

Discussing Meaning in Life as part of Existential Psychotherapy: Perspectives of Adults with Intellectual Disabilities

**by
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Abstract

Adults with intellectual disabilities have been largely excluded from research into humanistic counselling approaches, and peer-reviewed studies that explore the use of existential psychotherapy with this population appear absent in the literature. This study matched three dyads of clients with intellectual disabilities and counsellor-trainees to conduct a single photography-based meaning in life counselling intervention. Clients were interviewed, and counsellor-trainees provided written memos about their experiences with the process. Interviews were analyzed using Interpretative Phenomenological Analysis, revealing a complex interplay between the use of photography, discussing MIL and the therapeutic relationship. Client participants reported positive experiences, including feelings of empowerment and motivation, control of session pace and content, and positive perceptions of their counsellor. Counsellor trainees reported the session led to increased confidence in applying their counselling skills to serve clients with intellectual disabilities in the future. These results reveal existential psychotherapy has potential for effective use with this client population.

Keywords: Intellectual Disabilities; Meaning in Life; Existential Psychotherapy; Participatory Photography; Talk Therapy

Dedication

To anyone who has not been given the opportunity to be understood.

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List of Acronyms

CBT	Cognitive Behavioural Therapy
ID	Intellectual Disability
MIL	Meaning in Life

Glossary

Existential Givens	Aspects of human experience that are shared across all people. These include belonging and isolation, identity, values, freedom and agency, and Meaning in Life (Yalom, 1980).
Existential Psychotherapy	A psychotherapy approach that focuses on exploring existential givens how a person lives their life, the meaning they assign to their experiences and the values they hold. This approach emphasizes counsellors viewing clients holistically, promoting client agency, and the therapeutic relationship (van Deurzen & Kenward, 2005)
Intellectual Disability	An impairment to intellectual and adaptive functioning that emerges during the developmental period. People with intellectual disabilities may have impairment to skills such as problem solving, abstract thinking, learning from experience, academic learning and living according to societal norms related to personal independence across multiple life domains (APA, 2022).
Participatory Photography	A process through which participants in research or psychotherapy take photographs of a specific topic and communicate the meaning of the photographs to another person, orally or in writing. The term “participatory photography” encompasses other related terms in the literature that generally include additional specific processes not used in this study, including photovoice and photo-elicitation (Buchan, 2020).
Meaning in Life	The experiences, relationships and values that an individual feels make their life worth living. What a person lives for, and the rules and values they live by. Meaning IN life is unique to each person, and people can have multiple sources of Meaning.
Neurotypical	A person who does not have a diagnosis of a neurodevelopmental disorder or brain injury.

Positionality statement

The author of this thesis lives in Canada, and as a person without an intellectual disability is afforded access to opportunities and autonomy denied to many people with intellectual disabilities. The author approached this research from the standpoint that neurotypical and neurodiverse people face the same universal existential concerns, including a struggle to find meaning in one's life. The author's viewpoint is also informed by a belief that the treatment of people with intellectual disabilities in Canada is a long-standing injustice, and that the use of sedatives and antipsychotics for behavioural control of members of this population is unethical. This research was developed with a motivation to explore psychotherapeutic alternatives to pharmacological and behavioural interventions for this population, based on a belief that psychological interventions have the potential to affirm the autonomy and dignity of adults with intellectual disabilities.

As both Yalom (1980) and Hill (2018) have suggested, engaging with MIL with a client requires that a counsellor or researcher first examine their own perceptions and potential struggles with MIL. The author's sources of meaning include service to others, relationships with friends and family, engagement in academic and creative works, and community organizing. The author also highly values individual autonomy. By identifying these sources of meaning and values the author aimed to continuously reflect on how their personal values shape their interpretation of the narratives of the participants in this study.

Chapter 1. Introduction

1.1. Overview

Adults with intellectual disabilities (ID) have been traditionally excluded from psychological research, and as a result counsellors have very little information on how to best meet the needs of this client population in therapy (Lewis *et al.*, 2016). The need for psychotherapy research for clients with intellectual disabilities has been recognized relatively recently (Frankish, 2013) and the research available has tended to focus on adapting Cognitive Behavioural Therapy (CBT) for people with cognitive impairments (Cooney *et al.*, 2018; Hamers *et al.*, 2018; Patterson *et al.*, 2019). There are very few studies that document the experiences and opinions of clients with intellectual disabilities who have engaged in different kinds of psychotherapy or that have shown the potential benefits of allowing these clients to have a voice in developing the approaches used for their care (Keith & Keith, 2013; Lewis *et al.*, 2016). This lack of diverse research, combined with a lack of training on how to effectively support individuals with intellectual disabilities in Canadian counselling graduate programs (Weiss *et al.*, 2010), means that it is difficult for many adults with intellectual disabilities to find a counsellor who feels comfortable providing them with service (Kramer *et al.*, 2019; Razza *et al.*, 2014; Whittle *et al.*, 2018). Currently, studies looking into the potential of humanistic counselling approaches for this population are rare.

Existential psychotherapy is a humanistic counselling approach that focuses on client's exploration of their place in the world and what it means for them to be alive (van Deurzen, 2006). A central element of existential psychotherapy is the exploration of meaning in life (MIL), a term often used to represent what individuals feel are the most important parts of their lives, and the values and ideals that they live by (Yalom, 1980). Therapy and interventions focused on increasing MIL have been shown to improve client reported quality of life, reduce stress, and act as a protective factor against depression and suicidality in the general population (Vos & Vitali, 2018). This MIL approach is not currently widely used with adults with intellectual disabilities due in part to a lack of research on its efficacy with this population and potentially also due to the longstanding view among clinicians that the complexity of ideas discussed in psychotherapy cannot be translated into plain language (Cottis, 2008). However, there are several qualitative

studies demonstrating people with intellectual disabilities can have rich conversations using plain language about topics closely related to MIL such as values (Boulton *et al.* 2018b) and identity (Monteleone & Forrester-Jones, 2017; Salt *et al.*, 2019). Several studies have also demonstrated that participatory photography can lead to rich conversations with individuals with intellectual disabilities about abstract topics such as MIL (Boulton *et al.*, 2018a; Dorozenko *et al.*, 2015).

Existential psychotherapy emphasizes two key pillars to successful therapeutic outcomes: a counsellor's attitude toward their client and the therapeutic alliance (van Deurzen, 2006; Yalom, 1980). Counsellors that adopt an existential psychotherapeutic approach work collaboratively with their clients, view them as experts in their own lives, and avoid labelling or viewing them solely through the lens of diagnosis or disability (van Deurzen, 2006). As clients with intellectual disabilities frequently experience social stigma and may feel isolated due to societal perceptions of their competence and expertise, a counsellor must recognize and address their own cognitive biases to form an effective therapeutic alliance with individuals from this client base (Dorozenko *et al.*, 2015; van Deurzen, 2006). Power-imbalances between counsellor and client are issues that must be addressed in all counselling relationships but are particularly relevant when working with clients with intellectual disabilities who are often disempowered in many spheres of their lives (Dagnan *et al.*, 2012). Despite a need to understand how the therapeutic alliance develops for clients with intellectual disabilities who face more stigma and disempowerment than the general population, there are only two studies on this topic to date (Cameron *et al.*, 2020; Jones, 2014). Of these studies, Cameron *et al.* provides perspectives from both counsellors and clients, while Jones only interviews counsellors. The need for more first-hand accounts from adults with intellectual disabilities on therapeutic alliance, combined with how counsellor perceptions of clients have the potential to impact alliance formation suggests that there is value in investigating each party's assessment of how well they were able to connect and form a working alliance with the other. The purpose of this research is to address this gap within the literature, but also provides opportunities for a richer understanding of client and counsellor experiences with Existential Interventions.

1.2. Intellectual disability and the mental health care system

Conceptually, an intellectual disability is broadly defined as an impairment to intellectual and adaptive functioning that emerges during the developmental period (American Psychiatric Association [APA], 2022; Schalock *et al.*, 2021). Intellectual functioning encompasses the use of cognitive strategies associated with problem solving, abstract thinking, learning from experience, and academic learning (APA, 2022). Adaptive functioning consists of strategies needed to live according to societal norms related to personal independence across multiple life domains (APA, 2022). Best practices for assessment of intellectual functioning include using individually administered standardized intelligence tests that yield scaled scores that represent individual performance in relation to the average performance of the test normative sample. Assessment of conceptual, social, and practical domains of adaptive behaviour also rely upon standardized measures (Reed *et al.*, 2019; Schalock *et al.*, 2021). Emphasis is placed on giving equal and joint consideration to strengths and weaknesses in both adaptive and intellectual functioning when making a diagnosis (Schalock *et al.*, 2021). As there are multiple causes of intellectual disability, those who identify as having an intellectual disability represent an extremely heterogeneous group who vary in their cognitive and adaptive functioning.

The terms intellectual disability and Intellectual Developmental Disorder have come into wide use within North America, replacing the use of the term “Mental Retardation” in the early to mid 2000s (Reed *et al.*, 2019; Schalock *et al.*, 2007). The term “Intellectual Developmental Disorder” is now used in the DSM-5-TR, as well as in the WHO’s International Classification of Diseases (APA, 2022; Reed *et al.*, 2019). The working group for the ICF-11 that developed the term “Intellectual Developmental Disorder” intended the word disorder to convey “...a clinically recognizable set of symptoms or behaviour” that is usually associated with interference with personal functions or with distress.” (pp. 177, Salvador-Carulla *et al.*, 2011). The word “disorder” identifies impairments to intellectual and adaptive functioning experienced by people with intellectual disabilities; therefore, several advocacy communities, including the participants in this study, prefer to use the term “intellectual disabilities,” to emphasize that the social and cultural context determines the extent to which an impairment to intellectual or adaptive functioning is considered a problem.

People with intellectual disabilities have faced a long history of exclusion from mainstream mental health settings and research, based on assumptions that they lack the capacity to experience mental illness or benefit from talk therapy (Keith & Keith, 2013). In the last forty years there has been a shift to acknowledge that people with intellectual disabilities actually experience mental illness at higher rates than the general population, theoretically due to high rates of stressful life experiences such as large life transitions, abuse, interpersonal loss or rejection, illness, and stigmatization, paired with insufficient coping skills for handling these stressors (Simpson, 2001). However, this population continues to be underserved due to barriers at multiple levels of service access, and clients with intellectual disabilities will often struggle to find a counsellor willing to work with them (Kramer *et al.*, 2019; Razza *et al.*, 2014; Whittle *et al.*, 2018). There is very little research or training on how to provide therapy for clients with intellectual disabilities, and most mental health professionals express a marked reluctance to work with this population (James, 2017; Kildahl *et al.*, 2020; Kramer *et al.*, 2019; O'Brien & Rose, 2010; Razza *et al.*, 2014; Whitehead *et al.* 2021; Whittle *et al.*, 2018).

Counselling psychology is a field characterized by its emphasis on humanistic values and ethics (Cooper, 2009), but there is currently a lack of research into humanistic counselling approaches for adults with intellectual disabilities. In general psychotherapy for this population is a small but growing field, with most studies focusing on Cognitive Behavioural Therapy (CBT), and a smaller number of less rigorous studies examine psychodynamic, psychoanalytic, and third-wave CBT approaches (Patterson *et al.*, 2019; Shepherd & Beail, 2017). However, CBT may not be an appropriate modality for many clients with intellectual disabilities because of the emphasis it places on cognitive skills and strategies, which are difficult to use for people with impairments to cognition (Haddock & Jones, 2006; Jahoda *et al.*, 2015; James, 2017). While many Counselling Psychologists use CBT, psychodynamic, and psychoanalytic approaches as part of their practice, many also entirely draw upon humanistic approaches and as a result do not have a frame of reference for working with this population. Research into humanistic approaches for this client base is very sparse, consisting of case studies using logotherapy (Schulenberg, 2003; Hingsburger, 1990), narrative therapy (Elderton *et al.*, 2014; El-Tahir & Bayley, 2017; Gerry & Crabtree, 2013), and person-centred play therapy (Demanchick *et al.*, 2003). More research is needed into a variety of counselling

approaches, including branching out into humanistic counselling because it both broadens the potential treatment options and increases number of counsellors available to clients with intellectual disabilities. One such approach that has not been explored is existential psychotherapy.

1.3. Existential psychotherapy and meaning in life

Existential psychotherapy is a client-led humanistic psychotherapeutic approach that views human beings as innately driven towards creating meaning in their lives (Hill, 2018; Yalom, 1980). This approach focuses on the healing capacity of the therapeutic relationship between client and counsellor, who are “fellow travelers” through life, and the growth that is possible when grappling with existential givens that all people face within the physical, social, spiritual, and psychological realms of life (van Deurzen, 2006). Existential givens are the elements of life that all people experience as part of being human. The key existential givens that might be explored with a psychotherapist include death, belonging and isolation, identity, values, freedom and agency, and meaning in life (van Deurzen, 2006; Yalom, 1980). A search of databases representing the peer-reviewed published literature identified no studies exploring using existential psychotherapy with adults with intellectual disabilities. There is research demonstrating that it is possible to have plain language discussions with adults with intellectual disabilities about death and bereavement (Chow *et al.*, 2017; Clute, 2010; Dowling *et al.*, 2006; Tajuria *et al.*, 2017), belonging (Strnadová *et al.*, 2018), isolation (Horn & Moss, 2015), identity (Dorozenko *et al.*, 2015; Elderton *et al.*, 2014; Logeswaran *et al.*, 2019), values (Boulton *et al.*, 2018b), and freedom/agency (Lee & Connolly, 2016; Neuman, 2020). What appears to be currently missing in the literature is an exploration of what a plain language discussion of meaning in life with a client with intellectual disabilities might look like in a therapeutic setting.

1.3.1. Defining meaning in life

Meaning in life is a widely discussed topic in both psychology and philosophy, and as a result there is considerable diversity of opinion on how to define and operationalize this construct. In 2012 Brandstätter *et al.* documented 59 MIL instruments in the literature, both qualitative and quantitative, which all varied in their definition and

naming of MIL. A qualitative description was deemed the most appropriate way to explore meaning in life because it aligns with the phenomenological stance taken by existential psychotherapy. It also creates space to explore the richness and diversity of experience likely to emerge when exploring such a personal topic as meaning in life. Additionally, most MIL instruments in the literature have not been made in plain language and assume advanced literacy (Brandstätter *et al.*, 2012), making them difficult or impossible to use for many clients with intellectual disabilities.

The definition of meaning in life used in this study is drawn from the works of Irvin Yalom, who described MIL as what we live *by* (values and ideals), and what we live *for* (sources of MIL). Most modern conceptual definitions of MIL in psychology, Yalom's included, can be traced back at least partially to how the term is used in logotherapy and the works of Viktor Frankl starting in the 1960s. Frankl described MIL as the values or ideals unique to each person that they are willing to live or die for, that an individual strives towards and that provide the motivation to be fully engaged with life and moving towards the future (Frankl, 1963). This emphasis on engagement with life is a core element of existential psychotherapy (Cooper, 2003). MIL is seen as something that creates motivation for an individual, that requires the individual to engage with the external world, and that provides a guiding framework (Yalom, 1980). Emmy van Deurzen describes this guiding framework as a philosophy of life, which might be provided by adhering to an external worldview (such as religion), or developed by the individual themselves, but that "people create their values in search of something that matters enough to live or die for, something that may even have ultimate and universal validity." (van Deurzen, 2006, Spiritual Dimension section). Having these values also gives life a sense of coherence and purpose (Van Tongeren *et al.*, 2017; Yalom, 1980). van Deurzen (2008) also proposes that meanings are not all created equal, are in many cases are inherited from others.

While there is general agreement in the literature about the importance of values and ideals to MIL, considerable controversy exists about what determines if an event, relationship, or activity will be a source of meaning in someone's life, or something we live *for*. Frankl (1969) identified "pathways" towards meaning in life concretely, stating that meaning could be achieved by giving something to the world (doing a deed or creating a work), taking something from the world (experiencing things like goodness, beauty, nature, culture, and love), or in the attitude one takes towards the world (in

particular towards suffering). Frankl and several contemporary scholars explicitly exclude self-actualization (Frankl, 1969), pursuit of pleasure (Hill, 2018), or meanings that are not seen as having moral value (Wong, 2020) as sources of MIL. In contrast, existential psychotherapy approaches rely upon much broader criteria to identify a source of MIL, with van Deurzen seeing meaning as emerging when one is fully engaged with the physical, social, spiritual, and personal domains of life (van Deurzen, 2008). Yalom (1980) presents an even more open criteria, saying an individual knows activities, events, and relationships are meaningful if “they are intrinsically satisfying and need not be justified on the basis of any other motivation” (p. 437).

These preconceptions of what can be a source of meaning in someone’s life are important because they influence how counsellors provide client-led and empowering services for adults with intellectual disabilities. Adults with intellectual disabilities face pervasive stigma around their perceived cognitive competence and may not be afforded the same leeway to have eccentric or unusual interests as their neurotypical peers. Dorozenko *et al.* highlighted this bias in their 2015 study on exploring identity with adults with intellectual disabilities. In the study, a passion for collecting memorabilia for the cartoon show *The Simpsons*, when viewed through the stigmatizing lens of having assumed incompetence could be viewed as childish, silly, and an irresponsible use of money. Conversely, this interest could also be framed as demonstrating an appreciation for humour, dedication, and devotion to a hobby. If the counsellor enters a discussion of MIL holding a strict rulebook of what can and cannot be meaningful, they are assuming that they are the expert in the conversation. This puts counsellors at a much greater risk of becoming authoritarian when working with clients who are very rarely viewed or treated as experts in their own lives. As Yalom (1980) states, a psychotherapist can be useful to a client exploring MIL “...by maintaining a relatively culture-free perspective toward meaning and by helping the patient appreciate that “meaning” is highly relative.” (pp. 470).

The underlining philosophy of existential psychotherapy is deeply phenomenological and frames sources of MIL in a way that assumes that the experiencing of MIL is unique to each person. As Emmy van Deurzen writes,

[Existential psychotherapy] is concerned with the understanding of people’s position in the world and with the clarification of what it means to them to be alive. It is also committed to exploring these questions with a

receptive attitude, rather than with a dogmatic one. The aim is to search for truth with an open mind and an attitude of wonder rather than to fit the client into pre-established frameworks of interpretation. (Historical context section, para. 1).

Psychotherapists may aid a client's search for meaning by providing examples of common sources of MIL, for which Frankl's examples provide an excellent starting point, however clinicians need to remain open to the idea that the client may bring a completely unexpected and completely valid source of meaning to them.

1.3.2. Potential benefits of existential psychotherapy

In the current research, existential psychotherapy in general is predicted to have several potential benefits when working with clients with intellectual disabilities, and there are additional benefits expected when working directly with MIL in the context of existential therapy. These include the way this approach frames how the counsellor should view their client, which may strengthen the therapeutic relationship, and the existential content explored in sessions. Further, increasing MIL for neurotypical clients has been associated with numerous positive outcomes such as increased wellness and reduced suicidality and is often explored in therapy when clients are navigating significant life transitions or negative life events (Altmaier, 2020). In the present research, these benefits are also expected to accrue for individuals with intellectual disabilities.

Existential psychotherapy requires the counsellor to enter therapy with the goal of building a strong relationship between equals (Yalom, 1980). While a counsellor can offer support and reference insights they have gained from their own struggles, the goal of therapy is to empower clients to take an active role in their lives, embracing their ability to make decisions and create meaning for themselves (Yalom, 1980). While this framework acknowledges the limitations that can be placed on an individual by society or physical circumstance, the emphasis remains on embracing autonomy to the greatest extent possible, even when faced with limitations (Frankl, 1969; Yalom, 1980). What is most important to the client is paramount, and the psychotherapist aims to avoid making judgements based on cultural norms, or to push clients in any specific direction, instead letting the client develop their own style of living (van Deurzen, 2006). This effectively requires the counsellor to monitor their actions in therapy to ensure that they are keeping

power in the client's hands, as the client is the expert in their own lives and who has agency to make their own decisions.

This is a therapy that seeks to explore and illuminate the inner lives of clients, and why they make decisions, a curiosity rarely afforded to adults with intellectual disabilities (Keith & Keith, 2013; van Deurzen, 2006). A study by Lee and Connolly (2016) demonstrated the ability of young men with intellectual disabilities living in institutionalized care settings to articulate and explore how they made sense of their behaviours that caregivers deemed "challenging". This study highlighted how many of the men with intellectual disabilities viewed their behaviours as a logical response to an oppressive environment, which greatly differed from the assumptions of the practitioners working with them. This difference in interpretation of actions makes a good case for why exploring meaning-making with clients could be valuable, especially in circumstances where behaviours deemed "challenging" are a chief concern for caregivers, as it has the potential to help both client and caregiver critically examine and change their actions.

Transitions around chronic illness and an individual's own death may be difficult for similar reasons. People with intellectual disabilities are often given little information about illness they are experiencing, and little decision-making power around end-of-life care (Chow *et al.*, 2017; Clute, 2010; Todd *et al.*, 2020). The combination of lack of information and space to process it, paired with the high volume of loss this population is likely to experience over their lifetime indicates that existential psychotherapy may be useful due to its applicability to both bereavement and end of life care. This may be particularly useful in helping people with intellectual disabilities grieve, find meaning, and heal in the many instances they experience negative life events across their lifespan.

MIL and meaninglessness may be particularly important existential givens to explore with adults with intellectual disabilities. Major life transitions are frequently associated with disruptions to or loss of MIL (Altmaier, 2020). People with intellectual disabilities have been found to have relatively high rates of compounding negative life events compared to the neurotypical population, which can lead to higher rates of depression in this client population (Hove *et al.*, 2016). These negative life events include staffing and residence changes, death, or illness of a close friend/relative, relationship conflict, bullying, and personal injury or illness (Hove *et al.*, 2016; Patti,

2012). Additionally, while not always negative, in North America the transition from school-aged years to adult life can be very difficult for many people with mild, moderate, and severe intellectual disabilities as support services for young adults interested in moving out and living independently can be difficult to access (Kramer *et al.*, 2019). This process may be accompanied by friends and siblings moving away to live, work, and learn while adults with intellectual disabilities find their lives stay the same or change more slowly, resulting in a narrowing of social network and feelings of being left behind (Kramer *et al.*, 2019). While research is sparse, a recent study in Scotland suggested the transition to adulthood for people with intellectual disabilities is associated with increased levels of interpersonal conflict and decreased well-being compared to their same-aged peers in the neurotypical population (Young-Southward *et al.*, 2017). This reported stress was especially prevalent when interviewing people with intellectual disabilities directly rather than relying solely on parent reports (Young-Southward *et al.*, 2017).

Similarly, the death of loved ones, loss, and chronic illness are important life events that may be associated with loss of meaning for adults with intellectual disabilities. With recent advancements in medical technology, people with intellectual disabilities are living longer than before, while still being at greater risk of sudden death than the general population (Clute, 2010; Todd *et al.*, 2020). This means that this client population is increasingly outliving their parents and caregivers, while continuing to be at high risk of losing friends and roommates suddenly if they live in communities with other people with intellectual disabilities (Chow *et al.*, 2017; Clute, 2010; Todd *et al.*, 2020). Loss of friends and loved ones may be particularly difficult for people with intellectual disabilities, as they are often denied information by caregivers who are attempting to protect them, an action which prevents them from fully processing or grieving these changes and losses (Clute, 2010; Dowling *et al.*, 2006). Full information about death is often withheld as caregivers feel they can not explain death in a way that will be understood by people with intellectual disabilities (Chow *et al.*, 2017). This echoes a common concern surrounding discussing existential givens in psychotherapy, that bringing up topics like death is “scratching where it doesn’t itch” and will invoke unnecessary anxiety (Yalom, 1980). However, these are topics that will eventually come into play in everyone’s lives, and without the opportunity to process negative life events such as a loss of a parent, people may be blocked from re-engaging with life and

discovering new things to live for. Bereavement counselling and explicitly discussing loss has been shown to lead to positive changes for adults with intellectual disabilities, even after years of unresolved grieving and anger (Dowling *et al.*, 2006). In engaging with these difficult topics, the counsellor acknowledges and respects the client as an adult that cannot be shielded from the realities of adult life.

1.3.3. Exploring MIL in existential psychotherapy

van Deurzen (2008) proposes that psychotherapists work in existential psychotherapy is to help the client take stock of their current sources of meaning, and to help them find meaning and engagement in life domains they may be neglecting. She proposes that the business of therapy is in part to help clients begin to understand what they attribute the most meaning to in life, what they believe and why, and how they can actively work to enhance the meaningfulness of their world (van Deurzen, 2008). Yalom (1980) similarly states that,

If the therapist has a heightened sensitivity to the importance of meaning in life, then the patient will, through picking up subtle cues from the therapist, become similarly sensitive to the issue. The psychotherapist will, implicitly and explicitly, wonder about the patient's belief systems, inquire deeply into the loving of another, ask about long-range hopes and goals, explore creative interests and pursuits" (p. 471).

This anchoring in past and present MIL is seen by psychotherapists as particularly important for people who are detached from their lives and see their lives as pointless, as this is a transitory state that can be ameliorated with engagement in activities, events, and relationships. The therapist then also works to identify the barriers to engage with sources of MIL that the client is facing, and to encourage client action.

Yalom (1980) suggests that the therapist's most effective tool in helping the client engage in their life more fully is their own person, by relating deeply and authentically to the client. The therapeutic relationship is a way for the client to engage in a meaningful relationship with the counsellor, before being guided into meaningful relationships with others. If this relationship is genuine, deep, and views the client as not someone defined by illness or disability but rather appreciates who they are as a person at their core, then this relationship will promote healing and change. Psychotherapists who use an existential psychotherapy approach generally hold that change in therapy is caused by

grappling directly with existential givens, but Yalom suggests that meaninglessness, unlike death, freedom, or isolation, cannot be productively addressed by examining it head-on. Instead, psychotherapists use the therapeutic relationship to provide a source of MIL for the client and draw them out of the detached state meaninglessness induces, so that they can see more clearly again how they can engage in their lives. Thus, the therapeutic relationship is of particular importance when working with MIL and is considered a core element of any intervention aimed at exploring MIL.

1.4. The therapeutic relationship with clients with intellectual disabilities

The therapeutic relationship is an important factor when working with MIL, but it also may be a particularly important factor when working with adults with intellectual disabilities. A strong therapeutic alliance has been documented as a major factor in predicting positive psychotherapeutic outcomes, regardless of interventions used (Wampold, 2015). Therapeutic alliance is commonly viewed as having several elements working in combination, the agreement of goals of therapy and how the dyad should go about achieving them, and the development of a bond (Cameron *et al.*, 2020). While therapeutic alliance is something built over time, it is a factor even in single or initial therapy sessions. In the literature clients have highlighted that starting from the first session, for a strong alliance to form it is important to experience the counsellor as warm and competent, for the client to be viewed as a whole person, and to have experiences that ease the initial apprehension of starting therapy (Lavik *et al.*, 2018).

Counsellors experienced working with clients with intellectual disabilities have identified the therapeutic alliance as having an equivalent or greater impact on therapy outcomes than in the general population (Jones, 2014). Many counsellors have attributed this impact to the novelty of the therapeutic relationship; people with intellectual disabilities often do not have opportunities to talk in length about themselves and their problems to others in a confidential setting (Dowling *et al.*, 2006; Jones, 2014). This is supported by the voices of clients with intellectual disabilities receiving psychological services. In Lewis *et al.* (2016), clients emphasized that the experience of talking to a psychologist was different than talking to other people in their lives, getting to know and trust the psychologist was important, and that finally talking to a psychologist was a relief. Cameron *et al.* (2020) interviewed clients with intellectual disabilities that

had been receiving therapy (between 5 and 120 sessions) on how they thought about the therapeutic alliance. These clients highlighted the importance of trust, the therapist's qualities (especially being a good listener) and having a special connection to the formation of the therapeutic bond. While additional research that explores the therapeutic alliance when working with adults with intellectual disabilities is needed, the existing literature reflects its importance in the eyes of both counsellors and clients.

1.5. Counsellor and client “buy-in” to discussing MIL

Therapeutic interventions that research has shown can create positive change in people's lives will have little lasting impact if the counsellor or client do not want to use it. Strong therapist/client goal alignment and belief in intervention efficacy are closely tied to the strength of the therapeutic alliance, and positive outcomes in therapy (Wampold, 2015). Qualitative feasibility studies may benefit from engaging with counsellor or client experiences or opinions of an intervention, to develop a sense of whether an intervention will be used outside of an experimental setting. This study views both client and counsellor-trainee participants as experts in their own experience and attempts to capture experiences from both viewpoints.

While the use of qualitative methodologies in research has increased over the last few years, there are very few studies that centre the voices of people with intellectual disabilities (Coons & Watson, 2013). As existential psychotherapy is a phenomenological approach, there is value in investigating the complexity of client participants descriptions of their experiences with a MIL focused counselling session, as no two sessions will be exactly alike. An exploration of client experience with an intervention allows for the discovery of meaningful elements of the therapeutic session that the researcher may not have considered (Wester *et al.*, 2021). It also allows for the identification of potential pitfalls within an intervention that may negatively impact the therapeutic alliance or client attendance of future counselling sessions (Wester *et al.*, 2021). Counselling interventions are often effective on paper but have high attrition rates in the field, and clients in the general population are more likely to stay in therapy if their preferences around treatment are being met (Lindhiem *et al.*, 2014). While a strong therapeutic alliance should allow for the exploration of client preferences, if an intervention is frequently disliked or not seen as valuable by the clients who are using it, modifications may need to be made for it to warrant further study.

Counsellor impressions of an intervention may be important to document for several reasons. Client and counsellor reports on aspects of the therapeutic hour often vary dramatically, so a client may have a positive experience in a session while the counsellor has a negative experience or vice versa (Manthei, 2007; Nissen-Lie *et al.*, 2015; Tu *et al.*, 2013). This is particularly relevant as many counsellors who lack experience and training with clients with intellectual disabilities often experience low-confidence, anxiety, and discouragement (Marwood *et al.*, 2018; Pelleboer-Gunnink *et al.*, 2017; Whittle *et al.*, 2018). The source of stress for these counsellors is reportedly rooted in uncertainty that interventions can be adapted or will be useful, or from being placed in situations where they were required to deliver interventions they did not believe would work with clients with intellectual disabilities (Graham *et al.*, 2004; Marwood *et al.*, 2018; Whittle *et al.*, 2018).

Doubt about the applicability of cognitive strategy interventions for people with cognitive impairments may be part of the reason that CBT practitioners in the United Kingdom were found to be on average less confident in working with clients with disabilities than counsellors who follow psychodynamic or eclectic approaches (Dagnan *et al.*, 2015; Pattison, 2005). Similarly, the absence of research findings to guide counsellors interested in using existential therapies with clients with intellectual disabilities may account for a reluctance to use this approach with this population (Pattison, 2005). Initial guidance seems to be what is missing, as one-to-two-day training sessions have been shown to significantly increase the confidence of counsellors working with this population (Dagnan *et al.*, 2018). The documentation of counsellor perceptions of the value of an intervention can provide insight into whether it will be used in the field, as well as providing testimony for other counsellors considering using this intervention to work with clients with intellectual disabilities.

1.6. Client-led interventions using participatory photography

MIL is an abstract construct, which has the potential to be difficult to engage with for people with cognitive impairments (APA, 2022). It is therefore necessary to explore how clients with intellectual disabilities identify sources of meaning in their lives and discuss with a therapist about why these things are meaningful to them. As this is a highly heterogeneous client population, the research is not intended to determine if this

intervention can be used by all people with intellectual disabilities, but rather establish if at least a subset of this population finds this discussing the complex topic of MIL in therapy accessible.

There are numerous studies within the literature that have demonstrated effective approaches for making abstract concepts more accessible for people with intellectual disabilities. Boulton *et al.* (2018a) explored the feasibility of adapting the values component of Acceptance and Commitment Therapy (ACT) for clients with intellectual disabilities using the “Catching What Matters” intervention. The study participants were able to use photography to capture things that were important to them in their lives, which then successfully facilitated conversations about participant values (Boulton *et al.*, 2018). Similarly, people with intellectual disabilities have been able to explore personal identity through photography and interviewing (Dorozenko *et al.*, 2015) and narrative processes involving drawing and writing (Elderton *et al.*, 2014).

This study implements a “participatory photography” (Buchan, 2020) intervention targeted at individuals working one-on-one with a counsellor to explore individual experiences of MIL. As in Boulton *et al.*’s 2018 study, this process is loosely inspired PhotoVoice, a public education and advocacy tool developed by Wang and Burris (1997), which has shown some potential to be adapted to meaning-making focused counselling (Beaupin *et al.*, 2019; Buchan, 2020; Levy *et al.*, 2019; Sackett & Jenkins, 2015). PhotoVoice has a focus on critical consciousness and social action that is not present in the MIL intervention in this study, but the literature on PhotoVoice and other participatory photography research does highlight why photography may serve as a vital tool in creating client-led counselling interventions for people with intellectual disabilities. PhotoVoice and the MIL intervention in this study share the aim of using client-directed photography to capture a detailed view of the lives of people who experience marginalization and stigmatization, (Booth & Booth, 2003; Sackett & Jenkins, 2015). Composing a photograph does not require print literacy or spoken language proficiency; it puts people in charge of how they represent themselves and their lives and encourages the viewer of a photograph to view the world through the photographer’s lens and ask questions about what led to the taking of the picture (Booth & Booth, 2003; Sackett & Jenkins, 2015). Photography in clinical practice makes abstract concepts more accessible; as Booth & Booth (2003) put it,

Photography as an activity emphasises action over cognition (we ‘take’ photos after all): it provides a means of concretising issues and concerns in a way that corresponds more closely to the thinking of people with learning difficulties than other more abstract modes of expression.” (p. 432)

This has the potential to make these abstract concepts more accessible to clients and easier to clearly communicate and be understood by therapists (Buchan, 2020).

As a tool in therapy photography gives power to the client to select what pictures to share, a protective element against therapists being biased or overly prescriptive about what a source of MIL “should” be (Booth & Booth, 2003; Buchan, 2020; Vos, 2016). There is also some evidence that participatory photography interventions provide opportunities for client empowerment, critical reflection, meaning-making, and narrative reconstruction of beliefs and views of self (Buchan, 2020). There is also research showing that participatory photography may offer benefits in therapeutic settings for people with intellectual disabilities (Boulton *et al.*, 2018).

The efficacy of photography to explore subject matter related to MIL, including identity and values, has been demonstrated in several PhotoVoice studies. It has some documented success when integrated with Meaning-centred group psychotherapy for youth with cancer (Beaupin *et al.*, 2019), and as a highly flexible and adaptable meaning-making intervention for pediatric palliative caregivers (Levy *et al.*, 2019). Photography and PhotoVoice have been used to explore life transitions with people with intellectual disabilities including aging, chronic illness, and bereavement (Kim *et al.*, 2021; Tajuria *et al.*, 2017; Trip *et al.*, 2020) as well as concepts related to meaning in life such as identity, future aspirations, values, and “the good life” (Benoot *et al.*, 2020; Dorozenko *et al.*, 2015; Povee *et al.*, 2014; Trip *et al.*, 2020). Exploration of meaning, values, and personal identity may be particularly suited to the use of imagery because it is subjective and unique to each client, and because people tend to have multiple values and sources of meaning in their lives. As individuals in the general population have been shown to struggle to define MIL but be able to readily identify sources of it in their lives (Auhagen & Holub, 2006; Hill, 2018), it may be that struggling with the abstract nature of this construct is universal. As many people with intellectual disabilities appear to be able to have rich conversations about many ideas related to MIL, such as values, relationships, and identity, a next step is to explore what conversations emerge when these concepts are brought together. Taken together this indicates that participatory

photography is an appropriate route towards making a MIL focused discussion accessible and engaging for clients with intellectual disabilities.

1.7. Research questions

The potential for humanistic counselling interventions for adults with intellectual disabilities has not been widely reported. The aim of this research is to explore the perspectives of adults with intellectual disabilities and counsellor-trainees engaging in a MIL focused existential psychotherapy intervention to determine if there is evidence that further research into using existential psychotherapy for this population is warranted.

Two questions were used to guide the research:

- 1) How do clients with intellectual disabilities view their experience in an existential psychotherapy session where discussion of MIL was facilitated by participatory photography?
- 2) How do counsellor-trainees and clients with intellectual disabilities view elements of the therapeutic alliance after engaging in MIL discussions during the existential psychotherapy session?

Chapter 2. Methods

2.1. Study Design

2.1.1. Community consultation

In Fall 2019 community input on the study design was provided by two Self Advocacy Groups in the lower mainland of British Columbia, Canada. Members from one of these self-advocacy groups participated in the study. Feedback that was provided on the study included emphasis on a need for simple and accessible language to be used in the study, that study participants could use their smartphones to take pictures, that the study could be completed all in one day and did not need to be broken up into multiple days, that increased counselling service access was important to many members of these self-advocacy groups, and that the groups would like to receive a accessible video report on the outcome of the study.

2.1.2. Design

This research was a multiple case study of three clients matched with three counsellor-trainees aiming to document the experiences of adults with intellectual disabilities and counsellors discussing MIL and to explore the potential of MIL in counselling for some members of this population (Yin, 2018). Data was worked from the “ground up” (Yin, 2018) through an iterative code and theme creation process using Interpretative Phenomenological Analysis (Smith *et al.*, 2009). Client participants and the author reviewed video recorded sections of sessions during the interview to confirm and reflect upon specific events within sessions. The transcripts of the MIL sessions were also used to compare and validate accounts in the interviews when creating codes and themes. By exploring the perspectives of both the participant with intellectual disabilities and the counsellor-trainees discussing MIL with them, this study explores the experience of using of meaning-focused approaches in counselling and offers an opportunity to evaluate whether this is an intervention for people with intellectual disabilities that merits further study.

2.1.3. Ethics

Ethics approval was obtained for this study from the SFU Research and Ethics Board in Spring 2020, but the study was revised and resubmitted for Summer 2020 due to the COVID 19 pandemic requiring the study to be moved online. Ethics approval was renewed in Spring 2021 and Spring 2022. All client participants were selected based on nomination by the group facilitator of the participating self-advocacy group. Clients were nominated based on interest in the study and their ability to give informed consent to participate in the study. Informed consent was an ongoing process throughout the study, with the researcher periodically checking in with clients to make sure they were aware of their rights and were confident in their participation. One participant chose to have a family member present to consult as needed when initially deciding whether to join the study, while the other two participants went through the process independently.

Through the self advocacy group facilitator, the client participants were consulted on how they would like their self advocacy group to be referred to in the paper, in the interests of balancing privacy with representing an important partnering organization in the study. The client participants elected to refer to the group as “a self-advocacy group in the lower mainland”.

2.2. Participants

This study recruited and interviewed three dyads of counsellor-trainees and clients with intellectual disabilities in late 2020 and early 2021. Due to the COVID 19 pandemic all counselling sessions and participant interviews were done online using Zoom video conferencing software.

Three adult women with intellectual disabilities, Laila, Rosie, and Iman (pseudonyms), were recruited for the study from a self-advocacy group in the lower mainland of British Columbia, Canada. These three women were from different racial backgrounds, were between the ages of 20 and 40, and were living with family or in supported independent living facilities with drop-in staff support. Participants were recruited through a nomination process by the facilitator of the self advocacy group, selecting for participants with stronger communication skills.

The Inclusion Criteria for nomination of individuals with intellectual disabilities was as follows:

- Self-reported intellectual disability
- Active members of a self-advocacy group in the lower mainland
- 19 years or older
- Conversationally fluent in spoken English
- Self-reported ability to give independent, informed consent for study participation

Given the impacts social skills have on building the therapeutic relationship, people with Autism Spectrum Disorder may have a very different experience with this process and were not included in this study.

Members of self-advocacy groups were recruited for this study based on the assumption that membership in this group would indicate engagement with a wider community and guarantee at least one source of MIL. This was a somewhat faulty assumption; while participants did speak in their sessions about the importance of increasing their personal independence and adults with Intellectual Disabilities being treated as adults, participation in a self-advocacy group was not explicitly named as a source of MIL by any participants.

All client participants provided consent and participated in the study independently. Participants were included if they self-identified as having an intellectual disability and were not asked to disclose any diagnoses they might have, but one participant did disclose they had Down's Syndrome. Laila identified she had accessed individual talk therapy before, Iman had accessed family counselling but not individual counselling, and Rosie shared that she had never accessed counselling before.

Three adult women counsellor-trainees, Isabella, Anne, and Taryn (pseudonyms), were recruited from the same cohort in the SFU Counselling Psychology program. These counselor-trainees were between 25 to 50 years old, were white, had all completed two terms of supervised clinical training under the same supervisor and had additionally been seeing clients regularly through practicum placements for a minimum of three months at the time of the study. All participants identified having no previous experience working with clients with intellectual disabilities as a counsellor, and some

limited experience interacting with people with intellectual disabilities in another professional capacity or in a personal capacity.

The original study inclusion criteria were as follows:

- Individuals who are actively in their 2nd or 3rd year of a counselling psychology program at SFU
- Who have seen at least one client as part of their counsellor training

Each counsellor-trainee had received similar training with a humanist emphasis, but had adopted a different therapeutic modality while working in their practicum that likely influenced their approach to providing a MIL intervention. Isabella identified as working using a combination of Emotionally Focused Therapy and Narrative Therapy through a Feminist lens. Anne identified as using an integrative approach combining Narrative Therapy with elements of parts work from Internal Family Systems Therapy, through a feminist, anti-oppressive, and relational-cultural framework. Taryn identified as using an integrative approach engaging experiential and emotion focused modalities.

Counsellor-trainees and client participants were matched based on schedules, with Anne matched with Laila, Isabella matched with Rosie, and Taryn matched with Iman.

2.3. The MIL photography intervention

In this study client participants were asked to take up to ten photographs of things in their lives that were meaningful, to show these photographs to the counsellor-trainees in their session as prompts for discussion. As “meaningful” can be an abstract and vague word, client participants were told that pictures could be of “things that are meaningful in their lives, the things that are most important, the things that make life good and worth living”. When client participants requested examples were provided of what might be meaningful in a person’s life, the examples given were family, volunteering, or taking care of a pet. When examples were given, it was reiterated to client participants that what might be most important to them in their life was unique to them, and that they should decide what pictures to bring. In situations where the client participants asked the researcher for validation of their choices of MIL photographs, the researcher reiterated that if the photographs were of what are most important to the client participant, then they could be shared in the study.

2.4. Procedures

2.4.1. MIL intervention training

A 60 minute training session was provided to encourage the three counsellor-trainees participating in the study to take a similar approach during their MIL discussion. An outline of the training is provided in the appendix. All three counsellor-trainee participants attended the same training session, but due to scheduling issues one counsellor-trainee was unable to meet with a client participant until two months after the training session. For this counsellor-trainee, a brief refresher meeting with the researcher was provided the day before their counselling session.

Counsellor-trainees were provided with a handout outlining their role in the counselling session. This handout included the study's operational definition of MIL. This definition aimed to be presented using plain rather than academic language. The definition was used to provide counsellors with a loose structure for talking about MIL in the counselling session, and to be easy to link back to concrete examples in the client's life rather than relying solely on abstract ideas. The definition provided to counsellor-trainees was:

Meaning OF life supposes a singular universal purpose for human beings, while meaning IN life instead looks at the unique way a person understands their life to be valuable and worth living. For this study we define something as meaningful if it provides an opportunity to do something that is congruent with our concept of our ideal self (I am a good version of myself when I do this) or helps us understand the world. Examples provided in the training include; A good person helps others. I donated blood. This helped others. I am a good person. People who work hard are good. I made a mistake, but did not give up. I am a good person. I broke up with my boyfriend. I wrote poetry about it. This helped me understand that I am sad, but that I can live my life differently now. I did a tarot reading for a friend. This helped her make a difficult decision, which turned out well. Tarot is a good way of interacting with the world. A meaningful life is then something rich with opportunities to make affirming choices and is on some level comprehensible to the person living it.

Topics that the counsellor trainee's were asked to explore in session were; what does the client find meaningful in their life, how does the client engage with meaningful parts of their lives, how do these meaningful things shape how they view themselves, and have meaningful parts of their lives helped them cope in times of adversity.

The counsellor-trainees were asked in the training to discuss examples of meaning in their own lives, to allow for brief practice in working with the construct. The training included basic skills that may be useful when working with clients with disabilities, such as a slower session pace and using plain language based on feedback from the self advocacy groups in the community consultation. As this MIL discussion session took place over a single hour, it was not meant to represent a complete clinical intervention, but rather a component that may be used as part of a multi-faceted meaning-focused counselling approach in the future.

The meeting concluded with the counsellor-trainees writing a short five minute reflective piece documenting their expectations for the session and their previous experience working with clients with intellectual disabilities.

2.4.2. Implementation of the intervention

Meetings were scheduled with client participants to discuss the study, sign consent forms, and get client participants started on taking pictures for the study. These meetings took place online, and client participants were given multiple options on how to sign their consent forms, including by email using fillable pdfs, and with recorded verbal consent. Two out of three client participants opted to provide recorded verbal consent, as it was less labour intensive than printing and scanning forms or downloading digital signature software. A check in session was scheduled with each client participant two weeks after the initial meeting to check in on photo-taking progress and schedule the MIL discussion session with the counsellor-trainee.

Counsellor-trainee participants met before the study to sign consent forms and attend a group training session on structuring the MIL discussion session.

A 60 minute MIL discussion session for each dyad of counsellor-trainee and client participant was scheduled and held online using SFU Licenced Zoom video conferencing software. Sessions were held online due to public safety orders during the COVID-19 pandemic that prohibited in-person sessions. In this session the dyad discussed the client participant's photos and sources of meaning in their life. The session was video recorded to the PI's computer. After the conclusion of the session the

counsellor-trainees were asked to complete a written reflection on their experiences in the session.

After a 20 minute break the researcher met online with the client participant to interview them about their experience with the session they had just attended. The option to review video footage of the session was offered to all participants during this interview, with two accepting and one declining to watch back sections of their session. These interviews took 60 to 80 minutes. This second interview was also video recorded to document body language, gestures, and facial expression of participants during the interview, which sometimes supported communication.

2.4.3. Modifications for online delivery

The format of this counselling session was originally conceptualized for in person services, but due to the COVID 19 pandemic service delivery was moved online. This led to some differences in how the pictures were used in the session which emerged from both the researcher trying to find a practical solution to sharing pictures and how they were organically used in the session. Client participants took the pictures on their smartphones, and held the picture they wanted to talk about up to the camera for a few moments, offering the counsellor-trainee a brief description of what the content of the picture was. The counsellor-trainee would often ask clarifying questions about the content of the photograph, and then the photograph would be put down and the dyad would discuss it. This led to the photograph acting as an initial prompt to discussion rather than an item that was continuously referenced during the discussion.

2.5. Analysis

Results were analysed using Interpretative Phenomenological Analysis (IPA), using the session transcripts, interview transcripts, and counsellor-trainee written reflections. As MIL manifests in unique ways in each person's life and would typically be explored in rich detail in a counselling session, IPA was selected for analysis because of its focus on deep exploration of themes in data, its appropriateness for small sample sizes, and its phenomenological focus that aligns with the core epistemology of existential psychotherapy (Smith *et al.*, 2009). IPA is a qualitative research approach that focuses on exploring how participants make sense of and reflect upon their personal

experiences (Smith *et al.*, 2009). IPA studies are typically characterized by small sample sizes, use of semi-structured interviews, iterative analysis, and are designed to encourage deep exploration of individual experiences (Smith, *et al.*, 2009). Codes are developed from the content of the transcripts, and then grouped into themes (Smith *et al.*, 2009). Participants perspectives of their experience in the counselling session was the focus of analysis, resulting in a double hermeneutic as the author worked to make sense of the client and counsellor-trainee participants' making sense of their experience.

Data was coded using NVivo. All interviews were transcribed verbatim by the researcher for analysis. The researcher read through the transcripts several times, taking notes by hand, and then reviewed the transcripts again in NVivo to categorize and code the data. The coded data was then compiled into composite themes. This process was iterative; emergent categories and themes prompted a re-review of the data. Memos were written about each theme and category, which were presented to the supervising researcher for the study for discussion and further analysis. Session transcripts were used to provide context and develop a richer understanding of participant accounts of the sessions. Excerpts of session transcripts were not included in the final results to maintain client participant confidentiality.

Chapter 3. Results

3.1. Communication styles

The participants had strong verbal skills compared to many people with intellectual disabilities and should not be considered representative of people who have more severe impairment to expressive communication. Rosie drew upon a smaller vocabulary than the other two participants and spoke in generally short sentences. Rosie also frequently used gestures to enhance her communication and emotional expression, such as pumping her fists in the air to indicate excitement. Iman drew upon a larger vocabulary than Rosie and asked for clarification of words she did not know in her session, such as the word “empathy”. Iman’s speech included frequent repetition of paraphrased sentence fragments, especially when explaining complex ideas. Laila frequently used metaphors in interview and noted in her interview that her large vocabulary has been commented on by doctors. However, Laila also expressed that it was important to her that her conversations were in plain language, as that is when her communication is most successful.

Communication is a two-way interaction and in the context of this study it is difficult to evaluate client participant’s experiences of the communication styles of the counsellor-trainees and the author. The author and counsellor-trainees appeared to have the most effective communication with client participants when they were using plain language, discussing concrete concepts, and presenting ideas and questions concisely and one at a time. The amount these techniques were used varied based on communication style of the client participants, but overall were used most frequently by counsellor-trainee Isabella, followed by Taryn, then Anne and the author. In the interview, when the author asked questions about highly abstract concepts or imagined scenarios, questions with multiple parts, or questions that were not concisely worded, client participants would sometimes misinterpret the authors meaning, but this was generally made up for by the author reframing the question and asking again.

3.2. Developing themes

Themes were developed based around the processes that occurred in this study's counselling session, and the elements of the processes that were emphasized as most important by client participants. The three processes occurring for client participants during their session were the sharing of photographs, discussing MIL, and building an initial relationship with a counsellor. The resulting themes centered around the client participants experience were 1) Taking stock of MIL, 2) Emerging agency, and 3) Building connections and trust with a counsellor-trainee. As a counterpoint to theme 3 the counsellor-trainee's perspective on working with the client was provided as theme 4) Emerging counsellor-trainee impressions of client participants.

During the interview process with the client participants, it became clear that how photography, discussing MIL, and relationship building interconnected in these sessions was complex and each element could not be discussed in isolation. Most notably, participatory photography did not have an easily identifiable single function in the sessions, but instead shaped client experiences in a variety of ways. Photography was a crucial component to promoting client control of sessions, but also by client report shaped the flow and content of sessions, and the ease of communication with counsellor-trainees. The interactions of photography with discussing MIL and connecting with a counsellor appeared to be more important to client participants than the actual act of taking the photographs.

3.3. Taking stock of MIL

Participants highlighted the value of exploring and "taking stock" or reflecting on MIL in their sessions. Laila commented on the value of talking to others about what is most important to her, to help her keep on track with "the sweet life":

LAILA: I'm a big believer in being your best self, and leading your best as possible for yourself. Living really living out your own truth, no matter what. No regrets, no hesitations, no doubts. And not feeling like you're being pressured to do something you don't want to do. And, when I'm doing activities, that make me feel like I am leading my own best life possible, being my own best self ever, speaking my truth, as it is, I feel very um, happy and um successful. And what I really see for myself moving

forward, really for the many people around me, is more other kinds of opportunities for me to be able to socially network with other likeminded individuals such as myself, um, to help me to stay, on the right track in life. The safe life, the good life. The sweet life!

SARAH: Yeah [laughs] so, so, just to make sure I'm following so it sounds like there's, there's this idea that you have for yourself of what that best life is, that sweet life is

LAILA: Yes

SARAH: And it's important for you to have people around you who support you on that path to getting there

LAILA: Yes, definitely

SARAH: Ok, how, how do you feel like the session you had tonight with [Anne] relates to that idea?

LAILA: I think this um, meeting, with her [Anne], helps me with that idea, by really um, finding out what is at my very core

Both having the chance to share their sources of MIL and having their counsellor-trainees comment on the importance of these sources seemed to contribute to client participants leaving their session with a renewed appreciation for what was most important to them. Iman shared that her counsellor-trainee noticing that she "lit up" when sharing her sources of MIL allowed her to reflect on why they were meaningful to her:

IMAN: I just felt, I just felt like, yeah your right, that was what I was thinking inside of my head like, yeah you're actually right, like I can't believe I like do all these things but then sometimes I do realize that I know what I'm doing, but I don't really think that it's like, that's something that's a part of what I do, like you know what I mean like, as something that I like to do like not for other people but for myself you know what I mean

SARAH: Mhm so you were kind of noticing it more because she was noticing? Is that what you're talking about?

IMAN: Yeah, yeah yeah. Yeah.

Rosie shared a very similar experience to Iman of her counsellor-trainee noting her smiling:

ROSIE: It was, when she said that you were smiling, I felt good about myself when I'm talking about, it is true, I do feel

good, about all of it. About the outside of me and the inside of me. The way I'm smiling and talking, and I feel good about myself.

SARAH: Mhm. Did her pointing that out help you notice that you were smiling?

ROSIE: Oh yeah

SARAH: Ok yeah you, were you think about smiling before, or suddenly you were paying attention?

ROSIE: I think I was paying attention. Which was, she was really talking to me at the same time too. The way I was smiling, because she, when I was smiling, she's like, look at her smile. [laughs]

All three participants reported that the topics discussed in their sessions were not new information, but also felt the session had offered them a new framing of the topics. Rosie shared that showing pictures she had her support staff take of her cooking and cleaning independently had allowed her to reflect on her personal growth, saying "I'm a tough cookie. I have grown independence from since I first moved out... Each year I grow up a bit more and more and more, and stronger and stronger and stronger." Laila shared that she had moved back in with her family during the pandemic, and that the session helped her visualize her future self, stating "It makes me think more about how to actually see myself, living fully independently, and what that looks like for me." Iman shared that her counsellor-trainee had helped her to re-affirm the need to engage with her sources of MIL, saying "I need to get out there, do a lot, like get motivated, keep motivating myself, that's what I learned".

After the session all three women reported positive feelings, including motivation, empowerment, and relief. In Rosie and Isabella's session, Rosie would often identify values or strengths associated with a photograph, and Isabella would reflect and repeat a growing list of those strengths and values to Rosie. Rosie shared her experiences sharing pictures of her cooking and cleaning with Isabella:

ROSIE: Yeah like, I was like, you know what, when I just said to her [Isabella] about me doing my first cooking when I first moved here, I was like, I did it! [laughs]. I thought I was so proud of myself...

SARAH: Wow! So what was it like talking to [Isabella] about it?

ROSIE: Um, it felt really good! I felt really empowered

SARAH: Yeah? Cool. What is, is there anything you think helped make you feel empowered?

ROSIE: I have responsibilities, I'm independent, I take ownership of what I do

SARAH: So kind of talking about that and hearing it [Yeah] repeated back to you

ROSIE: Yes

SARAH: When she was, she was kind of listing all those things all together?

ROSIE: Yes

SARAH: Yeah ok yeah. alright, so it, so it sounded like just hearing that and being able to talk about it made you feel strong and excited about yourself

ROSIE: Oh yeah, I felt really strong about what I do. And powerful. It's like when I did my own cooking on my own, like when I first moved in, I was like, I did it! I feel so powerful! I can do this!

Iman reported that after her session she had increased motivation to engage with sources of meaning in her life such as team sports, hiking, and experiencing nature:

IMAN: I learned that like um, you know just being, just being more positive, not really like because um, I'm a pretty like, and also I learned, I really learned that I'm a homebody. Like I'm a person who really likes to stay home a lot. And like I need to get out there, do a lot, like get motivated, keep motivating myself, that's what I learned too. But I've also learned that for myself as well, like that being motivated, and from other people in my family too that I've learned it from. But I learned it from her because she told me as well

SARAH: Mhm, ok. So it wasn't like a new thing

IMAN: No

SARAH: But it was still a good like maybe like a reminder of things?

IMAN: Yeah a good reminder yeah. And also like, she got me like really motivated, and like, to like, and just to like believe in myself

After the session Rosie expressed feelings of relief and release, saying “It was great! To get it off of my chest too. ... letting it go and talking it out. [gestures away from chest]”. Similarly Laila shared “I feel much more relieved that my feelings and thoughts are out there in the open now, and I don’t have to just keep them, them just to myself”. Notably again the participants did not attribute insights or positive feelings gained during the session directly to the process of taking and reflecting on their MIL photographs, but instead the interactions they had when showing them to their counsellor-trainees.

3.4. Emerging agency

Control of the session leading to feelings of safety and comfort was a theme that emerged when discussing both the utility of the photographs and the client participants interactions with their counsellor-trainee. Photography was seen by Rosie and Laila as a way to control and pre-plan session content. When asked who was deciding what to talk about in the session, Rosie reported “I was deciding. Cause I had the pictures with me, it was all about my pictures”. Laila described the session as a strange new experience compared to how she had previously used photographs in education and counselling settings, because “This is the first time that I get to choose [the photographs]”.

This control was contrasted to communication in other relationships in Rosie and Laila’s lives. Laila identified Anne as using a “person centred approach” and offered as a contrasting hypothetical example a “staff centred” counsellor that would ask her parents what she wanted to talk about, “not bothering to check in on me”. Rosie also compared talking to her counsellor-trainee to talking to other people in her life:

ROSIE: Yeah. I like people when they communicate. I don’t like people when they ask me questions. Like, question after question, questions and communication are a little bit different

SARAH: Ok, can you tell me a little more about that?

ROSIE: Questions are like, little, like for [inaudible] here, ask me question after question, they’re not communicating with me. They’re just asking questions, I’m like I’m not cause I’m a girl ask questions here, I want to communicate, I want to talk! Not asking questions.

SARAH: What do you, can you tell me what, what does communication look like?

ROSIE: Just talking

SARAH: That's kind of interesting cause, um, I noticed I think [Isabella] was asking you a lot of questions

ROSIE: Yeah she was

SARAH: But she was also doing a bunch of other things

ROSIE: Yeah she was doing way more than, questions, and communicating, what I'm wanting. I don't, I'm not like, if it's the same questions over and over and over I'm like I'm sorry, I'm sorry, like. Because people are needy, and they really want to know things. I'm like, oh my god...I'm being questioned a lot! Not like [laughs], it feels like I'm in the hot seat

Rosie identified that Isabella was communicating because she was interested in learning more about Rosie rather than trying to get information from Rosie:

ROSIE: She made it more fun though. Not a lot of people do that... It's more kind of fun, cause it, with other people how they do it they want to know

SARAH: Mhm, ok that makes sense, so yeah it's like, she was asking questions because she was interested [Yes] in what you were saying, not because she wanted you to answer something

ROSIE: Yeah

Laila and Rosie both commented on how using photographs allowed them to plan what they would talk about in the session. Laila focused on how the pictures gave the session structure:

LAILA: When you're trying to remember certain pieces of information you put them together in the order they come in in your mind, and then using those words, you try to find ways of talking about those things, in sentences, and then it all builds up. Eventually you're able to create a story.

SARAH: Mm, ok. So did you feel like what we did tonight was kind of like that?

LAILA: Yup

SARAH: Ok, could you, could you just kind of outline how you felt like it was like building a sentence?

LAILA: It was basically like building a story board... Ok, let's say the theme is friendship [Yup] We're talking about friendship. So, you can, one puzzle piece can be, when I'm with my friends it makes me feel happy. Another puzzle piece. Ok, so, when, ok now I have to think. What makes me the happiest when I'm with my friends. What are we doing that makes me the happiest? Can I give a very specific example? I enjoy drinking coffee and tea, with my best friend [name]. Do you see where I'm going with this?

SARAH: So it's like having the pictures makes it easier to have examples of things?

LAILA: Yeah

SARAH: And then those examples let you show the story of a whole idea like friendship

LAILA: Yes

Rosie similarly reported liking that the pictures provided topics to talk about:

ROSIE: It was really good actually, I know what I'm saying and talking about. If there was no pictures I would be like, "what am I talking about?"

SARAH: Ok, made it feel easier. Yeah can you imagine, like what do you think it would be like if there wasn't pictures?

ROSIE: I would be like, sitting here, not saying anything [laughs]

SARAH: [laughs] Just being kind of, kind of shy

ROSIE: Not shy but like just sitting there, like sitting on my chair, I'm like [looks up as if thinking] "um...um...um..." Like I can't do that!

Laila also highlighted the importance of the pictures allowing her to fully explore topics and set the pace of the session:

I think she really helped me to break it down step by step...Frame by frame, and I felt like it was a whole lot easier to do it that way, wasn't all at once...We started with one picture, and we would go through all aspects of that picture, then once I was able to talk about whatever it was that I wanted to talk about, describing each picture, and what it means to me, start to finish, it wasn't until I had finished explaining it, that I felt comfortable enough to move on to the next picture.

Client participants also emphasized their counsellor-trainee's role in offering them control of the session. Iman attributed the choice to stay close to the topics of her photographs to her counsellor-trainee:

I felt like I was protected, I felt like she didn't say too much about like talk too much about like other [more personal] things in my life and stuff like that, she just kept it to like, like, you know like liking things and activities and stuff like that.

Similarly Laila shared:

[Anne] would pause and wait for me to speak. She was putting me in the limelight... Making sure that we alternated between us... just putting me in the driver's seat and making sure that I was just sharing the information that I was comfortable with sharing. Checking in on me periodically and asking me "are you ok with this" "where do you want to go from here" kind of thing.

Controlling pace and content of the sessions was seen as important by participants because it allowed them to decide how much "negative" and "more personal" information they wanted to share with their counsellor-trainees. Client participants varied in how much they felt comfortable sharing in their session, with Laila sharing in-depth about important and complex relationships in her life, and Rosie and Iman spending more time focusing on their interests, activities, and values, stating in their interviews that they had chosen not to share more negative or private information. Notably Iman and Rosie did not forgo discussing "negative" topics entirely, with portions of their sessions including discussing frustrations and challenges in their lives and their relationships with others.

Laila expressed the importance of being able to control what she talked about with a metaphor:

[I was] telling my thoughts and feelings to the other person rather than jumping into a like, ok, rather than taking the concept of putting two feet into a puddle. Instead of doing that and feeling like you're drenched and you have no way to undrench yourself, instead of doing that, to just, take one step, look both ways, then take the next step and look both ways. And then being able to, you see the puddle, and ok I'm going to do that to myself, and maneuver, and while in the puddle I'll find a way to stay dry.

When asked how she felt exploring difficult topics and big feelings in her session Laila said "They were [big feelings], and they happen, but I'm ok, I'm glad I did".

The risk of oversharing or getting “drenched” was expressed by both Iman and Rosie as well, with Iman sharing:

...personal things for me can be like a little bit of a, like I can tell people stuff, but I can tell too much information sometimes and that’s why, that’s what kind of gets me a little bit like, you know like I don’t want to share that type of information that much, but I don’t know how to share that kind of information. And everything so, it kind of gets a little difficult so. But like with her, we didn’t talk about any of that we just talked about like the kinds of things that I like.

Similarly Rosie expressed that while she felt this session was very positive, it would be much harder to discuss other more private parts of her life, and that she would need time to prepare:

ROSIE: ...for a problem or whatever. Uh, yeah, I would feel a little bit, maybe at first, a bit nervous maybe? Not nervous but like... [waves hands back and forth towards the camera indicating uncertainty] Yeah.

SARAH: Like, you’re a little unsure [imitates motion]

ROSIE: Yeah. [Ok yeah, so] For a while, like for today’s, we got in it and in it, and we talked about it.

SARAH: Mhm? Can you explain that to me, I don’t know if I quite understand.

ROSIE: I have a problem with somebody else, that’s going to be a bit different than what we done here today...I would like to have like a time, just to talk about what we’re going to talk about, and get prepared for it.

SARAH: Mhm. So you don’t want to go right into it right away, you’d want some, some time to get ready.

ROSIE: Yes.

SARAH: Ok. Do you think doing something like this where its talking about the positive parts of your life would be helpful for that? Or do you think something else would be better?

ROSIE: Um, I think a bit of both [ok] Like out of my system, because I do like, I don’t talk a whole lot about my feelings to anyone. I’m like, all my personal stuff, I (inaudible) that’s private. This was not private at all. If it was something private, well I might struggle a little bit.

- SARAH: Ok, so this was, these were things that most people know about you that you were talking about
- ROSIE: Yes
- SARAH: They weren't the things that you keep more private
- ROSIE: Yeah, more personal to me I don't talk about. Because, yeah. If I talk about it more, more, more my negative side, I will start to have some tears and get upset.

The ability of client participants to plan and control the session was closely tied in their narratives to what was positive in the session, including what their counsellor-trainee did well and the control offered by photography.

3.5. Building connections and trust with a counsellor-trainee

All three client participants reported positive impressions of their counsellor-trainees, and shared a variety of factors they felt contributed to their ability to interact comfortably with them despite being strangers. Laila and Iman both expressed that they were concerned before the session that it would be an awkward experience, but found it was very easy and comfortable to talk to their counsellor-trainee. Iman and Rosie commented on how easy it was to open up, with Iman saying "she seemed like a very very, easy person to talk to really...I didn't have a hard time talking to her. I thought if I was going to be... I didn't expect it to be that way". Rosie, who was the only participant that had not accessed some form of counselling before, expressed surprise at how much she shared in her session, saying "I just said it out of the blue... I surprised myself when I said that, like, what did I just said? I'm never honest, with myself, with other people." And "usually I act really different when I meet new people. I get unsure sometimes." Rosie identified opening up more than she expected as a positive aspect of her session. Laila said she felt comfortable opening up to Anne and said "I didn't have to feel like I had to put up a wall or act defensively", and described Anne as "someone who is very caring. And is very good at sensing my pain and finding alternative ways to help me to manage my really big heavy feelings." Laila emphasized the importance of having explored MIL with an empathetic, non-judgmental person:

What was really good, that worked really well for me, was um, having someone whom I can easily naturally um connect with on a social, emotional, personal level...Having access to, being able to stay connected to that person, through Zoom, or any other means, um, makes like, when I had that, it makes me feel um, very much alive, and free, and that I can live my life the way I am meant to live it, for myself, over COVID. And, the feelings that come with that are of true happiness, I'm having pure fun, I'm calm, cool and collected.

All three client participants highlighted the importance of talking to someone who was interested in understanding them. Iman shared that the process of reviewing the pictures helped her relationship with Taryn:

IMAN: I felt like, it kind of clicked, it makes me kind of want to get to know, like you know like since she wants to get to know me, like, it kind of makes me feel like I would kind of like to get to know her too. Kind of thing? [Oh ok] And you know like, more, and she seemed like a very very, easy person to talk to really. Very easy like. I didn't have a hard time talking to her. I thought if I was going to be, I thought it was going to be, I didn't expect it to be that way. So, yeah.

SARAH: Oh ok. What did you think it was going to be like?

IMAN: I thought [laughs] I thought it was going to be a little bit like different like, you know like, just like a little bit for like, I don't know, I don't know what I expected, I just didn't expect that.

SARAH: Yeah, ok, so you thought it was going to be different you thought it was like maybe like, like awkward or?

IMAN: Yeah, yeaah. [laughs]

Iman and Rosie both highlighted the importance of their counsellor-trainees being interested in understanding what they were saying, with Iman sharing "it felt like she was really being genuine with you, she was, she wasn't pretending, she was interested". Rosie similarly expressed that her time with Isabella was conversational and interest driven, rather than driven by a specific information gathering agenda. Rosie also reported many times throughout her interview that Isabella noticing and mirroring Rosie's body language demonstrated that Isabella was an effective listener. Rosie recalled one of several times in her session where Isabella mirrored Rosie's gesture:

ROSIE: I feel like she was really listening to me, she got into the body mode [waves arms], my body mode. There was there was one time I said about, um, doing something on

my patio, on my own with no phone allowed. I was like pause [puts up hands in stop motion] "Ok that's enough" its that like.

SARAH: Yeah and then she did the pause [puts up hands I stop motion] [Yeah] as well. Ok yeah, so her doing--

ROSIE: Our bodies were connected. [Okay] Our bodies were

SARAH: Ok yeah, that's really cool, that's cool that that, it sounds like it really, um, I'm trying to think of a word, like resonated, like it really, it got you, like it felt it really

ROSIE: She understood what I was doing, what I'm going through right like, not a whole lot of people don't say these things

Both Rosie and Laila shared that talking to their counsellor-trainee was a different experience than talking to other people in their lives such as family and support staff.

When asked how a counsellor could build a working relationship with them in the future, both Iman and Rosie expressed that trust takes time to build. Rosie felt that the MIL session was one way that she could get to know a counsellor:

If I did it a couple of times with more positive I would get really good at it. Whereas negative I'm not really good at doing that yet. ... It's hard to want to talk about my deep feelings inside. But when I talked to this counsellor, it was positive. Not everything is positive... My positive things yeah, if I do it more in the positive things, maybe it will be a way to talk about my negative things.

Rosie also stated that her control of the session pace was important to building trust, saying she would want "preparing, getting to know each other, before we get into it" and to "Pace at my speed, when I'm ready, then I let the person know". Iman described past negative experiences with mental health professionals that did not maintain her confidentiality, that have led her to wait to share more personal information with counsellors until they have proven they are trustworthy. To build trust with her, Iman shared that counsellors would have to be consistent over time:

IMAN: ...she would have to really like, like just keep talking to me keep talking to me, like you know like connecting with me like every time that we meet, like we were trying to connect. And then like really encourage, I would need to like fully trust her, like she has to like after a year or two years, like fully like, fully I need to know like are you really really not going to tell anybody.

SARAH: Ok so she's gotta, you gotta get to know her over a long period of time

IMAN: I've got to get to know her over a long period of time, I've got to keep having changing social workers, changing um, changing like counsellors or changing like therapy or all of that sort of stuff. I don't like doing that. I've had experiences, I've had those type of experiences and I don't like, want that for other people to go through that, there. Like I get that change is a good thing I get that change is a good thing. But like when it comes to counselling I think I feel, you need to have someone who fully trusts you and is fully going to be there.

Iman also expressed that she would have liked to learn more about her counsellor before jumping into sharing things about herself, and at the end of the session did ask Taryn to share some details about herself:

I think she did everything, like I think it was really good, like I don't think there's anything wrong, like I don't. But I think like, in the first beginning of the session, did she intro, did we introduce ourselves and kind of getting to know each other a little bit. And yeah, cause at the beginning we really didn't get to know each other. We just started out with the photos and stuff like that. If she maybe like kind of like connected with me a little bit in the beginning, and kind of just said, hi, um hi, well we did do that we did that. But kind of like connect you know like, her sharing something about herself. Me sharing something about myself, and then with the photos and stuff like that...we did share, we did share, the um, we did share that kind of like kind of thing at the end, but like it felt like I had to say it so.

3.6. Emerging counsellor-trainee impressions of client participants

All three counsellor-trainees went into their counselling sessions with some apprehension about how the session would go do to their limited experience but reported that the session was a very positive experience. Isabella and Anne identified feeling nervous before starting the session with Isabella writing "I was somewhat nervous as I was unsure of how it would go, especially with a client that I have never met and would only have one session with" and Anne sharing:

I felt nervous going in because unlike a counselling session, there was a very specific "outcome" or theme we were hoping to achieve in a short amount of time... I was uncertain about what it was going to look like and whether I would be able to get to the themes. I also wasn't sure

what to expect given that I had no information on the participant (which I consider a good thing in this case, but added to the nervous feeling)

Taryn also identified she had experienced anxiety around working with clients with intellectual disabilities:

I think I doubted my competencies to deliver an effective counselling session for a client with ID, mainly because I didn't feel knowledgeable on the nuances of ID in counselling, or should I say, I assumed I needed additional training in order to be effective.

All three counsellor-trainees felt that their communication was effective during their sessions, even when discussing abstract ideas around meaning, with Taryn writing "I noticed times where my expressions were not understood fully but the client asked for clarification; so, if there were moments that "fell flat" for either one of us, it was generally made up for." Isabella also shared that while she cannot know for sure without confirming with the other person, she felt that communication was effective, writing "The client had strong responses to some of my statements (e.g. emphatic agreement, strong body language) and I interpreted this to mean that I had communicated clearly and that my statement resonated with the client's experience." Anne reported no problems in communication with her client, describing Laila as "very clear and motivated."

All three counsellor-trainees reported that overall the session was positive, that they were able to build rapport, and that the experience had increased their interest and confidence in their ability to work with clients with intellectual disabilities in the future. Taryn wrote "This experience certainly increased my interest in working with clients with ID... today's experience was a very positive one for me as a counsellor." Likewise Anne wrote "I had a positive experience with this participant which has strengthened my confidence working with this population and has also reinforced previous positive experiences". Isabella also saw benefits to participation in the session:

It offered me new perspectives, highlighted for me some stereotypes I thought I no longer held to but still lingered somewhere in my mind, and supported me in challenging those stereotypes. I felt very honoured to have been let into this person's life through photos and their sharing ...This experience completely changed my ideas about working with clients with ID in the future. I have always thought it wasn't a population that I could be competent with, but I think that this experience shifted that view by highlighting that the skills I bring as a counselor generally (empathy, curiosity, presence, etc.) can be impactful regardless of population.

3.7. Summary

The accounts of client and counsellor-trainee participants in this study suggest that participating in a MIL focused intervention had several benefits. In sharing sources of MIL with a counsellor, the client participants experienced feelings of empowerment, motivation, and relief. Client participants emphasized coming away from the intervention with a renewed appreciation of sources of MIL in their lives, and positive feelings after being able to share this experience with a counsellor. The client participants also highlighted how participatory photography allowed them to plan and control session content, remember what they wanted to share, manage the pace of the session, and keep the focus of sessions on what they felt comfortable discussing. Client participants also shared the importance of talking to an attentive and interested listener, and of building trust with a counsellor over time. Counsellor-trainee participants likewise expressed positive impressions of their matched client participant, felt the session was largely successful, and reported new insights on how their existing counselling skills could be used to serve clients with intellectual disabilities in the future.

Chapter 4. Discussion

4.1. Interconnected nature of research questions

This study investigated two research questions, “How do clients with intellectual disabilities view their experience in the existential psychotherapy session”, and “How counsellor-trainees and clients with intellectual disabilities view elements of the therapeutic alliance after the existential psychotherapy session. Client experiences of sessions and the therapeutic relationship informed both questions. This finding is consistent with an Existential framing of the therapeutic relationship as a tool to experience and reflect on meaning, described by Vos *et al.*, (2019): “a prism through which light is cast on the experience of meaning” (pp 55). Vos *et al.* proposed that effective work with meaning in therapy cannot be done without a strong therapeutic bond. Recent studies that have explored the correlation between client’s felt sense of MIL and the therapeutic relationship affirm that a highly felt sense of MIL was related to a strong therapeutic bond, but not task collaboration (Fortems *et al.*, 2021; Golovchanova *et al.*, 2021). Fortems *et al.* (2021) proposed that the therapeutic bond may facilitate meaning-making processes in therapy, as being deeply understood by the therapist may recalibrate one’s sense of being in the world and increase felt sense of MIL.

However, there is no clear way of establishing directionality in the relationship between therapeutic bond and MIL, as clients who are already experiencing high felt sense of MIL may have an easier time forming bonds with their therapist (Fortems *et al.*, 2021; Golovchanova *et al.*, 2021). In this study, client participants began the intervention with a strong sense of MIL, as they brought pictures to their sessions. The subsequent connections they established with their counsellor-trainees may have been facilitated by their strong felt sense of MIL, or the relationship they built in the session may have helped strengthen this felt sense. As client participants were not surveyed on their felt-sense of MIL before the session it is not possible to measure the interplay between therapeutic bond and felt sense of MIL. However, the association between client reports of high felt sense of MIL and their positive views of the therapeutic alliance illustrates the interconnectedness of these two factors.

4.2. Taking stock of MIL

Meaning in life is a topic that is both broad in scope and complex, and these single hour sessions represent the beginnings of what could have likely been much longer conversations. However, a single session was sufficient for the dyads to explore in some detail positive and some negative aspects of what was most important in client participants lives. This reportedly provided client participants with new insights, and the experiences of client participants from the sessions were reported to be empowering, motivating, and relieving. These session outcomes are in line with initial stages of discussing MIL in existential therapy (van Deurzen, 2006; Yalom, 1980). The period after “taking stock” of sources of MIL could include increasing engagement with existing sources of MIL, identifying domains of the client’s life where they do not experience meaning or fulfillment, searching for new sources of MIL, and using this information as a bridge to exploration of client values (Cooper, 2003; Yalom 1980; van Deurzen 2006). While for the most part each client’s session in this study focused on the initial “taking stock” phase, as client participants reported increased motivation to engage with their existing sources of MIL and future goals, and increased appreciation for their own positive qualities. This suggests that for some clients with intellectual disabilities MIL may be a valuable topic to explore when taking a strengths-based approach, or when trying to build client motivation towards acting on their goals.

While there are other documented instances of participant photography allowing study participants to share sources of MIL in therapy (Boulton *et al.*, 2018a; Buchan, 2020), few studies document in-depth what it is like to experience this sharing. In this study all three client participants commented on the beneficial qualities of sharing photographs of their sources of MIL. Their experiences are similar to participants in a small feasibility study by Boulton *et al.* (2018a) which documented the use of participatory photography to identify and discuss the values of clients with intellectual disabilities. This intervention took place over 6 sessions and was based on Acceptance and Commitment Therapy (ACT), which provided more structure and prompting on photographic subject matter than the current study. Boulton *et al.* found that photography made the abstract concept of values easier to engage with for participants. Notably informal qualitative feedback from the six participants in the study aligned with the experiences of participants in this study; participants expressed motivation to engage

more with sources of meaning in their lives, gained insight on who they would like to be, and a reminder of what is most important to them (Boultan *et al.*, 2018).

Buchan's (2020) review of the benefits of participatory photography for people with mental health problems highlights the potentially complex interactions of MIL content, the participatory photography process, and the emerging therapeutic alliance in these sessions, cumulating in positive client participant experiences. Buchan identified four studies in the literature in which participatory photography led participants to empowerment, five that found it facilitated self-reflection, and four that found it enhanced the therapeutic relationship. Padgett *et al.*, (2013) interviewed formerly homeless men and women and found that participants found the process of documenting their lives with photographs therapeutic, allowing them to connect or reconnect with sources of meaning in their lives.

In this study, client participants descriptions of empowerment, motivation, and release after their sessions are a positive indicator of strong initial alliance formation, as these feelings have been linked to strong alliances in the literature (Lavik *et al.*, 2018). These experiences have been found across several studies with clients with intellectual disabilities regardless of therapeutic modality or intervention, indicating that the opportunity to talk about oneself and control of the topic may be as important as talking about MIL specifically. Feelings of relief and release after sharing have been reported in several studies, in which participants used very similar language to participants in this study of "getting things off one's chest" (Wills *et al.*, 2018). This sense of relief after talking was also present for participants with mild intellectual disabilities who were interviewed about their experiences with Cognitive Behavioural Therapy (Pert *et al.*, 2013), and in reports of clients with intellectual disabilities receiving long term psychodynamic psychotherapy from a health service clinic in the UK (Merriman & Beail, 2009). The act of talking to an attentive listener appears to have inherent benefits, but it is notable that in this study client participants had a great deal of control over what they talked about because of the personal and subjective nature of MIL. MIL may be a particularly appealing topic because the content is so self directed, and client participants in this study may not have experienced the session in the same way if asked to take pictures of a topic that did not feel relevant to them.

4.3. Emerging agency

Client reports of feelings of control and subsequent emotional safety within their session in this study are consistent with the experiences of participants in participatory photography studies (Boulton *et al.*, 2018a; Buchan 2020). In a review of participatory photography studies, Buchan (2020) found that there were no reports of participants becoming overly distressed or needing additional support, and that clients experienced similar feelings of empowerment and improved self esteem when they were allowed to share their life story without judgment. This is supported by the findings in Boulton *et al.*'s study on using photography as part of an ACT intervention focused on values, which similarly to this study found photographs served as a focus and memory prompt, and provided a sense of ownership in therapy to the participants (Boulton *et al.*, 2018a). This emerging sense of agency and control within the session may be important because counsellors experienced with working with adults with intellectual disabilities report that delivering interventions is often prioritized over individual client experiences in therapy for this client base, meaning that therapy for adults with intellectual disabilities is very rarely client-led (Jones, 2014). Clients with intellectual disabilities feeling overly dependant on their therapist has also been documented in client interviews (Merriman & Beail 2009), although this result is not consistent across all studies (Lewis *et al.*, 2016). Additionally, a common theme in the therapy literature for adults with intellectual disabilities is a lack of control in other aspects of therapy such as endings, number of sessions, who attends sessions, timing of sessions, wait times, cancellations, and involuntary treatment (Evans & Randle-Phillips, 2020). The experiences of client participants in this study suggest that the use of participatory photography and allowing space for exploring subjective experiences such as MIL may be a route to improving client's sense of control in counselling sessions.

Client control of session content is particularly important in delivering an existential psychotherapy session because of the therapy's emphasis on exploring the unique personal experiences of clients with MIL. Control is also especially important when serving adults with intellectual disabilities, who often experience limited choices in conversation topics and activities they engage in outside of therapy (Antaki *et al.*, 2007; Jones, 2014). While counsellors and clients may explore potential new sources of MIL together over the course of a counselling relationship, there is a risk of counsellors

leading clients into describing sources of MIL that appeal to dominant social scripts. To minimize potential bias, counsellor-trainee participants were asked during their hour training session to reflect on how their attitudes towards both MIL and adults with intellectual disabilities might impact their approach to the session. However participatory photography may have played an equal or larger role in ensuring client participants kept the session focused on what was most important to them. For example, in this study Rosie described how the photographs helped her to plan what she wanted to talk about in her session, and that without them she might have hesitated, trying to think of what to talk about. It is not difficult to imagine a well-intentioned counsellor jumping in to offer suggestions of common “socially approved” sources of MIL such as family or helping others, rather than without knowing Rosie, guessing the role that cooking and cleaning play in her life.

This kind of scenario was documented in a self reflection piece by Dorozenko *et al.* (2016) looking critically upon how she conducted interviews with adults with intellectual disabilities in a participatory photography study. Dorozenko noted times when participants in her study did not promptly reply to questions, and Dorozenko would offer answers that were shaped by stereotypes about people with intellectual disabilities, such as being incompetent, vulnerable, or child-like. When participants with Down’s Syndrome did not respond to questions about their identity, Dorozenko described how she would ask them if they thought they were generally happy people, rather than offering other characteristics to choose from such as athletic, intelligent, or artistic. Dorozenko describes her intent in creating the study being to empower participants, and only realizing how stereotypes shaped her interviews after critically reviewing her work.

A similar phenomenon that occurs as professionals’ assumptions about identities of people with intellectual disabilities shape the choices offered to them was documented by Antaki *et al.* (2007) as they examined the routine way support workers offered choices to clients with intellectual disabilities of activities. Support workers emphasized information about who is participating in the activities, rather than features of the activities themselves, implying that the client’s place in their social network was the most important part of their identity. These two examples illustrate how clients with intellectual disabilities may be particularly vulnerable to counsellors disproportionately influencing their reports of sources of MIL. While participatory photography does not eliminate the risk of counsellors being directive, in this study it did offer a sense of control for the client

participants. Further, the emphasis the three counsellor-trainees placed on the session being client-led, which can be attributed to some combination of their training and humanistic theoretical orientations may have contributed to client participants reporting having a much greater sense of control than they had experienced in many other settings.

In this study, Rosie and Iman expressed a reluctance to explore “negative” topics and expressed appreciation that the study design meant they had the control to primarily focus on positives. A study conducted by Padgett *et al.* (2013) using client-led photography with formerly homeless people with serious mental illness, found a similar reluctance in some participants to explore negative parts of their lives using photography, but a willingness to explore these topics verbally. This difference in preferred mode of communication was attributed to some problems not being easy to depict visually, and the difficulty of thinking about these problems so that you can photograph them, without the support of another person as in a conversation (Padgett *et al.*, 2013). Participants in Padgett *et al.*'s study were asked to take photographs of negative aspects of their lives, but 8 out of 13 participants refused to do so, a choice which was respected by the interviewers. This finding aligns with an important points made by participants in this research, that they were the ones deciding what photographs to take (Laila, Rosie), and that their counsellor-trainee respected the content they had brought to the session (Iman) and that they were in control about how much “negative” information was shared (Iman, Rosie). Photography served as a reference for clients to introduce topics and anchor to keep the session focused on them, for both the client and counsellor-trainee participants.

As referenced earlier, while photography is a valuable tool for increasing client control in these sessions, client participants identified that their counsellor-trainees played a major role in the session being client-led. All three counsellor-trainee participants in this study were from the same training program, their training placed a heavy emphasis on humanism and social advocacy for clients. It is difficult to separate the impact of a humanistic intervention from the impact of a humanistic counsellor, and it is very possible a counsellor with different theoretical orientations would have not placed as much emphasis on client agency while delivering the same intervention on paper. Several studies have identified the importance to adults with intellectual disabilities receiving therapy to be treated as equal partners in a collaborative relationship (Evans &

Randle-Phillips, 2020; Pert *et al.*, 2013). This kind of collaborative relationship may be unusual for some adults with intellectual disabilities who may experience support staff that provide excessive support that restricts client agency and independence (Hemming *et al.*, 2013). Supporting client agency has been identified by therapists across studies as important to early alliance formation (Lavik *et al.*, 2018) and may be even more important if clients do not feel they have agency in other relationships in their life.

4.4. Building connections and trust with a counsellor-trainee

Concerns that counselling be awkward or uncomfortable is a common opinion across many clients, with and without intellectual disabilities (Cameron *et al.*, 2020; Evans and Randle-Phillips, 2020), and easing initial client apprehension or mistrust may be an important part of relationship building for therapists in initial sessions (Lavik *et al.*, 2018). The client participants in this study reported an easing of initial anxiety, and positive impressions of both the session and their counsellor-trainee, which are encouraging signs of initial therapeutic alliance formation (Lavik *et al.*, 2018). This initial rapport building may have contributed to Rosie and Iman's reports of opening-up more than they had expected. This opening up may have also been due to the uniqueness of the study's counselling setting. Counsellors experienced in working with adults with intellectual disabilities have reported the formation of emotional closeness is often accelerated with this client-base because these clients have fewer opportunities than the general population to talk about themselves to an attentive and non-judgmental listener (Evans and Randle-Phillips, 2020; Jones, 2014).

Both Rosie and Laila emphasize that talking to their counsellor-trainees was different than talking to family, friends, and staff. This is similar to the reported experiences of other adult clients with intellectual disabilities who have emphasized the importance of having a set time and space to talk about themselves to someone who was separate from their everyday lives (Lewis *et al.*, 2016; Pert *et al.*, 2013). Positive impressions of counsellors are common across the literature interviewing clients with intellectual disabilities, although it is notable that Merriman & Beail (2009) identified a reluctance in their study participants to say anything negative about their therapist, potentially due to reasonable concerns that their therapist would hear about these comments. While the relationship between client and counsellor-trainee participants was

much briefer than the dyads in Merriman & Beail's study, the same concerns may have arisen for participants in this study, as client participants knew that the counsellor-trainees were in the same training program as the author.

A notable element of Rosie's experience was her emphasis on the importance of Isabella mirroring her gestures as a way of confirming understanding. There has been very little work done exploring the use of nonverbal communication in counselling sessions with clients with intellectual disabilities. Rosie highlighted how this style of communication was not typical of those around her, but in her session and interview she often used gestures to enhance her verbal communication. Isabella's effort to match communication styles and mirror Rosie's gestures alongside verbal reflections may be a particularly effective approach in building rapport with her. This finding suggests that more research is needed into reflecting non-verbal communication in counselling sessions. Clients with intellectual disabilities, or any client that uses multiple forms of communication to supplement verbal communication may benefit from counsellors that can demonstrate their understanding of the client in multiple ways.

Trust taking time to build in counselling was an idea brought forward by all three participants in this study and is consistent with the voices of other clients with intellectual disabilities in the literature (Cameron *et al.*, 2020; Wills *et al.*, 2018). Participants in this study described actions counsellors could take to build trust with them that have also been described by participants with intellectual disabilities in other studies, including their counsellor demonstrating their ability to maintain confidentiality over time (Pert *et al.*, 2013), being non-judgmental and a good listener (Cameron *et al.*, 2020; Pert *et al.*, 2013; Ramsden *et al.*, 2016), starting with lower stakes or positive topics (Breckon *et al.*, 2013; Wills *et al.*, 2018), demonstrating consistent support (Wills *et al.*, 2018), and the sessions having some predictability (Breckon *et al.*, 2013).

Trust and client control in counselling sessions may be particularly important for adults with intellectual disabilities. A meta-analysis by Lavik *et al.* (2018) found that therapists working with the general population in early sessions prioritize ensuring clients feel understood, supporting client agency, and conveying warmth while delivering interventions. By contrast counsellors specializing in working with clients with intellectual disabilities interviewed in Jones' 2014 study did not explicitly name supporting agency as integral to their work, but did place emphasis on putting clients at ease and making

them comfortable due to concerns that they might not be able to express discomfort because of power imbalances. These counsellors were also more likely to take a flexible approach to client confidentiality, which they did not identify as problematic. A 2016 study exploring the experiences of clients with intellectual disabilities with therapy found that clients were very concerned about the lack of confidentiality, reporting instances of their psychologists sharing content from their sessions in team meetings that would lead to them later getting in trouble with other support staff (Lewis *et al.*, 2016). It is understandable in this context that Iman expressed reluctance to open up to counsellors about more serious topics unless they have thoroughly demonstrated their trustworthiness around confidentiality. Counsellors may need to place extra emphasis on their dedication to confidentiality and client control of session information to counteract past negative experiences. Without a counsellor who can demonstrate their trustworthiness over time, clients like Rosie and Iman who were willing to share more “positive” topics with a stranger in this study may not be able to dive into discussing their problems when they need help.

4.5. Emerging counsellor-trainee impressions of working with client participants

Client voices were prioritized within this study. However existential psychotherapy places such a heavy emphasis on counsellors developing a holistic and authentic understanding of their clients that an analysis of only client perspectives would be incomplete. The positive experiences of the client participants with this MIL intervention are incredibly important, but if counsellor-trainees had negative experiences during these sessions that reduced their confidence supporting people with intellectual disabilities, there would be a significant practical barrier to finding counsellors willing to use this approach outside of a research setting. While the data for counsellor-trainee participants in this study has limitations, it provides several key points that may benefit from further investigation in the future.

Counsellor-trainee’s reported apprehension before their sessions is likely shared by many counsellors, although it may be as much attributable to seeing a client for a single session with no intake information as it is to the session content and concerns about meeting client needs. Taryn’s concerns that she had enough training to meet the needs of this client population is echoed by many practitioners. These concerns have

been found in Canadian counsellor-trainees in a survey who expressed wide interest in training on serving people with intellectual disabilities but had no way of accessing it (Weiss *et al.*, 2010), as well as in counsellors with years of experience serving clients with intellectual disabilities who rely heavily on practice-based evidence and report frequently checking the literature in hopes of further developments in the field (Man & Kangas, 2020). However, counsellor-trainee comfort in this study with communication and rapport with the client participants supports literature suggesting that most counsellors already possess the fundamental skills to work effectively with many adults with intellectual disabilities (Dagnan *et al.*, 2018). Many successful training programs focus more on building counsellor confidence in applying skills they already possess (Dagnan *et al.*, 2018). Despite being an abstract and potentially “philosophical” topic, MIL did not appear to be a difficult subject to base a session around for either counsellor-trainee or client participants. This provides further support for existential psychotherapy being an accessible and relevant therapeutic approach for adults with intellectual disabilities.

Participatory photography in combination with a humanist mindset may have helped to facilitate the positive counsellor-trainee impressions of their clients in this study. Sitvast *et al.*, 2011 identified that participatory photography may lead to increased respect from professionals towards clients, as it encourages professionals to see the authentic person rather than an individual solely defined by a diagnosis or presenting problems. This has important implications for initial alliance formation, as strong alliances have been linked to the client feeling appreciated and understood as a whole person (Lavik, *et al.*, 2018). The degree of curiosity professionals have about the inner lives of their clients may be particularly important for this client base, as expressions of distress, anger, or depression are often misidentified in people with intellectual disabilities as “problem behaviours” without logical causes or as a result of the persons disability (Hare *et al.*, 2011; van den Bogaard *et al.*, 2019). When interviewed many adults with intellectual disabilities are able to identify clear reasons for their problem behaviours, which include intolerable living conditions, interpersonal problems, isolation, lack of autonomy, sensory stressors, and past trauma (van den Bogaard *et al.*, 2019). However, caregivers are often heavily involved in this client-base accessing counselling, subsequently having a major hand in directing the goals of service towards correcting “problem behaviours”, while lacking insight into client’s subjective experiences (De Groef

& Dosen 2015; Hurley, 2008; Rose *et al.*, 2013; Whittle *et al.*, 2018). There has been some research showing that caregivers can improve this insight by accessing counselling alongside clients with intellectual disabilities (Rose *et al.*, 2013), but for that to be achieved the therapist must model curiosity about client's internal experiences in session.

Client-led photography and discussions of topics in therapy that are not centred on pathology such as MIL represent several potential venues for increasing counsellor confidence in working with this client population. While it is a positive sign that the counsellor-trainees in this study experienced increased confidence in working with clients with intellectual disabilities with very little additional training, in general even counsellors with experience working with this client base express a desire for more training (Shankland & Dagnan, 2015). There is emerging evidence that frequent, direct, and positive professional contact with clients with intellectual disabilities, paired with training, can lead to mental health workers developing and maintaining confidence and positive attitudes towards adults with intellectual disabilities (Rose *et al.*, 2012). However there is complexity in the idea that familiarity is all that is needed to combat stigma, as people with more "severe" intellectual disabilities or who exhibit more challenging behaviours may face different attitudes from professionals than the participants in this study (Pelleboer-Gunnink *et al.*, 2021).

In this study there is no follow-up with counsellor participants to see how reported positive attitudes translate into future practice, which is also understudied in the literature. Further, the stigma and stereotyping people with intellectual disabilities face is complex and seems to vary across different issues such as community integration and sexual autonomy (Pelleboer-Gunnink *et al.*, 2021), and we have very little insight on what attitudes counsellors might hold in relation to these issues and how they may play out in a counselling session. While it is heartening that engaging in an exercise focused on holistic understanding of the client challenged stereotypes for at least one counsellor-trainee participant in this study, further rigorous work is needed to determine how stigma may play a role when counselling clients with intellectual disabilities.

4.6. Limitations

Given the small scale and qualitative nature of this study, these results are not generalizable to all clients with intellectual disabilities but do indicate that at least of a subset of this population has the potential to benefit from photography guided MIL interventions. The client participants in this study all primarily used verbal communication, and it is unclear if this intervention would be accessible to clients with intellectual disabilities who primarily communicate using visual and other modalities. This is particularly important to note as adults with intellectual disabilities who communicate using modalities other than speech are marginalized, and there are only a handful of studies examining adapting therapy to their needs (Cluley, 2017; Dennis 2002). Additionally, all of the study's participants were women, who due to social norms may find it easier to talk about their feelings than men (Stenfert Kroese *et al.*, 2013). Future work might examine the experiences of clients with intellectual disabilities with a greater range of life experiences and abilities using client-led photography to explore MIL.

While counsellor-trainee perspectives were touched upon in this study, the participants provided short written reflection pieces rather than participating in a full interview, which limits the depth of their responses and makes it difficult to fully understand or analyze their experiences with this intervention. Additionally, the counsellor-trainee participants in this study had dual relationships with the author and using written reflections rather than verbal interviews makes it harder to gauge how much answers were formulated to reflect well on the counsellor-trainee or to avoid giving too much negative feedback about the intervention. Most counsellors are likely to see holding stigmatizing views about clients as negative and socially undesirable and may have difficulty discussing them as a result.

4.7. Summary and future research directions

There are many potential routes for further research based on this work, as the gap in humanistic counselling research for clients with intellectual disabilities remains large. There has been work demonstrating the ability of people with severe or profound intellectual disabilities to use client-led photography as a means of personal expression (Cluley, 2017), and a similar study exploring the experiences of this population and their counsellors with this intervention seems warranted.

The tentative findings on counsellor experiences within this study suggest several potential future routes to explore. Counsellor willingness and effectiveness in working with clients with intellectual disabilities seems to be based in both confidence and the attitude they take towards their client. Future studies may use the Therapy Confidence Scale – intellectual disabilities, a tool that was developed by Dagnan *et al.* (2015) that may be particularly effective in gauging the impact of delivering different interventions on counsellor confidence. Additional work to more carefully document counsellor attitudes towards clients with intellectual disabilities before and after delivering interventions such as the one used in this study may provide further insight. Additionally, it may be beneficial in a future iteration of this study for counsellors to watch videos of their sessions and critically reflect on how they engaged with clients; the utility of this approach is illustrated by Dorozenko *et al.*'s (2016) reflection piece in which she only realized the stereotypes guiding her actions after critically reviewing her work. Research documenting both client and counsellor experiences in counselling sessions is rare and further work may provide counsellors with insight into how their perspectives may shape a counselling session.

This study also indicates potential in using client-led photography to explore existential topics in counselling with adults with intellectual disabilities. Even if existential psychotherapy is only a viable approach for a subset of adults with intellectual disabilities, further case work and clinical studies exploring the efficacy of existential psychotherapy for this population is warranted. This study contributes to a now substantial body of work demonstrating the ability of many clients with intellectual disabilities to discuss existential givens, including MIL. The next step in establishing the efficacy of this approach for this population will likely be assembling larger scale case studies of counsellors using existential psychotherapy over several counselling sessions.

4.8. Implications for clinical practice

This study adds to a growing body of work suggesting that many traditional counselling interventions and approaches can be adapted for use by counsellors as they provide service to adults with intellectual disabilities. This work suggests that topics such as MIL, which are often regarded as philosophical and perhaps even academic, are very relevant to client's day to day lives, and can be discussed in plain language. Adaptations such as participatory photography offer an anchor for both counsellor and client to tie

themselves to, that connects abstract topics to real world experiences and invites the sharing of those experiences. Photography may be a particularly valuable tool when exploring existential givens or complex topics in therapy. It can be used, as Laila identified in this study, to create a storyboard of different elements of a complex idea, that communicates more than words alone.

While no intervention will be a good fit for every client and counsellor, this MIL intervention appears to have potential value on several fronts. By requiring counsellor and client to discuss what clients live for and what they live by, it encourages both parties to take a holistic view of the client's life and see the client as complex and multifaceted. Being presented with a complex picture of the different aspects of a client's life makes it much harder for a counsellor to view their client as solely defined by their disability, or the problems they face in their life. It also provides the counsellor with multiple opportunities identify and name client strengths. MIL covers a broad sweep of people's lives and can be interpreted flexibility, allowing the client to shape how they present themselves to their counsellor, and control how much they share of their struggles. These qualities may make this intervention particularly valuable when used in early sessions, when client and counsellor are first forming impressions of each other.

Even more important than a single intervention or tool is the idea reflected in this study and the literature that counsellors already have the tools that they need to serve clients with intellectual disabilities effectively. Typically what is needed is some creativity to make therapy tasks match the skills and needs of each client, and the confidence to get started. This is a client population that is dramatically underserved, frequently socially isolated, and often not given the opportunity to be understood. Training programs for working with clients with intellectual disabilities are not going to emerge until there is a greater number of counsellors in the field with enough experience to teach them. It is my hope that this study and other emerging work encourages humanistic and existential counsellors who would normally turn a client with an intellectual disability away to take the risk of working with that person, as they have much more to offer than they think.

4.9. Conclusion

The experiences of adults with intellectual disabilities have not historically been taken into consideration when developing counselling interventions, but this work adds to a growing collection of client voices within the literature. The participants in this study were able to provide rich insight into their experiences connecting with a counsellor-trainee person in a discussion of MIL. Additionally, this work suggested that participatory photography may be a valuable tool for creating client-led, relationship driven interventions for this population. There is a critical lack of counsellors comfortable and willing to provide service to adults with intellectual disabilities. Further study is needed, but the experiences of the clients and counsellor-trainees within this study suggest that existential psychotherapists and counsellors that frequently work with MIL may have more to offer adults with intellectual disabilities than they might assume.

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Appendix

Counsellor trainee sensitizing session for working with MIL

The following notes are to form the basis of discussion points in a group meeting with the counsellor-trainees before they meet with the Client Participants. The aim of this meeting is to reach a consistent understanding of what Meaning in Life (MIL) is, the goals of the upcoming session, and strategies for talking about abstract concepts in an accessible way. counsellor-trainees are free to discuss and disagree with any points made in this document, as long as by the end of the meeting a unified approach has been decided on. While the goal is to have counsellor-trainees on the same page going into the sessions with the client participants, the nature of discussing MIL means that the sessions will all likely look quite different.

1. Difference between Meaning IN Life and Meaning OF Life (5 Minutes)

- Meaning OF Life supposes a singular universal purpose for human beings, while Meaning IN Life instead looks at the unique way a person understands their life to be valuable and worth living.
- Multiple models of what meaning of life is exist
- For this study we define something as meaningful if:
 - It provides an opportunity to do something that is congruent with our concept of our ideal self (I am a good version of myself when I do this)
 - Eg. A good person helps others. I donated blood. This helped others. I am a good person.
 - Eg. People who work hard are good. I made a mistake, but did not give up. I am a good person.
 - OR that helps us understand the world
 - Eg. I broke up with my boyfriend. I wrote poetry about it. This helped me understand that I am sad, but that I can live my life differently now.
 - Eg. I did a tarot reading for a friend. This helped her make a difficult decision, which turned out well. Tarot is a good way of interacting with the world.

- A meaningful life is then something rich with opportunities to make affirming choices, and is on some level comprehensible to the person living it.

2. Counsellor trainee's personal experiences with MIL (5 Minutes)

Planning for the Session

3. Content of the session (15 Minutes)

- Start with small talk to build rapport, acknowledgment of pandemic and having to meet online
- The client participant knows you are a counsellor, but this is a single session, and if they want to seek more counselling support to another counsellor, we will help them make a referral.
- Meaning as a subjective but universal human experience
- Client participants may identify sources of meaning you do not identify personally as meaningful (eg. Watching a TV show). Goal is to try and understand client's world, and how this meaningful activity contributes to it
- Many models of MIL have a component focused on individuals having a sense of "purpose". Many individuals with ID will have a sense of purpose, but some may not and will still experience their lives as meaningful. May be helpful to think about the inherent meaning in being and experiencing the world.
- Sources of meaning might be particularly important during the pandemic.

4. Accessible Communication (10 minutes)

- Go slow
- It's ok to not get through everything you want to
- Short sentences, avoiding complex vocabulary
- Check ins are helpful
- Internal check ins helpful, making sure you are speaking respectfully to another adult, avoiding finishing sentences
- When in doubt, ask for clarification. Default assumption can be that the client participant has misunderstood a question, actually very likely you have misunderstood their answer or the context of their answer.

5. Questions to explore (10 minutes)

- What does the client find meaningful in their life?
- How does the client engage with meaningful parts of their lives?
- Eg. How do these meaningful things shape how they view themselves? Have meaningful parts of their lives helped them cope in times of adversity?

6. Written Reflection Activity (5 minutes)

- Do you have previous experience working with clients with IDs?
- What are your expectations going into this session?

7. Logistical Questions around using Zoom (5-10 minutes)

8. Closing thoughts