16 January 2002

Dear

A DAY WORKSHOP FOR COUNSELLING SUPERVISORS

This is a letter for some of the people I have had in my Supervision Training Course over the past few years.

Some of you already know that for the past three years I have been doing research towards a doctoral degree on psychotherapy. Presently I am involved in the writing –up process, and to complete this, I need to have feedback on my ‘findings’ from a group of people who represent individuals who might find my research useful in their practice. You are one such! I offer you a free training day in exchange for your feedback on what I present to you, at it.

On Saturday February 23, 2002 from 10.30a.m. till 4.30p.m. I will run a group for no more than 12 people in the premises of the Edinburgh International Health Centre, in the grounds of Carberry Tower, near Musselburgh. Places will be allocated on a first-come-first-accepted basis.

The subject will be: **‘Supervision of counsellors with physically disabled clients.’**

There will be sessions on unconscious processes, on symbolism in dreams, and discussion on a few practical issues.

Further details will be sent to you with an acceptance letter. If you want to contact me about it, other than to apply for a place, please feel free to do so.

Best wishes,
Yours sincerely,

Please fill in the form below and return it to me as soon as possible at above address.

I am free on Saturday February 23, and would like to apply for a place on the Day Workshop

Please print name:

Signature:

Phone Number:

E-mail address:

Address

30 January 2002.

Dear

CONFIRMATION OF BOOKING

Thank you for responding to my invitation to the Day Workshop on '**Supervision of counsellors with disabled clients**'. I'm pleased to tell you that you have been allocated a place, so I look forward to meeting you again in time to make a start at 10.30a.m. on Saturday 23 February 2002 in the premises of the Elphinstone International Health Centre in the grounds of Carberry Tower.

There will be no fee for this day because it is part of my research study as well as being a training day for you. Lunch will be provided for you, as will teas and coffees
A certificate of attendance will be issued at the end of the day for your continuing professional development portfolio.

Enclosed with this letter, you will find

- a map with directions to the EIHC, and
- a form to complete before you come, bring with you, and hand to me when you arrive.

Because this is part of my research, I will tape-record some parts of our discussion, but will of course, protect your identity in anything I write about the experience.

I will require you to sign a consent form, confirming your willingness for me to use the material you contribute during the workshop, and any feedback you may give me about process and content. If, at the end of the day you feel you have said something that you do not want me to include in my research, please come to discuss this with me and give me details so I can honour this.

With all good wishes,
Yours sincerely,

JEAN MORRISON & ASSOCIATES

CONTINUING PROFESSIONAL DEVELOPMENT FOR SUPERVISORS

This is to certify that

NAME

attended a one day (5 contact hours) workshop on

**SUPERVISION OF COUNSELLORS
WORKING WITH PHYSICALLY DISABLED CLIENTS**

23 February 2002

**in the Elphinstone International Health Centre,
Carberry**

Signed:

**Jean C. Morrison,
BACP Accredited Supervisor,
Post-graduate Diploma in Supervision**

CONTRACT FOR WORKSHOP FOR SUPERVISORS

Jean's contract with you:

- During this training workshop I will give you information about my research findings, and lead you through a programme of self-awareness, and of learning from and sharing with each other
- I will listen to your contributions with respect, and in anything I later write, will keep your personal and professional identity confidential
- I will audiotape all plenary sessions, and ask permission to record anything else of special interest for my research

Signed:

23 February 2002

Your contract with Jean:

- I will attend the full day's training, and receive an attendance certificate at the close
- I will treat with respect what others say, and keep in confidence any personal or professional information imparted to me by any person attending this workshop
- During the workshop I will participate fully by filling in worksheets, taking part in experiential exercises, sharing in pairs, small groups, and plenary sessions and by giving Jean the feedback she requests. If I feel I can't, I am prepared to share the reason why I feel I cannot take part in any of them
- I will take responsibility for my own learning, in that I will ask for information, clarification and explanation if there is anything I do not understand
- I understand that this workshop is held as part of Jean's research, and I agree to plenary interactive sessions being audiotaped and later transcribed for this purpose
- If I make any verbal contribution in such a plenary session that I do not wish Jean to transcribe, I will tell her so before I leave the workshop this afternoon, giving her details of the words or thoughts I wish deleted
- I understand that Jean will not identify me in what she writes about this workshop

Signed:

Date: 23 February 2002

**Workshop:
SUPERVISION OF COUNSELLORS WITH DISABLED CLIENTS
Elphinstone International Health Centre,
Carberry Tower, Edinburgh**

CONSENT FORM

I am willing for the information I share in this workshop in open sessions, to be recorded as part of a doctoral level research project carried out by Jean C. Morrison.

I give my consent for it to be transcribed, but for my identity and that of any other person I might name, to remain confidential when Jean writes about the project at any time within the next five years.

NAME OF WORKSHOP PARTICIPANT:

SIGNATURE OF WORKSHOP PARTICIPANT:

DATE: *Saturday February 23, 2002*

DAY WORKSHOP

23 February 2002

EVALUATION FORM

1. What caught your interest in today's workshop?

2. What did you find helpful for you as a supervisor, and how might you use this?

3. Which questions are you left with?

4. Anything else you would like to say?

Thanks, Jean

EVALUATION FORM COLLATION**What caught your interest in today's workshop?**

*Jean's sharing of individuals' dreams and their interpretations.
Also visualisation, although very dream-like after lunch!*

The power of dreams and the similarity (or not) of visualisation/hypnosis etc. in working through emotions and gaining insight. The 'links' and use of image of disability/able-bodied for disabled and non-disabled people in dreams.

*Very relevant to current "struggle" with facilitating group for disabled trainees.
Being aware that much of the "struggle" represents a common difficulty for those working in the same area.*

All of it – but especially the need to pay attention to the shadow.

I was very interested in all the findings concerning the dreams of disabled people, including when symbols of disability do come into them – and particularly interested in the neurology.

*Information about mirror neurons and how when we see someone moving we feel it in our body.
That the areas of the brain that form a network to create dreams includes parts that deal in memories and emotions, in spatial relationships, in symbolic representations and associations.
Meeting again the belief that Shadow carries our potential.*

The weight of evidence relating to the dreams of people with disability – as being able to do 'normal' things which they are unable to do in waking life.

*Information shared – especially in the context of the research being undertaken on disability.
Confirmation (once again) of how attention needs to be taken of dreams.*

- *The idea of the Shadow as potential*
- *The notion of cell memory*
- *The potential of dreams to reveal the Shadow*

How I and others picture themselves in dreams. I have thought a great deal about the distortions as a result of hearing of disabled people's self-representation.

The offer of specialised training which would both be of personal and professional nature.

What did you find helpful for you as a supervisor, and how might you use this?

My shadow! To be unpacked and brought further into consciousness.

To be more aware of 'discomfort' i.e. the emotions/thoughts in the process of my work and not to avoid these. To acknowledge and bring into the here and now of my relationships 'these discomforts'. To check out assumptions and work with 'non-politically correct' thoughts, images, etc. Not to be afraid!

Learning about the effect of the Shadow side in the supervision process – and the benefit of 'redeeming' it so it might be useful. Being made aware of my own fears around coping with interaction with the disabled.

The use of dreams for counselling a client.

The need to pay attention to drowsiness as indication of the shadow.

The reminder about the Drama Triangle and Triangle with Curved Sides as revelation of the Shadow self.

I think the visualisation exercise (backed up by the theory, information and sharing we did re influences and attributes to become a counsellor, the triangle with curved sides (and the drama triangle) and the dangers of counselling or supervising within differences, if I am not looking at the potential in the Shadow). I might most likely use it in a modified form and not exclusively with a new client.

To recognise that self-representation in dreams of disabled people and non-disabled people appear to be the same. To help avoid making incorrect assumptions about the appearance of a wheelchair in the dreams of a disabled person.

Importance of examining attitudes and assumptions about people with physical disability – work with supervisees to bring it into consciousness at beginning of working with someone to lessen impact from unconscious affecting working relationship.

The fantasy journey was helpful in clarifying the magnitude of the impact of the LCIL/Disability experience and its impact upon me.

Recognition that the counsellor can become disabled.

Awareness of the possibility that this can happen and the powerful interaction between physically disabled client and counsellor.

I have been helped in my understanding of physically disabled clients.

- *The koala visual aid. I might use a version of this with current supervisees struggling to own their Shadow.*
- *Being brought to an awareness of the power of my resistance will help me to begin to let it go. In so doing, I may be better able to help my supervisees (and clients) do likewise.*

Yet again, to never assume and alert practitioners if and when necessary as to what some of the additional issues may be.

The unconscious processes. The interpretation of disability. I am left with thoughts about how a supervisee can present casework concerning a disabled client and I wonder what will be going on between supervisee and disabled client. What I may use is how disability fits into the supervisee and client relationship.

Which questions are you left with?

What differences if any? (also learning disabilities)

Questioning gently all of the above.

Why is this such a difficult area? Does it represent another aspect of life where the disabled are marginalised? Maybe your work will be of much wider use than what you envisage at present.

Differences between disabled clients with non-progressive disability and those with progressive disability – impact of this on supervisor/client/supervisee relationship.

I would like to know more about the neurology.

I would also like to read Guy's book.

Is there a difference in significance of an electric wheelchair symbol: a self-propelled one: one propelled by someone else?

Are our dreams containers of the keys to the state of emotional health and changes in it both working away unconsciously but also asking us to awaken to information that needs to become conscious?

The supervisors/counsellors experience of loss with those clients/supervisees who have deteriorating degenerative disability.

This area was not directly addressed.

In supervising 'disabled counsellors' who work with clients who have disabilities, what are the implications for me as an 'able-bodied' supervisor? How can I use my emerging awareness of my shadow to inform my work and theirs?

As ever, how our psyches, particularly our unconscious ones, actually work!

1. *What is the impact of a client's disability on the supervisee?*
2. *Do clients with disabilities play conscious/unconscious games with their supervisees?*
3. *How as a supervisor you introduce/bring about the notion of Game-playing, as associated with (2).*

Anything else you would like to say?

Great day – need to take home and process.

You inspire me to continue to let go of outgrown defences and challenge myself and others.

Thank you very much.

Much appreciated being invited to come! Many thanks to you.

I found all aspects of the day interesting and forming a whole. The only thing I did not like was the worksheet on the meaning of and theory re an unknown, unseen, unheard client's dream. Thanks you very much for an informative day.

Thank you.

A fresh realisation of working with the physically disabled.

Thanks you very much. I intend to begin recording my dreams.

I would have welcomed hearing more of other's experiences as able-bodied facilitators, counsellors and supervisors working with the disabled particularly as there seemed to be a lot of issues around.

No.

Worksheet: Dream Theory

'It was a beautiful dry, sunny day. I was on my own in my power chair, beside a loch, on a high bank. Flowers, slight breeze, bird song.

Looked over edge – saw deep water ahead, lovely sandy beach to right. But realised I had gone too near the edge. The chair toppled into the deep, clear water, but I STAYED ON THE BANK! (This didn't seem at all strange in the dream!) I looked in to the deep clear water – the chair was lying folded on a rock – it looked OK

It was a kind of Country Park like those I knew with paths at different levels and I ran along shouting, "I need some help". A young girl with short fair hair shouted, "I'll help". I wondered how she'd manage, but was conscious of feeling weak and tired, and that we would have to try between us to get it out.

We ran back – she said she wasn't feeling well – time of month. When we got to the spot, I realised she had no idea how heavy it was, and thought we could just lift it out. I told her we would need ropes ... then I woke up!

Here is the dream of a person who has not been able to stand unaided, far less to run for years. She is able to control a power chair, and employs a staff of personal assistants to help her live independently.

Question:

If you know any theories of dreams (Jung's, Freud's, etc.), which theory might you use to explain why this woman is able to stand unaided and run along a path for help in her dream?

Feel free to write your own ideas in your own words, as well as, or instead of any sourced theories.

Your personal answer:

INFORMATION FOR PRACTITIONERS ON DREAMS AND DISABILITY

1. Self-representation in the dreams of disabled people and non-disabled people is the same. The norm for both is of a whole and able dream body – something we know to be ‘Me’.
2. Sometimes, for either group, the body carries metaphors of internal emotions: for example, being clad in rags, faceless, able to stand on your own two feet.
3. Don’t allow yourself or your supervisee to become distracted by being surprised if the dream image you see is out of step with what you know to be waking reality. Waking reality is usually ‘off-line’ in dreams.
4. Symbols of distress for both disabled and non-disabled dreamers tend to come elsewhere in their dreams, projected on to cars, wheelchairs, animals, activities, relationships with other people – whatever is a symbol of what is causing the dreamer to worry.
5. It would appear that when the self-representation is whole and able for either disabled or non-disabled dreamers, the distress expressed in a dream is not about the core identity of the dreamer, but about something more peripheral than that as far as the dreamer is concerned.
6. Dreamers tend to have as their own personal dream symbols: whatever is meaningful to them in their present lives or past history. So if a counsellor or trainer or supervisor is working with wheelchair users, for example, wheelchairs might begin to be part of their dream symbol language.
7. When disabled dreamers are going through a time of emotional upheaval, whatever that might be about, distress is often projected on to symbols that support them to live as independently as possible (e.g. adapted mobile phones, wheelchairs, guide dogs).
8. Freud and Jung dreamed of their patients and their patients dreamed of them, and it was part of their practice to look at both. Supervisors might dream of their supervisees, and the supervisees of the supervisors, the counsellors dream of their clients, and the clients of their counsellors. If this happens in your practice, record the dream, reflect on what it means for you, and ask your client to do the same with hers.
9. When people dream of the other in any such relationship and that person in waking reality is physically disabled, the dreamer is most likely to dream of them as non-disabled. They are seeing a symbol of the person, not of their disability. If that happens to you, look at what is happening to the relationship between the dream symbols in the dream, and you may learn something about the relationship you have to your supervisee, or your supervisee has to you.
10. The areas of the brain that form a network to create dreams do not include parts which, in waking, deal with the current body image of the dreamer. It does include parts that deal in memories and emotions, in spatial relationships, in symbolic representations and associations.

VISUALISATION SCRIPT FOR SUPERVISORS' WORKSHOP

I want to do a visualisation with you, to help you think of the Persona you might use when meeting a disabled client or supervisee, and what might be in the Shadow for you in such a relationship.

- *So – find a good place in the room for you to relax and prepare for a visualisation exercise. If you want to, you could lie down on the floor, or remain in your chair.*
- *Make sure your back is supported, and your body centred. Breathe in and then out, three times, quite slowly, and in the process, allow your body to relax ...*
- *Your body is supported, centred, and yet relaxed.*
- *If you need to change your position to one that is more comfortable, or if you can sense a part of your body that needs to be more relaxed, do that for yourself now.*
- *Your body is relaxed, but supported, let your mind become still.*

I invite you to imagine that you are having a dream. In this dream you are a counsellor about to meet a physically disabled client. Let the image of your client appear before you ... you may be seeing a stranger, or someone you know.

Be aware of this person's image ... what is the client's body language saying to you as you meet?

- *What is the client doing?*
- *What are you feeling as you meet this client?*
- *What are you thinking?*
- *Are you aware of any sensations in your body? What are they? Why are they there?*

Now the scene changes, and you are the client, looking at the counsellor's Persona – the part of you in your professional role, that you are showing to the client.

- *What do you see as your client? Allow yourself all the licence of dream imagery as you look at the Counsellor's Persona... as the client you may see any image of the counsellor that could represent the counsellor's Persona... what are you looking at?*
- *How are you feeling as you look at this Persona?*
- *What are you thinking about this image?*
- *Are you aware of any body sensation as you look at that Persona?*

The scene changes again, and you are again the counsellor, looking at your client.

What are you thinking and feeling now? What is your body sensation?

Now turn slowly round, and behind you, you will see your Shadow – the part of you you are trying to deny in this situation with your disabled client.

What does your Shadow look like? Use any form of dream imagery you wish to give yourself an image of your Shadow. What can you see? Is your Shadow still, or is it moving? What's happening? How is it feeling about you paying attention to it?

How are you feeling about your Shadow?

What might your client feel if your client could see it?

You are coming near the end of this visualisation. What would you like to do, to bring it to a positive conclusion?

Take time to make this experience a good one for you.

And now, when you are ready, slowly bring yourself back to this room, and to the other people around you, and have a good stretch, and open your eyes.

- Draw or write about this experience.
- Supervise each other in twos.
- Plenary discussion

Feedback guidelines on use of visualisation tape

[Running time 13 minutes]

I envisage this tape being used, either

- *in a training situation where counsellors or counselling supervisors are being prepared to work in this area of 'difference'*
- *or by a counselling supervisor in a supervision session when the supervisee is about to, or has just begun work with a physically disabled client for the first time, or is having difficulty with work in this area*
- *or by the supervisor giving the tape to such a supervisee to use at home and to discuss results with the supervisor at their next session*

Technical matters:

- Was there anything about the way the tape was presented that you feel should be changed – e.g. clarity, voice tone, pace?

Psychological matters:

- Were there any places where the words used in the script jarred for you, or felt in some way inappropriate (e.g. as if designed to lead to certain emotions and conclusions)?
- Do you envisage situations arising from the use of this tape that would make it unsafe as a tool in any of the above situations?
- If you do, what would you suggest to take care of such situations?

Professional matters:

- In which situations might you personally use this tape, and how would you use it?
- If you would choose not to use it, will you please give your reasons?

Any other comments would also be welcome.

*Thanks,
Jean C. Morrison, March 2002*

Please return to Jean C. Morrison

CONSENT FORM

*For those giving feedback to Jean on the Visualisation Tape:
Persona and Shadow.*

I am willing for the information and feedback I give Jean on my experience of the taped visualisation to be used by her in her research.

I understand that my identity and that of any other person I might name will remain confidential when Jean writes about the project at any time within the next five years.

Name of person giving feedback:

Signature:

Date:

ADDITIONAL INFORMATION:

Please give brief information on any contact you have had as supervisor, counsellor, or trainer with or concerning any physically disabled persons.

Name
Address

22 March 2002

Dear

FEEDBACK ON VISUALISATION: PERSONA AND SHADOW.

Thank you very much for agreeing by phone to take part in my research by listening to the enclosed tape, and giving me feedback on it.

As you know I am currently doing work-based research at doctoral level around the supervision of counselling with physically disabled people. I am focusing on the unconscious processes that occur intra-personally and inter-personally when physically disabled people and non-physically disabled people are in a professional relationship of this kind.

This particular visualisation is one I have designed to explore the concepts of Persona and Shadow. In it, I invite the person experiencing the visualisation to meet a new physically disabled client. I hope this is a situation you might feel able to explore for yourself as you listen to the tape.

What I want from you is that

1. you read the background theory sheet I have enclosed
2. you give yourself the experience of the visualisation using the tape to lead you into relaxation and then following its instructions
3. you write up your experience (perhaps also by drawing it if you wish) and reflect on it
4. you then put on a 'trainer/supervisor' cap, and give me some feedback on this tape as a tool for exploring those concepts (Suggestions for this enclosed).

If you are able to give me your written response to 3 and 4 by attachment via e-mail, this will be ideal for me. If this is not suitable, then I'll be delighted to have it when you return the tape and consent form to me by post – hopefully by mid-April. Postage stamps are enclosed for this.

If you have any questions, please get in touch. I look forward to your response.

Yours aye,

THEORY BEHIND THE TAPED VISUALISATION

Since I use the terms 'Persona' and 'Shadow' in this visualisation, I want to give you a bit of theoretical background so you know where I am coming from.

PERSONA

As I understand this concept, a person's persona is the image of themselves they project to another within a relationship.

Professional Persona

In the counselling profession, as in other professions, we are trained to adopt a professional persona when at work: an image of ourselves acceptable within the profession to deliver work with clients at the appropriate standard. We are not clones: in each of us, and even with different clients, our professional persona is blended uniquely with aspects of our personal persona.

Personal Persona

Even as adults, our personal persona is often still influenced by what was deemed socially acceptable by our birth family, our school, our religion, our culture, for our gender, our age, our status in society and so on. When we meet others, we unconsciously adopt the persona we feel to be right for that relationship.

SHADOW

But in order to present an acceptable image of ourselves to another, we deny aspects of our personality that we assume would be unacceptable to the other. These denied aspects go into our shadow where we have been storing 'dangerous' unacceptable material probably since our infant struggles with our parents.

' ... psychological material within the shadow is characterised by having the potential to be actively destructive or harmful. However, this is only a potential and it is not certain that it will ever be realised. It may never come to expression and it is possible for an aspect of shadow to be harnessed and directed in a purposeful and creative manner, although this is no small undertaking. ... in the therapeutic field what matters most is that we recognise that harm can and does occur in human relationships, including counselling relationships.' (Page 1999:2)

We are trained to offer our clients unconditional positive regard and empathy. We have to be felt by them to accept them, just the way they are. With most clients this gives us little problem. We soon learn professional ways of coping so that aspects of shadow that might lead to relationship breakdown in a social setting, are kept under control.

This does not necessarily mean total success in hiding aspects of our shadow from our clients. They may read the unconscious signals we send of our fragility, and to survive with us, they adjust to what they imagine we can cope with.

There are times, however, when what our clients represent for us is so threatening, puts us so much in touch with aspects of our shadow, that we should not continue work with them.

We need help to process what remains unacknowledged and unprocessed within our shadow. We need help positively to re-integrate into our personality what we had once to deny, and to release the potential within us for healthier interaction, both personal and professional.

Jean C. Morrison, March 2002

Reference:

Page, Steve (1999): *The Shadow and the Counsellor*. London, Routledge.

*Appendix 3.1.36*REFLECTION PROCESS: ANALYSIS OF VISUALISATION FEEDBACK
- AN EXAMPLE OF MAKING MY OWN MEANING

Comments: Altogether 17 supervisors and 1 experienced counsellor experienced the visualisation. I received written responses from 17 of these. One was a physically disabled person, and 16 non-disabled.

- 11 experienced the visualisation at the Day Workshop
- 2 in a peer supervision group experience
- 5 on audiotape, to experience in their own time in their own homes.

None had a written copy of the visualisation script.

Some recorded their response to each part of the visualisation, while others wrote more fully of some parts memorable to them, but omitted other parts.

Some recalled the experience in a different order to the one in which it had been led, and so some details belonging to one section were merged in their response with details from another. This reminded me of receiving dreams records in my research, when participants might read their record, then add more, or think the order of events should be reversed.

The information collated below was extracted from these reports. When given unclear information, I discussed this by telephone with participants who had identified themselves in their material. Reports came by post or e-mail.

COLLATION OF VISUALISATION REPORTS

*I invite you to imagine that you are having a dream. In this dream you are a counsellor about to meet a physically disabled client. Let the image of your client appear before you ... you may be seeing a stranger, or someone you know.
Be aware of this person's image ... what is the client's body language saying to you as you meet? What is the client doing?*

The clients visualised by the non-disabled participants:

Six recorded that they knew the people they saw in the role of 'client', and four saw people unknown to them.

For one person, the client was someone she knew and was currently counselling - no longer a particular challenge for her.

Observation

Counsellors fear feeling de-skilled.

Counsellors receive training to understand nuances in meaning in the tone and content of the spoken word. Two participants visualised clients with speech difficult for them to decipher.

Training emphasises the need to watch expressions on a client's face to understand emotions that complement or sometimes contradict the meaning of the spoken word. Three participants saw clients with paralysed facial muscles.

Counsellors are trained to observe body movement, sometimes to note its congruence with expressed emotion, sometimes to bring it to the attention of a client and ask its meaning. Seven of the clients were portrayed as having bodies seen to be stiff, cumbersome and unlikely to move, or where movement might be attributable not to the client's emotion but to pain, or to involuntary muscle spasm.

For four participants, the person they visualised was particularly challenging for them. In the first two examples the counsellors seem anxious about counselling someone both angry and physically disabled.

- *'A big man, damaged by polio, big face, big voice, always seems belligerent.'*

- *'She looked tense to me in her wheelchair, but very controlled and strong, not a friendly expression – as if ready to mow me down if I would say or do something that would displease her.'*

In the other two examples there was a historical reason for fear to be connected to a particular disabled body image for these participants. Apparently both reminded the participants of their grandmothers who died when they were young:

- *'I pictured my neighbour in a wheelchair (she has limited mobility, but does not use a wheelchair). A large lady, she overflowed the wheelchair and kept growing – with her chair – so that I was almost smothered. I feared that I might really die.'*
- *'The client was a former student with a disability. I could picture her clearly, particularly a facial expression she occasionally adopted. She walks with a crutch. She has severe arthritis in hips and legs and the left side of her body and her vision is being affected by a developing brain tumour.'*

*What are you feeling as you meet this client? What are you thinking?
Are you aware of any sensations in your body? What are they? Why are they there?*

What is going on inside you as you meet this particular client?

Six participants felt anxious, five felt fear, three felt compassion, two felt threatened when watching their visualised client. Various other emotions were mentioned by one participant only.

The following are a selection of excerpts describing what they experienced at this point.

- *'Anxious - I might fail to be totally and perfectly accepting, politically correct, understanding and accommodating.'*
- *'Compassion, admiration and awe'*
- *'I made excuses for her in my mind "She probably can't help it - she is disabled." Something in me did not like her, but I thought that wasn't fair. I was aware of feeling apprehensive, wanting to be open and friendly but feeling I must be very careful... I prepared to be very nice and accepting of her, to listen to her and meet her where she was, but I was not at all sure that I would be able to handle her well.'*
- *'As a counsellor I sensed his discomfort of the situation, but conscious of my seeming acceptance. Then I became completely disabled. I wanted to say something but could find no words: afraid of saying the wrong thing.'*
- *'Guilty of having a healthy lively beautifully supple body.'*
- *'A mixture of pity, compassion and anxiety. Thought, "How awful it must be to be unable to walk, to be trapped in a wheelchair and dependent on others a lot of the time. How am I going to be empathic when the idea of trying to feel my way into how life is for her, is very frightening? I'd rather be dead than like that." I feel tense around my neck and head because of these thoughts.'*
- *'I am sitting with too straight a back and am struggling not to wear the wrong kind of smile as I wrestle with the knowledge that he knows everything and I know nothing about being disabled in such a visible way. I feel threatened and expected to fail in a situation he intends to be challenging. I really want to blab but stay quiet and try to loosen my shoulders. I have a small lump in my throat and another in my stomach.'*
- *'He catches my heart with hints of the vulnerabilities of living. I feel he is living out my worst nightmare of being trapped in the body and having difficulty making myself understood.'*

Observation

It would see that themes running through these responses are

'I don't feel that I have what it takes to be a good enough counsellor for this client'

followed by

'but I hope I'm not communicating this to my client, because I don't like it, and I don't want the client to know about it.'

Now the scene changes, and you are the client, looking at the counsellor's Persona – the part of you in your professional role, that you are showing to the client.

What do you see as your client? Allow yourself all the licence of dream imagery as you look at the Counsellor's Persona... as the client you may see any image of the counsellor that could represent the counsellor's Persona... what are you looking at?

How are you feeling as you look at this Persona?

What are you thinking about this image?

Are you aware of any body sensation as you look at that Persona?

When the counsellor became the client and looked at herself as counsellor.

- *I had a number of questions in my head 'Can I trust this person? Does she know her stuff?' though I did not feel unsafe – it was more about experience and personal persona.*
- *My persona was of a beautiful, vivacious girl dressed in national costume (Lithuanian?) with white, full, knee-length skirt with a red and blue pattern edging it, a black velvet bolero, and streamers of velvet ribbons waving above my head as I danced enthusiastically¹.*
- *I see someone who is calm and in control. 'Has she ever worked with someone like me? I don't want her to feel sorry for me. Will she want to hear what I really feel and be able to cope with it?' I feel safe enough with her, yet also slightly anxious.*
- *"What a jerk! Why can't she relax and let me look after myself? Does she think I'm that fragile?"*
- *'She feels sorry for me. I saw a blank sheet; I could not see the person. I knew I wanted someone who 'is courageous enough to challenge me, someone who is real.'*
- *I saw myself as a cat with a smile but with my tail swinging dangerously behind me. Looking calm and OK but betraying that by the tail.*
- *When I became the client looking at the counsellor I had a sense of wanting to share real feelings about all my movement – make mention of it, not to deny or pretend everything was normal. I wanted some acknowledgement that I was different but still an OK human being ... But in my Persona I had the fear of being real.*
- *I think the client sees my 'energy' – experiences my other self but is picking up on incongruence and denial of this.*
- *I become the client and I see my counsellor's fear which is my fear and I am strangely comforted by this. However, it does not dispel my anxiety.*

Observation

So, in their own ways, all seemed to be saying 'Clients can see the very aspects of me that I am trying to hide from them. They can see through this persona. For some this was disturbing; for others, comforting. Some said 'This relationship can only work if I/we can be real.'

The scene changes again, and you are again the counsellor, looking at your client. What are you thinking and feeling now? What is your body sensation?

- *'I become the counsellor again and I am aware of a slight tension in my shoulders and because it is only slight I feel good about it. I expected it to be stronger. All the while I am thinking that I am closer to my client than I feared. It is almost as if I am sitting in a wheel chair but it doesn't have wheels. I am almost shrivelled but I am also straight and open.*

¹ This is describing the counsellor who felt guilty about having such a healthy, supple body.

- *When I came into the me, the counsellor, with this insight, I felt safer, with permission to be myself.'*

Observation

Only two participants commented on this part of the visualisation except where they included it in their overall response to looking at their persona. I assume that the response for most did not change in resuming the role of counsellor, but for the two above it seems to have helped them somehow to earth and own the experience.

Now turn slowly round, and behind you, you will see your Shadow – the part of you you are trying to deny in this situation with your disabled client.

What does your Shadow look like? Use any form of dream imagery you wish to give yourself an image of your Shadow. What can you see?

Is your Shadow still, or is it moving? What's happening?

How is it feeling about you paying attention to it?

How are you feeling about your Shadow?

What might your client feel if your client could see it?

Observation

It was in this section above all that participants used vivid imagery, similar to dream imagery. The imagery and their description of it seemed often to indicate where these participants were in the process of integrating these aspects of their Shadow vis-a-vis physical disability. Often the image they saw was of one of physical disability:

- *My Shadow looks like a butterfly whose wings are stuck together. I feel anger, impotence – because I feel trapped. I think that I must not let the anger seep out. I must be calm and caring.*
- *My Shadow self would like to kick and punch the embryonic wheelchair occupant into a pulp – a violent fantasy, linked no doubt to my childhood.*
- *When I looked around at my Shadow, it was a moving two-dimensional grey thing trying to squeeze down the hole in the skirting board behind me. I found it difficult to grasp my Shadow and it was trying to get away. I need to find more about my Shadow – sometime.*

Observation

Unlike many dreams where scenes at first seem to have no direct relation to each other, the reports of images from this visualisation often had a direct connection, one to the other. Some examples were:

Persona:

'I am sitting with too straight a back and am struggling not to wear the wrong kind of smile as I wrestle with the knowledge that he knows everything and I know nothing about being disabled in such a visible way'.

Shadow:

'A long skinny faceless figure wearing a grey habit with a hood. This figure is walking away because it doesn't want to be there at all. It wants to run away. It knows it cannot help, has nothing to give, has no right to work with someone who physically struggles to move at all'.

Links: In both, what she really feels is hidden in her facial area. The Shadow acts out what the Persona tries in vain to camouflage. Theme of struggling.

Persona:

The beautiful woman dancing enthusiastically in national costume.

Shadow:

'As I 'turned' my feelings were of mild apprehension, interest, but not concern. When I saw my shadow, these feelings turned immediately to warmth, love, and acceptance. What I saw was a creature of about 2 feet in height, with a face that was very wide – the widest part of the creature, in fact. This face was very definitely human, and very similar to my client, and similar to me - we were of the same family. There was very little, or no sign of any body lower than the face, just

two small, dangly legs. In popular terms of beauty, this was a grotesque creature. Yet it was easy and very satisfying for me to embrace it, and take it into myself. The "ugly" "disabled" creature, my Shadow, is the thing I've hidden from. It felt good, right, to embrace her.'

Links: The Persona was the opposite of the Shadow; it emphasised the physical difference. The Shadow depicted the physical similarities.

Persona:

'There I am sitting, head inclined in order to catch the words that come in such a rush, feeling panicky and thinking, 'Oh God let me hear what he is saying.' And as my client, I am thinking, 'There he is, looking as if he knows what he is doing, but I know that he knows that I know he doesn't. I know that, deep down, he is glad he is not me. At the same time we are connecting and he values me as I value him. But, there he goes again cocking his head to make sense of what I am struggling to say.'

Shadow:

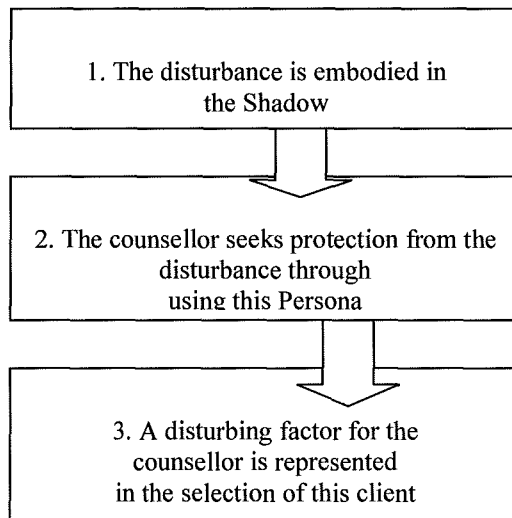
'My Shadow was in the shape of me – but featureless. The feelings that go with it carry something of the quality of my wanting to express myself and not being heard.'

Links: Persona reflects that he is scared of not being able to understand his client.

The Shadow reflects that one of his fears is that of others not understanding him.

It was by noticing the links between the Persona and the Shadow that I realised that the key factor which made sense of the Persona and Shadow being as they were, was the disability of the client selected for the visualisation. There was something about that particular client that made the counsellor anxious or fearful. In assuming the Persona, the counsellor hoped to shield herself from this fear and either to protect the client from it, or to hide it from the client. The Shadow was that fear embodied in an image – so all three were linked.

Diagram : Theory made visual in visualisation



USE OF VISUALISATION

By using visualisation themes noticed in the interviews and the supervised counselling project have been highlighted. Using visualisation makes it all more graphic because of the symbolic language of the tool.

9 May 2002

A HANDBOOK OF
RESOURCES FOR SUPERVISORS

**where the supervisory triad
has both physically disabled
and non-physically disabled persons**

This is in draft form only and not yet completed, nor in its final format.

It is included as an indication of what appears to be needed to help the supervisors of counsellors inexperienced in working with disabled clients

Jean C. Morrison, February 2003

RESOURCES FOR SUPERVISORS

*where the supervisory triad
has both physically disabled and non-physically disabled persons*

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Areas for exploration
4. Personal motivation
5. Exploring personal history
- Recording a history
 - Memories of events experienced
 - Worksheet on family background
 - Exploring history in supervision session
 - Values and attitudes
9. Philosophy of life

* * *

Not included in this sample are:

10. Awareness and ability to reflect
- IPR worksheet
 - Visualisation script for use at a workshop
for counsellors or supervisors
14. Stage on the Journey
16. Diary of an inexperienced counsellor
20. What are your dreams saying?

* * *

22. Guidelines for practice: **Disabled counsellors with non-disabled clients**

INTRODUCTION

When a non-disabled counsellor¹ is new to the work of counselling physically disabled clients she is expected by the counselling profession to respond to a disabled client as she does to others:

- to his body image
- to his personality
- to his life-world and relationships
- to the specific issues this client wants to work on
- to his personal resources for dealing with his issues
- and to her perception of where this client is in his life journey.

Most counsellors in this situation are likely to filter their response to the client through an initial response to the impairment of the client's body, and have feelings and thoughts about disability (some out of their awareness) that may hamper their ability to interact with this client as she does with any others.

There are four areas of the counsellor's life it might be helpful for her to explore with her supervisor in order to adjust and update them. Each may have its accompanying idiosyncratic emotional, cognitive and somatic reactions within her. These are the counsellor's personal issues. The areas are:

1. her motivation to accompany a disabled client on part of his life's journey
2. the values and attitudes she still carries around disability from her early learning from parents and other forces influential in her life
3. past personal experiences of disabled people and how she learned to respond to physical impairment from her relationships with them
4. her current philosophy of life on the meaning of disability, including the influence of folk wisdom, religious beliefs, the media etc.

The counsellor and her supervisor need an awareness of the importance of exploring these areas, and the ability to reflect on them in order to take action when and if they negatively affect her counselling relationship. In regular reviews together they can note and celebrate the counsellor's current stage of growth on her Echo Journey to accept disability as a norm of human existence, and to work with this client as she would with any other.

If, as a supervisor, you are not greatly experienced in working with disabled clients or supervisees, or in supervising work with disabled clients, you may find it helpful to work the this handbook first on your own behalf before you use its suggestions with any supervisee.

¹ I will assume the counsellor to be female, and the client, male.

WORKSHEET: PERSONAL MOTIVATION.

What are the personal attributes that motivated your decision to become a counsellor? J. D. Guy² has suggested that the following personality attributes might motivate a person to become a therapist:

inquisitiveness *introspection* *capacity for self-denial*
desire for intimate contact *loneliness* *desire for power*
desire for love *innate rebelliousness*

- Tick any on Guy's list you think might be relevant to you
- Then add some more from your knowledge of yourself and your background

Your additions:

Now consider – which of these in particular are in the motivation you bring to counsel your physically disabled client?

² Guy, J. D. (1987) *The personal life of the therapist*. John Wiley and Sons, New York

EXPLORING PERSONAL HISTORY

When a supervisor suspects that a supervisee might have an issue around an aspect of client work concerning physical disability, the supervisor may invite the counsellor to explore her personal history around that issue.

The supervisor might be alerted to a need for such a history by discovering, for instance, that the counsellor

- has an excessive, or apparently inappropriate, emotional response to the issue when it is encountered
- is voicing assumptions as if they were truths
- seems to be avoiding that issue in client work

The history may be addressed in dialogue between supervisor and counsellor as soon as the need is discovered in a supervision session, by asking questions like, 'Who does this client remind you of?' or 'What is your past experience of being with someone with a physical disability?'

Fuller insight may be gained, however, in giving a supervisee time, space and guidelines to explore this issue by herself between supervision sessions.

RECORDING A HISTORY

Discuss with the counsellor the reason why you suggest she makes such a history. As with all supervision, this is designed

- to promote the supervisee's professional development
- to safeguard the welfare of the client.

Some guidelines

The history may be written, drawn, painted, modelled in clay, shown in cartoon form with the characters' conversation in speech bubbles, tape-recorded, spoken to video camera. It may include photographs, other mementoes gathered from or symbolic of past experiences or relationships, recordings of songs on the theme experienced as meaningful to the counsellor, books ... anything of significance to the supervisee around the specific issue.

It may be complicated and sophisticated: it is probably better to be simple and unpolished. The significance for the supervisee is the process of doing this, and what she learns through it. It is not for public display!

- Record events, relationships, conversations, dreams - even snippets of any memories concerning this issue
- Beside each 'entry' in the record, give your rough age at that time
- Record any emotions, thoughts or bodily sensations you remember having around each experience
- Note remembered comments from significant others about that experience (e.g. advice given at the time from parents, doctors, teachers, etc.)

Here is the above set out in worksheet format if that is preferred:

Another helpful area to explore is that of the family background:

WORKSHEET

Look at your family as a backdrop to a stage on which your personal memories have been enacted

1. What do you know about your family and physical disability?

2. Were there any stories about it passed down the generations from before you were born?

3. Were there any stories told in your family about you and a disabled person (perhaps a relative) when you were very small, even if you cannot remember the actual incidents?

4. Were there any family secrets around this issue?

5. What would your mother³ have said to you if you had seen a disabled person and asked her in public why that person was like that?

6. What might your father contribute to a discussion on this issue?

³ If you don't have these memories of your actual mother or father, you might choose a person who could substitute for them.

EXPLORING DISABILITY HISTORY BROUGHT TO SUPERVISION

When the supervisee brings her recorded history to supervision, the supervisor may invite her to share what she has gathered together to depict the history of this issue, and intersperse the presentation with questions like:

- And what might a little child of 4... 6... 8, pick up from such an experience?
- When your mum/dad/granny said that to you, how did you feel about it?
- What would your siblings/your school friends have said about it if they had known?
- Were you ever in a situation where you felt shame around this issue?
- Did you ever have to hide what you did/thought/felt about it from your parents?

And applying it to the client work:

So what is it you are still carrying from your past life experience that makes it challenging for you to be with this client?

- Might your history make it difficult for the Child within your personality to feel comfortable with this client?
- Having looked again at the values and attitudes of your childhood, are there changes you have made, or wish to make in them?
- Which resources do you now have within you, from your wider experience of life, to equip you to accompany this client on his/her journey?

AND FOR THE SUPERVISOR

Unexplored issues around difference in practitioners or their supervisors can adversely affect the counselling relationship and the quality of work done by the client. You might try using the suggestions above for self-supervision.

In addition consider the following:

- Hearing my supervisee's presentation of her present disabled client, which thoughts and feeling surfaced for me?
- Do I have any memories from my past that could connect with this client and her life?
- If I do, how will I ensure that these do not adversely affect my supervision – for instance in colluding with my supervisee, or in working from assumptions that may be outdated?

YOUR PHILOSOPHY OF LIFE AROUND DISABILITY

Tell yourself a story you would have liked to hear when you were young, about a little child who had a physical or sensory impairment.

You may write this story or speak it into a tape recorder or video – but give yourself no more than 15 minutes to finish it. Don't edit it – just let it flow.

When you finish, read it through or listen to it, and ask yourself:

- When I was a child, what was my philosophy of life about disability?
- What would I have said if someone had asked me – ‘Why are some people disabled?’
- What did children like me do with any disabled children in my class at school?
- What do I remember being taught by teachers, by my family, by my religious heritage, in my social circle, about disability?

- What influence have books, TV, posters, films about physically disabled people had on you in recent years?
- In which ways have your attitudes towards disabled people changed over the years till now, and what has encouraged them to change?

Appendix 3.1.38

11 October 2002

Dear

At long last, here is the draft handbook I asked if you would look over for me.

What I want from you is to read it through, putting yourself in the shoes of a non-disabled supervisor with a non-disabled supervisee counselling her first physically impaired client.

The scenario is that the counsellor is apprehensive about this work, and not managing very well. The supervisor wants to support her, challenge her if necessary, facilitate her to find out what lies behind her apprehension, and eventually enable her to relate to her disabled client with the same skill and confidence as she would with any other.

Will you give me feedback, please, on

- 1) What is not clear?
- 2) How I could make this more helpful?
- 3) Are there any questions or exercises you feel are awkward or unnecessary?
- 4) Any other suggestions about how it could be improved?

Thanks,

Best wishes,

Representative questions

Questions are arranged in order beginning with those from trainee counsellors and ending with those most experienced in this area of diversity.

1. Will my client trust me when I look so different from her?
2. Would I be able to cope if I had a disability like this client?
3. She appeared to be so vulnerable in the first session, but now I wonder – is that where the power games with me began?¹
4. At first I trod on eggshells because her condition wasn't mentioned. Should I have asked her near the start of the counselling 'What does your disability mean to you?'
5. I was excited and curious when I discovered I was to have a disabled client, but I get the strong feeling that her disability is a 'No go area'. Could that be right? I feel shut out.²
6. What can I do about my growing awareness of my own body through relating to my two disabled clients?
7. Can I manage to go on working with this client, or will her desperation and anger overwhelm me?
8. How can I cope with her physical deterioration – mortality – before my eyes?
9. Why should I be relatively whole and healthy when my supervisee is not?
10. Am I understanding my client's world?
11. Why do I want so strongly to identify with her?
12. Will I be able to understand a client who cannot speak?
13. Will the initial presence of an interpreter get in my way of building a counselling relationship with the client?
14. Why did I feel so helpless and confused before I realised what was going on between us?
15. Would I have challenged her sooner if she hadn't been disabled?
16. Would I have understood the significance of her seductiveness better had I worked with other lesbian women first?
17. Can I have boundaries for myself in this relationship – and may I keep them when the client wants something I don't want to give?
18. I can't risk being real and congruent in this relationship, can I?
19. We've come to the end of our work together, but my client wants to continue. So few people take the time necessary to communicate with her. Can I say no to on-going counselling for this client when I find it so hard to be rejected?

¹) Questions 3 and 5 were taken from supervision transcripts and added to this list

²)

20. How can I carry out couple counselling in a situation where the interpreters are not totally objective and non-intrusive?
21. How can I be Person-centred in this situation where I have to work through a carer and hunch my thoughts, framing them in a way where my client can signal only a 'Yes' or a 'No'?
22. How can I know if my client's fears are realistic when my world is so different from hers?
23. How can I possibly ask this couple to talk about their sexual relationship in this counselling set-up? It is the only part of their relationship where they can have privacy. I think they need to talk about it – it's crucial to them, but I can't bring myself to ask them to expose themselves to those who might manipulate and abuse that knowledge³.
24. Can I put my fear reaction at the back of my mind while I listen harder to figure out the real level of the distress of my client? What is she actually feeling, and what is her speech difficulty making this sound like?
25. Why do I find it so hard to challenge the behaviour of a disabled couple when I thought I had reached the place where I regard each as 'normal'? I'm pretty certain they are playing games with each other, and with me. Can I not be 'fully human' and let them be 'fully human' too?
26. How can I make this relationship as equal as possible in terms of power sharing?
27. Should non-disabled people be counsellors for disabled people?

³ This refers to a situation where the couple counsellor was brought into an agency from outside, but the interpreters provided for the counselling sessions were part of the agency staff

EXTRACT FROM SUPERVISION TRANSCRIPT.

Supervision by non-disabled supervisor with a trainee non-disabled counsellor with disabled client.

C = counsellor: S = Supervisor.

This extract was from the first supervision session, held after the counsellor had been with the client through two sessions. Before this extract, the counsellor had talked about how well their initial session had gone, but that the second session had started very differently.

C: I said that maybe we could look at some of the things we had summarised at the end of the last session. This is where I almost feel that some kind of game started. She said 'What was it we agreed to look at?' Then I found myself almost starting to explain what it was she said last week. And then I felt uncomfortable about that, like she was looking for my interpretation of that.

S: As if you were having to pass some sort of test?

C: Yes... there's been hints of that ... and I don't know if it was happening inside me, or whether it was happening in the room. I stopped short and said 'I feel as if I'm interpreting what happened last week, and I don't really want to do that because our two processes are different... we both have different views about what happened, so maybe you could tell me.

S: You set a boundary down for yourself and for her.

C: But then it slipped again when she said 'Oh, now I want to know. Now I'm curious.'

S: How did you feel when she said that?

C: I felt I had to finish.

S: What was your emotional response to it?

C: It was a kind of 'now I've started this I should finish it' – I don't know. It was almost guilty – like as if I'd feel guilty if I didn't.

S: You had to please her?

C: Yes ... you know, I think I'm confused about where my boundaries should be.

S: What was your anxiety about giving your interpretation rather than reflecting back what you remembered?

C: Well, maybe remembering – you know, there's part of me in there. If I'd misconstrued something, maybe she could have seen that as a lack of understanding, as if I'd not quite got the point ... it might show a lack of empathy.

S: It sounds as if there's a real need in you to please her – to do it so as not to hurt or offend her, or to make her angry, or whatever...

C: Yes – when you said that it struck something inside me. I want to do it right. It want to make it better.

S: To make 'it' better?

C: *To make whatever the situation is, better. To be ... Although I came away from the first session really pleased that I hadn't been 'playing the good counsellor', that I was actually myself in the session... I don't know if this is coming from her, or a game that is going on between us, or whether it's something in me – having to please, to do the right thing.*

S: *Do you think her disability is affecting the way you're working with her? You said it didn't make any impact on you in the first session.*

C: *... Maybe it did... Somehow, making that connection ...*

(later)

S: *What kind of contract did you make?*

C: *Around?*

S: *The six sessions. How you were going to work.*

C: *Well, we, I mean, we spoke – I think what we said we were going to do, that we were going to find, because we had a discussion about the – 'you can't lift one thing out of a life, and deal with that'. So it felt like it was almost a 'we'll get to the thing we're going to deal with, and take it from there.' And it doesn't feel we've made much more of a contract than that.*

S: *I wonder because you're feeling uncomfortable ... if it might be useful to start the next session with 'Let's go back and look at what the contract means in detail'?*

C: *Because we haven't started with a firm contract?*

S: *The contract is about respecting boundaries, and confidentiality, and building, even in such a short time, a relationship of acceptance, empathy and congruence.*

C: *It seems somehow as if I'm being so – I don't know if it's 'tentative' – it's almost like – because she seems in some way as if she is in a fragile place, and there's a lot going on in her personal life as well – she gave me a little bit of this, the background, I'm aware that I don't want to (pause) ... I don't know if it's that I don't want to challenge her really strongly ... I want to be kind of gentle because I think it's what she needs ...*

S: *It sounds as if you're caught between being really gentle and protective of her, and yet experiencing her as quite a strong person.*

C: *Yes, yes, and it seems as if there are almost two different levels there in my client ... somehow, she wanted me to feel a bit uncomfortable... It feels like a game to me. I want to be open and honest, but it doesn't feel like an invitation to be honest, it feels like an invitation to a game with her.*

S: *Which role do you feel you're being invited into?*

C: *Well, I feel like a Victim.*

S: *What might be the risks in your being congruent with her? What might happen?*

C: *I might not see myself as a good counsellor if it's not a positive emotion that I'm feeding back ... But we spoke today about her anger and frustration and I said that I had the feeling of frustration about it – so that's not necessarily positive ... no, that's interesting... it's just an emotion, but I don't know – somehow if I feel negatively towards her, I don't know how comfortable I would feel about that.*

S: *But the game will continue if it's not confronted. I think it would be useful for you to think how you might respond to that, if that happened...*

TRACING THE EFFECTS OF A COMPROMISE

From SCOC¹ I asked for non-disabled volunteers for the supervised counselling project.

One SCOC trainee was keen to be part of this project because she had a physical disability but was training in a group where all others were non-disabled. Rheumatoid arthritis had visibly affected her hands. She was so keen to be involved in the project, that she approached the manager of the agency responsible for her counselling practice to plead with me on her behalf. Perhaps she felt her impairment was an issue for her in her training course.

I contacted her by phone to discuss this with her and tell her why the project had made the guidelines given to SCOC for volunteers. She so wanted to be included that I agreed to discuss this with the Project Team and get back to her.

In the project team, we decided we could compromise by matching her with a visually impaired dyadic partner as counsellor. This fulfilled the spirit if not the letter of the law. The counsellor would not see that the client had an impairment.

I phoned to put this possible scenario to her. She was still keen to take part. Since this project was essentially proposed as a valuable learning experience for all trainees who volunteered to be involved, I suggested to her that she made the decision herself whether or not to tell her counsellor about her own impairment, but to think through for herself the issues involved before deciding. Either decision would be acceptable to me. She accepted this arrangement.

This, for me as researcher, introduced an unexpected new, but interesting, dynamic into the project. I wondered what might happen.

The supervisor, a disabled person, was aware of the situation as she met with the visually impaired counsellor in their three sessions together. She was alert to discern whether the client brought this as an issue into her counselling relationship. She reported back to the Project Team, that the counsellor had told her she strongly suspected her client of holding back something from her, but she had no idea what that might be. The supervisor shared in the Team, but not with the supervisee, that she wondered if the counsellor could possibly have discerned the other's impairment, and was waiting for her to talk about it. Since the counsellor never raised the subject, the Project Team assumed the client had not raised the matter with her.

After the counselling relationship ended I received their workbooks from both counsellor and client, by post. As I did with all participants, I followed this by a phone call after reading the workbook. During this, I found out that at the end of each session, the client had shaken hands with her counsellor. The client had felt the lack of eye contact with her visually impaired counsellor, and so had sought limited touch contact instead.

We had given no details to the dyadic partner of the disabled person's physical condition with the exception of this client being told her counsellor was visually impaired and would not be able to see her hands. We left it to all counselling dyads to discuss this together if they so chose: it was part of the learning process of the project. The counsellor in this relationship was not only visually impaired: she too had arthritis. She has little sensation in her hands as a result. I do not know if she could sense the result of arthritis in her client's hand when it reached to shake hers.

So the subject was not discussed between them. The client decided to leave the matter open, and to bring it into conversation only if this seemed appropriate. She reported that her counselling had just 'taken off' and she had forgotten all about it.

¹ The Scottish Churches' Open College

But the client had a dream, almost certainly triggered by this situation. She reported it thus:

In the dream there was a boar. It stood on its hind legs and put its trotter into my hand. I was aware in the dream that I had to be so gentle with its trotter. It felt so fragile. I could feel its bones under the fleshy part of the trotter.

Thinking about this she suddenly said 'I felt it for the trotter!' I asked her how her hands were in the dream. She said they had been fine – not affected by rheumatoid arthritis.

I then told her about the dreams of wheelchair users – how the disability was sometimes transferred or projected on to the dream wheelchair: the dreamer's body was whole – but the wheelchair disabled. I asked her if she thought such phenomena had been in her dream experience. She sounded excited about it and said she thought it was – but had never thought of this before.

My conclusion

1. This person's dream seems to highlight the issue she had put to the side and 'forgotten' during the process of her counselling experience in this project. I would assume from my experience of working with dreams, that the issue may have been a background anxiety for her during her counselling relationship.
2. I have no evidence that our compromise with the original guidelines that SCOC trainees should be non-disabled people, adversely affected any outcome of the research process.

THE DEVELOPMENT AND OUTCOME OF A PSYCHOLOGICAL GAME

In one counselling dyad, the counsellor's need to understand the disabled client's world led to a complex situation – into what could be understood as a psychological game¹ with the protagonists in and switching around the roles of Rescuer, Victim and Persecutor.

It was to be a power struggle that damaged their relationship.

Psychological Game

The counsellor stated in her workbook (Appendix 3.1.9) that she looked forward to finding out about her client's disability. She enquired about it directly in session two, since she was curious and her client had not volunteered the information.

The client had not planned to bring this as an issue for counselling. Reluctantly, no doubt feeling pressurised [Victim²] after informing the counsellor that as far as she was concerned she had already discussed this right through with friends and had nothing left to explore, she shared with her how the acquired disability had affected her life. Part of this sharing had been to own uncertainty about where she felt she belonged – whether in the world of disability, or in the able-bodied world.

In the next session the client, claiming forgetfulness, asked the counsellor to summarise what had been said at the previous session. Reluctantly the counsellor consented. [Had the client switched to the role of Persecutor, and the counsellor unconsciously agreed to be Rescuer?] In summarising, the counsellor used an emotive word deemed inappropriate by the client.

The client and the counsellor each, presumably without consultation, chose to unpack their experience around this interaction in their workbooks (Appendices 3.1.9, p.6 and 3.1.10, p.8). Each started from a slightly different place:

- *the client from the moment of hearing the word used by the counsellor [feels Victim and reacts, probably in the tone of voice or facial expression, as Persecutor]*
- *the counsellor from hearing the client's reaction to this [feels Victim, and would love to switch to Persecutor]*

Below is the sequence of answers given to questions 3 – 8.

The client's answers are in the left column; the counsellor's in the right.

Q.3 Which sensations did I have in my body?

<i>Sudden sharp intake of breath. Constriction round the heart area, increase in heart rate</i>	<i>Slightly wobbly, child-like feeling inside – a bit like I'd been told off</i>
---	--

¹ A concept used in Transactional Analysis (Stewart and Joines, 1987: 231 – 258)

² In brackets I suggest my interpretation of the roles and the role switches in the game

Q.4 How did I behave at that point in the session?

<i>I observed my bodily sensations, told my counsellor about them and also how strongly I felt about how inappropriate I felt and thought her choice of words had been</i>	<i>Immediately apologised and tried to retrieve/correct the situation</i>
--	---

Q.5 What would I rather have done?

<i>Told her how insensitive I felt she had been</i>	<i>Not made the mistake in the first place! Not sure how else I could have handled it though – perhaps said and done the same but in Adult³ rather than Child?</i>
---	---

Q.6 What might have been the risk for me in reacting as I would have preferred?

<i>No risk to myself. I did feel however that by not saying anything I was protecting my counsellor whom I always perceived as being rather insecure and fragile</i>	<i>Might have felt less real somehow?</i>
--	---

Q.7 How do I imagine that my counsellor/client was perceiving me at that point in the session?

<i>As angry and challenging</i>	<i>Ever so slightly incompetent perhaps? Desperately trying to make amends</i>
---------------------------------	--

Q.8 When I think of my counsellor/client during this incident, what image comes to mind?

<i>Of a frightened little girl who knows that they have done something wrong, and not quite sure what it is they have done wrong, does not know what the consequences may be but is afraid of the consequence anyway.</i>	<i>A bit like my client is sitting there in some sort of superior manner – just because of the disability? Or would this client be like that anyway?</i>
---	--

The client felt the counselling process never recovered from this interaction. A lack of trust operated from that time that was never fully shared with the counsellor.

The counsellor's opinion was that the client made things intentionally and unnecessarily difficult for her. Perhaps the counsellor gave priority to her need to know about the client's disability over the client's need not to discuss this issue further in this counselling relationship.

³ Again this terminology refers to the ego states in Transactional Analysis.

FURTHER VISUALISATION REPORTS

TWO FULL VISUALISATION REPORTS

I will print two accounts in full to give a flavour of the usefulness of this visualisation within a supervisory relationship around the issue of the relationship of non-disabled counsellors with disabled clients. I name the participants F and G.

- F wrote:

'My "client" came to me embodied as someone I know (not as a client or supervisee) with cerebral palsy. His hands were twisted and his speech difficult to understand. I was aware of feeling uncomfortable – fearful, anxious, threatened.

When I projected myself into this client and looked at me, the counsellor, I thought, "she feels sorry for me". I saw a blank sheet, I could not see the person. I knew I wanted someone who "is courageous enough to challenge me, someone who is real." When I came back into being me, the counsellor, with this insight I felt safer with permission to be myself.

When asked to turn and look behind me at my shadow I felt a lurch of anxiety and at first saw nothing. Then I saw a tower of swirling strands coiled and spiralling upwards but as I continued to look the tower became a mound of writhing snakes or worms. I saw no real colour – rather a brown/dark mass. When asked how my shadow felt being seen by me I felt moved – "tears at the back of my eyes" at being exposed, witnessed and accepted. When asked how the client might feel seeing my shadow, I thought he might feel disgusted, afraid and threatened.

When asked to make the experience a good one to end, I was aware of bringing the shadow image into myself without analysing or worrying about what I had seen and feeling that although "hidden" from my client's eyes, it was part of me and I felt more whole as I let myself leave the experience.

In the discussion with my supervision partner I made a connection with how I felt looking at and being with my shadow self "moved to tears at the back of my eyes" at being "exposed, witnessed and accepted" and how I thought my client might feel seeing my shadow "disgusted, afraid and threatened" and how I can feel all of these when faced with aspects of disability. "Disgusted" is the word that I censor.'

- G's story:

'Picture was of my neighbour in a wheelchair (she has limited mobility but does not use a wheelchair). She has a round smiling face. A large lady, she overflowed the wheelchair and kept growing – with her chair – so that I was almost smothered. I feared that I might really die.

'When asked to look at my persona – I saw myself as a cat with a smile but with my tail swinging dangerously behind me. Looking calm and OK but betraying that by the tail. When I looked around at my shadow, it was a moving two-dimensional grey thing trying to squeeze down the hole in the skirting board behind me.'

G was helped to understand her experience in a peer supervision dyad at the workshop after the visualisation:

'I began to see the "lady in the wheelchair" as representing my current work with disabled supervisees that threatens to destroy my "supervisor persona". I recognised that I hold a lot of fear (more than I had realised) and anger (which comes and goes). I found it difficult to grasp my shadow and it was trying to get away.

Getting out of that work would resolve some things but... I really don't want to give in! I need to find out more about my shadow – sometime.'

There is another full account of a participant's experience with its accompanying sketch in A1.5.

IMPLICATIONS FOR SUPERVISION

These reports again show participants having insights that could move them on in their work with disabled clients. F and the one in A1.5 had moments of insight leading to feelings of having arrived at a place from which they might be real, not needing to hide behind personal personae. With the support of their supervisors, their task would be to practice congruence in similar situations until this felt a genuinely safe way to be with disabled clients.

G has understood her frightening visualisation in terms of her recent experience with disabled supervisees. Depending on the quality and strength of her fear and anger, her supervisor might be advised to help her look further back in her past.

- Why, as a grown-up person in no physical danger in her recent supervisory work, is her visualisation image of being smothered, and near to death?
- Could there be a memory much further back she might need to explore in personal therapy before she will feel more comfortable in this work?
- Why is she allowing her shadow to escape behind the skirting board? (If she does that she also allows her resources to practice well, to escape.)
- Is she truly not ready to look at these images and understand their potential for helping her understand?
- If she is not ready to explore it, what might be the implications for her work with this supervisee?

TWO PARTICIPANTS WITH HIDDEN DISABILITIES

Issues of personal physical disability came into the experience of two other participants. I'll name them J and K. In this exercise they acknowledged to themselves their own physical disability in the role of counsellor with a disabled client.

J's visual impairment

I was unaware that J had sensory impairment hidden behind contact lenses, and without them is disabled. Like many others who acquire sensory impairment gradually, she was able to maintain in public a denial of her disability. She admitted that this for her has included a need to feel herself in some way superior to people who have no alternative but to acknowledge their disability. She has worked in different roles with disabled people, as counsellor, trainer, supervisor and also as supervisee – always as a non-disabled person. The visualisation at the day for continuing professional development for supervisors became an experience of embracing her shadow positively: of owning her patronising assumptions as part of herself.

In her subsequent dream two nights later, her spectacles were severely damaged, yet when she wore them she could still see clearly through them. She interpreted this dream as her now knowing that her seeing (perception) of others is not distorted by her visual impairment.

K's mobility impairment

I was similarly unaware of any physical disability in K. When she described her persona in the visualisation, it seemed very different from all the others, yet so aptly described K's spirit as I know her:

'My persona was of a beautiful, vivacious girl dressed in national (Lithuanian?) costume with white, full, knee-length skirt with a red and blue pattern edging it, a black velvet bolero, and streamers of velvet ribbons waving above my head as I danced enthusiastically.'

K is vivacious, but Scottish. The national dress in which her persona danced was not one with whom she could identify. She was clothed in the dress of a nation foreign to her experience. This identity was not truly her.

K's shadow was in contrast to this image: *'What I saw was a creature of about two feet in height, with a face that was very wide – the widest part of the creature, in fact. This face was very definitely human, very similar to the client and similar to me – we were of the same family. There was very little, or no sign of any body lower than the face, just two small dangly legs. In popular terms of beauty, this was a grotesque creature. Yet it was easy and very straightforward for me to embrace it and take it into myself. The "ugly, disabled" creature, my shadow, is the thing I've hidden from. It felt good, right, to embrace her'.*

Fuller understanding of this visualisation experience came when she had a dream a few nights' later in which she recognised an older version of this shadow figure, and acknowledged its likeness to her deceased grandmother. K has had trouble recently with her legs. She successfully hides this below slacks or long skirts, but is facing the fact that the legs that have danced her across the world are now showing her genetic inheritance from her grandmother who experienced mobility impairment later in life. The client in her visualisation was a past trainee who uses crutches to aid her mobility. In the visualisation experience K was able to embrace what she had been trying to deny, and later, to talk about it.

What J and K have in common in this experience

For both J and K this experience of visualisation and the linked subsequent dream was unexpected. Both had known for some time of the impairment they successfully hid while they worked with clients and supervisees.

As each began the visualisation she felt highly anxious, and aware of wondering if she would be acceptable as a counsellor to the disabled client they would meet. Their actual visualisation experience differed greatly. K's was very detailed, whereas J experienced more a wash of vivid colour and a sense of peace. Both felt it therapeutic: both experienced a sense of being accepted as they were

Then a few nights' later each had a vivid dream they linked with the on-going effects of the visualisation experience. For both it was a culmination of a process that had been going on for some time, begun with their need to deny their developing impairment. Perhaps it is not yet complete; only time will tell. But both felt they had taken a major stride forward in their acceptance of themselves as physically impaired and yet not being disabled as counsellors. They were still competent practitioners.

Appendix 3.2.2

RATING AWARENESS OF BODY IMAGE IN THE COUNSELLING PROCESS

From the project

After each counselling session in the project, both client and counsellor were expected to answer various questions in their workbooks. A two-part question about possible changing awareness of the other's body image was included for clients (Appendix 3.1.9) after sessions 1, 3, 4 and 6, and for counsellors (Appendix 3.1.10) after sessions 1, 2, 4, and 6. The questions were identical for client and counsellor. In the box below I reproduce the two-part question:

- a) For how much of this session were you conscious of the physical difference between you and your counsellor/client)?

1 ----- 2 ----- 3 ----- 4 ----- 5

Scoring: Please circle a number on the continuum to represent where you sense you were, in this counselling session.

1 = not at all, 2 = occasionally, 3 = sometimes, 4 = often, 5 = all the time.

- b) At which points in the session today were you most conscious of this physical difference, and what brought it to your attention at those times?'

In Tables 3.7 and 3.8 I present the ratings for question (a) above given by first the disabled participants, then the non-disabled participants.

Table 3.7: Disabled participants' rating of their awareness of the physical difference between them and their non-disabled client or counsellor in counselling sessions

Counselling Sessions	1	2 or 3	4	6
Counsellor dyad 1	3	2	1	2
Counsellor dyad 2	2	2	2	1
Counsellor dyad 3	1	2	1	1
Client dyad 4	1	1	1	1
Client dyad 5	1	2	2	2

Table 3.8: Non-disabled participants' ratings of their awareness of the physical difference between them and their disabled client or counsellor in counselling sessions

Counselling Sessions	1	2 or 3	4	6
Counsellor dyad 4	2	3	3	3
Counsellor dyad 5	2	2	3	- ¹
Counsellor dyad 6 ²	2	-	-	-
Client dyad 1	3	3	2	1
Client dyad 2	5	5	3	3
Client dyad 3	3	2	2	1

Where the clients were non-disabled, all three indicated numerically that they grew less aware of the physical difference between their counsellor's body image and their own as the sessions progressed (Table 3.7: Clients of dyads 1, 2 and 3).

On the other hand, where the counsellors were non-disabled, it seems as if they grew more conscious of the difference in body image as the counselling progressed. (Table 3.8: Counsellors of dyads 4 and 5). These findings are in direct contrast to the example I gave (A1.5) where the height of the counsellor was in such contrast to that of her disabled client.

RATINGS INFLUENCED BY OTHER FACTORS IN THE RELATIONSHIP?

Two counselling relationships began well, but became difficult for both counsellor and client in the middle sessions. It appears that the counsellors assumed the difficulties were linked to the clients' impairments, and therefore heightened their awareness of the symbol of the disability - the impaired body image:

- 1) One counsellor wrote, '*I think that some of the difficulties we experienced in the sessions were due to the client's disability, at least partly ... how she perceives herself, others and the world due to her disability and other life experiences, and how this influences her interactions.*'
- 2) The other counsellor, after a particularly challenging counselling session, reflected in supervision on whether her client's perceived attitude of superiority might stem from feelings around being disabled.

Confusion – or against social mores?

Some participants, counsellors and clients, were confused:

- Should we talk about this? Would it be more acceptable to pretend it isn't there?
- Is it supposed **not** to affect our counselling relationship?
- Since this is a focus of the research, should it only be reported privately to the researcher via my workbook and not discussed?

Clients are normally the more vulnerable in the dyad, yet, apart from their counsellor, all they were given to express their thoughts and feelings in the project was a personal workbook³. Their additional question seemed to be:

- Is it appropriate for a client to raise the issue of her counsellor's body image if the counsellor does not?

¹ The counsellor did not enter a final number

² Client C had to withdraw after session one because of family bereavement, and did not return her workbook.

³ They also had the researcher's phone number for use in an emergency of any kind, but this resource was used in the project only for practical arrangements

Most said that when the subject was discussed they became much more aware of the issue, and this in turn affected the ratings they gave in workbooks. I read into some of these comments a blaming of the research structure. They seemed to be saying 'It was because you made us discuss this that we became aware of it!' I know this subject was emotionally awkward for them – against social mores, therefore embarrassing. Was this apparent resistance a denial process because such thoughts in our culture usually remain private and hidden in relationships?

Visually impaired participants and body image

Both visually impaired participants in the project rated the workbook questions about perceived change in body image well below the ratings of the sighted participants. Out of five, and over four sessions, one gave the ratings 1,1,1,1 and the other 1,2,1,1. The first wrote in the workbook, '*This question does not apply to me because I am blind*'. The rating 2 was given by the second for the session during which she realised that her sighted client was very conscious of her visual impairment.

I discovered later in a journal article (Rainville 1994:158) that although visually impaired people who retain visual memory do form an internal visual construct of others, this tends to change very gradually, even after they obtain detailed information on actual changes in the other's body image⁴. From this information and participants' response to my asking about change in awareness of body image, I would need further research to understand what I should have done differently with visually impaired participants to have them access the information I sought and which I hoped would be based on the information they gleaned from all their available senses.

⁴ Rainville writes, 'In my waking experience I imagine what a new situation must appear like. Such waking visualization requires deliberate attention, effort and concentration. When my daughter gets her hair cut short, I will Braille it, appreciate it, comment on it. However, the next time she crosses my path, or that I think about her, in my spontaneous waking image of her she will still be wearing long hair, regardless of which hairdo I prefer. Once I dream of her in her new hairdo, that is, once I have seen it, she will appear to me in it pretty much consistently from that time on. This rather sluggish relationship with reality makes one resistant to change.'

FACTORS THAT AFFECT ATTITUDES

Attitudes towards disability are a function of several factors.

The table below (slightly edited) is from Rhoda Olkin (1999: 62) 'What Psychotherapists Should Know About Disability' New York, Guildford Press.

Factors that influence attitudes toward a person with a disability (PWD).

PERCEIVER CHARACTERISTICS

Previous contact with PWD : amount, type of contact	Information about the disability	General prejudice	Authoritarianism
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PWD CHARACTERISTICS

Social skills and attractiveness	Comfort with own disability	Perceived intelligence	Demographics: gender, age, etc.
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CHARACTERISTICS OF THE DISABILITY

Type and severity of disability	Stigma of specific diagnosis	Perceived cause of disability	Perceived contagion or heritability
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CHARACTERISTICS OF THE MILIEU

Social context and group norms	Purpose and consequences of interaction	Whether interaction is observed	Value of diversity in organisation
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SOCIAL CONTEXT

Mass media, ad campaign, and charity drive portrayals of PWD and that disability	Availability of role models with that disability	News reports on disability	Value of diversity in society
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