



These excerpts from my master's dissertation includes the abstract (which summarises the research topic and the findings), and the conclusions and recommendations. I have also shown a short case study which demonstrates contrasting ways of working with a particular client. (If you find that you are interested in reading this research in full please feel free to contact me).

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MSc Psychotherapy - Dilemmas of difference

The Abstract

The aim of my research is to explore, understand and explain the position of adults with learning disabilities within the world of humanistic psychotherapy.

To do this I have examined how the humanistic psychotherapists responded to the possibility of having people with learning disabilities as clients. It is my experience that where the individual's responses and ways of interacting with others have a biological cause they easily become pathologized and denied an emotional inner life.

This research has grown out of a convergence of ideas developed through my training and current work as an integrated humanistic practitioner and as a music therapist working with people who have learning disabilities. To set my topic in context I have looked at people with learning difficulties from a historical, cultural, and psychotherapeutic perspective. The literature, with its emphasis on grading and categorizing, led me to believe that the emotional life of people with learning difficulties had not been considered suitable for research. These unknown aspects of my topic influenced my choice of a phenomenological methodology. This enabled me to encompass the contradictions and changes of direction that have emerged during the research process and present them as an essential part of the findings.

The research has revealed the presence of unexplained and unstated prejudice towards people with learning difficulties within the psychotherapeutic profession. I have examined in depth how this has come about and illuminated what needs to be changed. This study has created a valid space for thinking about learning disabilities and psychotherapy. My hope is that it will generate dialogue and debate among humanistic practitioners as a whole.

Conclusions and Recommendations

The way in which people with learning difficulties are not valued and remain hidden in society, was reflected in the psychotherapeutic literature and training. As a result I only found a limited number of therapists who feel confident to work with this client group. I have been able to look at the feelings, beliefs, fears and emotions of therapists to working with people who have learning disabilities. By building a bridge between the current knowledge and the lived experience I have shown the extent to which these fears and beliefs both cause and create my original observation, that this group of people do not receive psychotherapy. In highlighting the debate about who is considered suitable for therapy I have also looked at the larger question of how therapists fit into their own culture and how much their choices are culturally as well as personally informed. I have examined in depth how this has come about and illuminated what needs to be changed. Although some of these changes are outside the immediate control of the psychotherapeutic profession, many are not.

In my introduction I said that I felt that people with learning disabilities had been actively avoided and considered unable to benefit from psychotherapy. I no longer think this is the case as far as the individual therapist is concerned. In undertaking this research I have developed a greater awareness of my own assumptions and prejudices which has enabled me to be more empathic and sensitive in my practice. I have also become aware of how much my choice to work with people who have a learning disability offers not only opportunities for reparation but also the potential for projection and denial of my own disability. The whole research process has enhanced my own capacity to observe and learn.

I am increasingly aware that every category and theme would make a good working title for another research study. However the one that really emerges for me would be a study that looks at the training programmes of the various approaches to therapy and at ways in which they can be developed to include people with learning disabilities. However Robson (1996) writes that, '...the interpretation will often carry an implication for action', (p.376) and although this research highlights a new set of questions it also points to where and how things may be changed.

One of the central conclusions of this study is that where a client cannot refer themselves, therapy cannot take place. Therefore the fact that psychotherapy is necessary and available for people with learning difficulties must reach the people who have the decision making power. This would include carers, service manager, social workers, general practitioners, day centre managers and staff, and independent psychotherapists. The Humanistic psychotherapeutic profession is

ideally placed to make these links by actively representing and giving importance to the emotional needs of people with learning difficulties. This could be done through training, and promoting literature and research. It is also in the interest of psychotherapy as a whole to widen its application to more sections of the community. This would also dispel the impression of therapy as suitable mainly for the 'white, worried, well, women' as one participant suggested.

Psychotherapeutic training should include a unit on ways of working with people who communicate in different ways. I understand that it will not be every therapist's choice to work with this client group but the actual subtlety of this work can only serve to enhance their skills generally. However to address the anxieties of the therapists I spoke to, I recommend that any training also focuses on the psychodynamics of organizations, and institutions; for example:

- Working with more flexible boundaries.
- How to be comfortable with accepting more responsibility than is traditional for realities outside the consulting room.
- Accepting that at times they may legitimately adopt directive stances, become concerned with practical matters, and engage in advocacy efforts.
- How to sustain and protect the client/therapist relationship whilst working in what can be an emotionally charged environment.
- Understanding how psychological work boundaries are created in organizations.
- Encouraging therapists to look at their own belief systems and be aware of their own prejudices.

Good supervision would be essential to support the therapist in an understanding of any countertransference issues and to facilitate creative work. A support network for therapists working in this field was also thought to be important.

The humanistic tradition is based on the belief that everyone has worth, value, dignity and the capacity to think and feel. It is based on the theory that all human behaviour is purposeful and selected in response to their environment. This makes Humanistic psychotherapeutic approach an ideal model for working with people with learning difficulties and for understanding the processes involved. In the last five or six years intercultural and gay and lesbian issues have begun to be addressed in psychotherapeutic training courses. I feel that it is time for this to be extended to include the needs of people who live their lives with and through a learning disability.

(In mapping a path through my study I am aware that I have generated a lot of side turnings and alternative routes. Exploring these certainly lays the basis for

further research. Earlier I said that if the data was analysed by another researcher this would not be the same study. I as aware I reread the transcripts that I also could write another dissertation from the same material. This study may appear to finish but the circle continues and I have cut one path through the forest).

Case Study

Contacting Lin

Lin is a thirty two year old woman who was born with multiple disabilities. All her life had been spent in a large Victorian institution for the 'mentally subnormal'. When I started to work with her two years ago, she had been living in a group home for six months. She has a limited range of half phrases, sounds and facial expressions that seem to be used indiscriminately. It is as if they have been collected from the nurses, dinner ladies, hospital porters, orderlies and the continuous television that formed most of her early experience. At this time Lin often withdrew into her own world that she created for herself out of minute pieces of fluff, tissues, single hairs or threads, and bits of grass. These she carried with her, clutched in both hands. She would spend a of lot time examining them in the minutest detail and with the utmost concentration. When asked to move or take part in any activity she would immediately see some new, small, useless thing that she needed to add to her collection. Failing that, she would drop something she already had. Then, leaning forward with her fingers poised inches away from the needed object, she would demand the object ceaselessly with the word 'here', refusing to move, take the object herself or accept it when offered. This caused her support workers to become very frustrated and sometimes irritated by their inability to satisfy her demands.

A behavioural modification programme was implemented which involved keeping Lin's hands free of objects at all times, coupled with a technique of turning away and refusing to interact when she demanded but would not take. This approach was not working and was causing lot of stress to all concerned. None more so than to Lin herself who had started to self abuse by hitting her ear. It was agreed that this programme would be dropped before she started working with me.

In my contact with Lin I used the opposite of the behaviourist approach; I filled her hands with more and different bits of pieces, turned towards her for longer when she wouldn't receive and stayed when she did take. Working humanistically, I was able to admire her for her ability to create a world of sweet wrappers, dog ends and bits of hair into which she could retreat and therefore survive. In many ways it was perfectly adapted to the loveless and hostile conditions in which she had been forced to spend most of her life. It was simple to find and replace, private and secret, and easy to carry round. I understood how devastating and life threatening it must be for her to be forced to carry nothing

with her. By gently entering her world with little bits and pieces of my own, exchanging strands of string, concentrating together on pieces of fluff, we were able to contact and be changed by each other.

While Lin's ceaseless demands were a way of getting your attention, the only way she knew of keeping you with her was by not allowing you to satisfy her. Her experience was that once she accepted, say, an offered piece of cake, you would leave her. In staying in these - demanding but not taking - interactions with Lin, I experienced feelings of helplessness as we became frozen in the moment. Lin seemed powerful while I shared the sense of her powerlessness. Using this humanistic approach I was able to be respectful and honour Lin's different life experience and to understand that although she has no verbal language she literally carries her subjectivity around with her in her hands. I worked with what she chose to bring to the therapeutic hour. As with any client the therapy took place through a dialogic engagement that focused at a fundamental level, on giving and taking, intimacy, authentic contact, and change.