

Physical activity and fantasies in the life of an adult with cerebral palsy: the motivator, looking for love

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(Received 21 October 2010; final version received 22 October 2010)

Many people with cerebral palsy experience personal and social barriers to engaging in physical activity that may lead to sedentary living. To understand why such inactivity may occur, we examined the meanings and experiences of physical activity in the life of an adult with cerebral palsy (David, aged 27). In this case study, we interviewed David about his life and analysed his stories using psychodynamic theory. Walking was the main physical activity he was interested in performing throughout his life. He received encouragement for his attempts at walking in his childhood. At 12, however, he lost the ability to walk following the surgical lengthening of his hamstrings. David never regained the ability to walk independently, and developed rich compensatory fantasies about how wonderful life would be if he could walk. On rare occasions when David was assisted in performing physical activity, he was able to show some competence and to develop self-esteem from these experiences. Often in his life he was emotionally and physically abandoned by significant others (e.g. his father). His limited physical competence, especially walking, reflected problems in other areas (e.g. education, relationships). As a young adult, David's motivation to perform physical activity was intimately connected to his hope that he would walk again, which was, in turn, associated with fantasies of being a desirable romantic partner, and a motivator for others. David appeared to have internalised the view that sexuality is tied to normative function. For David, it seems that not engaging in physical activity, either by choice or exclusion, was associated with difficulties in psychosocial development.

Keywords: case study; disability; inferiority; exercise; psychodynamic theory; narcissism

Involvement in physical activity across the life span can have significant physical and psychological health benefits (Warburton *et al.* 2006). Many children and adults with cerebral palsy, however, lead sedentary lives (Maher *et al.* 2007, Gaskin and Morris 2008). Researchers have identified barriers and facilitators to physical activity that predominantly lie in the social worlds of disabled people (Rimmer *et al.* 2004). There has been less study, however, on how the intra-psychic processes and life experiences of disabled people shape their involvement in physical activity. An understanding of why people with cerebral palsy are minimally

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involved in physical activity may be gained through examining the meanings and experiences of physical activity in the lives of those who have had little involvement in such activity.

A strength of the literature on physical activity and disabled people is that the studies, collectively, have been conducted with individuals whose ages range across the life span, which allows some insight into how the meanings and experiences of physical activity may change, or remain similar, as disabled people age (e.g. Peganoff 1984, Vogler *et al.* 2000, Cousminer 2003). Unfortunately, ostensibly rich data often seem to have been subsumed under broader themes. Even so, many intra- and inter-personal issues are evident in the quotes from participants, including compliance with advice from medical practitioners (Henderson and Bedini 1995), poor self-image (Peganoff 1984), internalised ableism (the incorporation of prejudices against people who are not able-bodied), identification with people who do not have disabilities (Hutzler *et al.* 2002) and sexual/romantic concerns (Guthrie 1999, Guthrie and Castelnovo 2001). The appearance of these issues in the literature suggests that a rigorous examination of physical activity in the lives of disabled people is warranted.

In our own research, we have contributed to the understanding of the meanings and experiences of physical activity in the context of the lives of people with cerebral palsy (Gaskin *et al.* 2009, 2010). Both people in these studies (Amy and Ben) had adverse and socially isolating experiences with physical activity as children, but were highly motivated to engage in substantial amounts of physical activity as adults. For Amy, a woman with severe cerebral palsy, participating in physical activity increased her self-esteem through displaying competence at physical tasks (e.g. sailing independently) and helped prevent further functional decline, thereby enabling her to remain living at home with her family. For Ben, a young man with mild cerebral palsy, participation and achievement in elite sport helped counter his strong feelings of inferiority, which he developed during his school years. Amy and Ben, however, differ from many people with cerebral palsy, most of whom live sedentary lives. To gain a richer understanding of physical activity in the lives of people with cerebral palsy, the lives of those who have been sedentary also need to be explored.

Case reports of psychotherapy with people who have cerebral palsy are informative about other issues that they face, some of which may also manifest within the context of physical activity. Examples of such issues include: difficulties coping with the judgemental and unaccommodating world around them (Blotzer 1995); failures to achieve alongside able-bodied people (Lantican *et al.* 1994, Feuerstein 1995); needing to rely on others to perform tasks for them (Blotzer 1995, Olkin 1995); parental non-acceptance of disability (Acquarone 1995, Donovan 1995); and sexuality concerns due to limited physical ability to self-pleasure, to social barriers to having sexual relationships, or to both of these factors (Joseph 1991, Turk *et al.* 1995, Shuttleworth 2000). The psychotherapy clients often were facing several of these issues simultaneously. Some of the consequences of unsuccessfully dealing with these issues included: anger at themselves, and their cerebral palsy, or at others (Blotzer 1995); splitting mind and body (Jureidini 1988, Olkin 1995); depression (Lantican *et al.* 1994, Feuerstein 1995); suicidal ideations (Olkin 1995) and suicide attempts (Jureidini 1988).

Our use of psychological models to guide the interpretation of interview material is consistent with the stance taken by contemporary disability writers, who have argued that disability can have a profound effect on psychological development (Thomas 1999, Reeve 2006). Psychodynamic models, in particular, are well suited to this type of research, because of their emphasis on the relationships between social location, inter-personal dynamics, identity, and bodily and psychological experiences (Marks 1999).

Our work also fits well with the growing field of psychosocial research, which is well established in the UK (Layton 2008). Psychosocial studies can be seen as the point where different ways of understanding the human condition (e.g. psychological and sociological perspectives, such as psychoanalysis, sociology, social psychology, feminism studies) are brought together (Frosh and Baraitser 2008, Hollway 2008, Jefferson 2008). The emergence of psychosocial investigations has encouraged researchers to cross discipline boundaries and undertake studies that may be outside the mainstream areas of their fields (Walkerdine 2008). This work has been largely interview-based (Walkerdine 2008) and has been strongly influenced by psychoanalytic theory (Frosh and Baraitser 2008).

The reason for drawing on psychoanalysis and Neo-Freudian theory, besides their centrality in psychosocial research, is that these approaches are, arguably, some of the most in-depth and comprehensive pathways to understanding individuals' lives through the examination of historical, biological, developmental, socio-cultural, inter-personal and intra-psychic phenomena and how the external (social, familial) world may influence the internal landscapes of individuals. The developmental works of Erikson and Horney and their psychosocial and psychocultural formulations of psychodynamic theory may offer valuable insights into physical activity in the lives of people with cerebral palsy. Also, psychodynamic theory has emerged, in the last 20 years as a small, but growing, area of interest in sport and exercise psychology practice. There is already an established applied psychodynamic case-study literature that illustrates the usefulness of going beyond cognitive-behavioural paradigms and psychological skills training models to gain deeper understandings, than these status quo approaches offer, of the lives of athletes and where exercise and sport fit (and do not fit) in their worlds (e.g. Streat and Streat 1998, Conroy and Benjamin 2001, Andersen 2005b, Stevens and Andersen 2007a, 2007b, Andersen 2009, 2011). In one sense, in the current study, we have reversed the vector of research findings informing practice and have used what is happening in a small area of applied sport and exercise psychology service delivery and have brought those psychodynamic formulations back to research (see Andersen 2005a).

Even though there are no universal remedies, physical activity probably comes closest to being an across-the-board treatment (and a prophylaxis) for many mental and physical health problems. But what happens when, through biology, development, culture and unaccommodating social environments, someone has limited access to, and ability to engage in, physical activity? In such a situation, how does the meaning of physical activity, and what it comes to represent for the individual, develop over time? In the present investigation, we undertook a case study of the life of a man with cerebral palsy (David) who had participated in minimal physical activity throughout his life. The purpose of the study was to understand the meanings and experiences of physical activity in his life. In doing so, we explored many facets of David's life that seemed intimately linked to his competence with physical activity. We hope that David's story and our analysis will influence others in

qualitative sport and exercise research to take in-depth, holistic approaches to questions of what it is, and what it means, to move, to act, and to be in the world when one resides in a body that does not fit the socio-normative pattern. We also believe that the exceptional person who is David has something to say to the rest of us about what it is to be human. David's joys, frustrations, compensations and frailties are also ours written large.

Method

Participant

The participant in this research was David (not his real name), a 27-year-old man with spastic quadriplegia who was a participant in our study on the physical activity, health-related quality of life and psychosocial functioning of adults with cerebral palsy (Gaskin and Morris 2008). David found out about this study through a major disability organisation and asked to be involved in our research. We did not know David until he made that initial contact. What differentiated David from other participants in our other study, and what made us interested in learning more about him, was that he was the only participant minimally involved in physical activity who showed a desire to be part of a weight-training study we were planning involving people with cerebral palsy. Although there may have been multiple reasons for other participants, many of whom were also minimally involved in physical activity, not wanting to be involved in the planned study, we were interested to know what it was about David that made him keen to become more physically active.

At the time of the study, David used a motorised scooter for mobility. His cerebral palsy severely affected his lower limbs, meaning that he had limited walking ability, even with assistance. Apart from his lower limbs and left arm, he was otherwise unaffected by cerebral palsy. David was unemployed and living at home with his parents. He had attempted tertiary education, but had not completed any qualifications. David wished to work in the information technology sector, and he planned to start his own company in this industry.

Design

We used a case-study approach (Runyan 1982) to guide the research. Although case-study research has been criticised for being of little scientific value (e.g. Campbell and Stanley 1966), Flyvbjerg (2006) has effectively countered the major criticisms levelled against this method of enquiry. Flyvbjerg argued that (1) practical (context-dependent) knowledge developed through case studies, for example, is of more value than (context-independent) predictive theories and universals, which are difficult to establish in the social sciences; (2) it is possible to generalise based on single cases, but generalisation should not be considered the only route to scientific development, obfuscating the value of producing exemplars; (3) although case studies can be useful for generating and testing hypotheses, they should not be used for these purposes alone; (4) the case-study approach is no more biased towards verifying the researcher's prejudices than any other method; and (5) the difficulties in summarising case studies are more often due to the complexities of the subject under investigation than inherent problems with the research method. Well-executed case studies serve to strengthen scientific disciplines through the creation of exemplars.

Runyan (1982) described the case-study method as involving ‘the presentation and interpretation of detailed information about a single subject, [such as] the case of an individual life’ (p. 121). A case study cannot incorporate all aspects of a person’s life, but concentrates on a selected topic of interest. The focus of the present study was on David’s experiences of engaging in, or attempting to engage in, physical activity, as well as his perceptions of other people and events in his life that may have contributed to these experiences.

The interviewer

Knowing something about the interviewer’s position in terms of the research topic, and about the relationship between the interviewer and research participant, may help readers consider and reflect on to what extent the interviewer’s prejudices may have influenced the interviews and initial analyses. At this point in our article, we provide a brief background on the interviewer (the first author) to position him with regard to the research topic. Later, at the end of our interpretation of David’s life, we use our interpretative framework (Freudian and Neo-Freudian psychodynamic theory) to analyse the dynamics (transference and counter-transference) between David and the interviewer.

This study represented part of a doctoral degree that the first author completed under the supervision of the second and third authors (Gaskin 2005). The first author has cerebral palsy, which manifests through his fine motor control, gait and speech patterns. He has been highly physically active throughout his life, and, at the time of the research, was undertaking a weight-training programme.

Procedures

Our university’s Human Research Ethics Committee gave approval for this study to be conducted. Over 10 weeks, the first author conducted three interviews with David, each of which ranged in length from 1 to 3 hours. The interviews were conducted at our university, because this location was convenient for David. Prior to the first interview, David gave informed consent for the study to proceed. The first author began interviewing David about his participation, or attempted involvement, in various physical activities throughout his life. The first request for information was broad (‘Please tell me about your experiences with physical activity’.) and was followed with other requests to elicit stories about the meanings and experiences of physical activity throughout his life. During the interviews, psychodynamic theories guided follow-up questions and probes. Although the starting points for the interviews were the meanings and experiences of physical activity, follow-up questions and probes explored other aspects of David’s life, which appeared related to his involvement in physical activity (e.g. family, friendships, schooling, tertiary education, romance). The interviews were audio-tape recorded and transcribed verbatim. Following the final interview, David was thanked for his involvement in the research.

Analysis

We read the interview transcripts carefully, and extracted patterns of meaning and experience from the text. When doing so, we reassembled David’s stories in

chronological order and looked for common themes within and between the stories that David told. In looking for patterns, we used Freud (1917/1991a, 1933/1991b, 1914/1991c, 1916/1991d, 1916/1991e, 1917/1991f), Erikson (1946, 1985) and Horney (1937, 1950) as templates to see where David's stories fit (and did not fit) within psychodynamic theory. Within his stories, we paid particular attention to the language that David used. We then discussed and interpreted the material and came to a consensus about what we thought might have occurred in David's life. The first author initially developed interpretations from the interview material. These interpretations, along with the interview transcripts, were then extensively discussed with the second and third authors. Some of these discussions took place between interviews, which gave the first author the opportunity to ask David additional questions; the answers to these questions either supported or challenged previous interpretations. When disagreements arose about the interpretations of the interview material, rereading the transcripts allowed us to reconcile our perceptions about what might have happened in David's life.

The analysis was open-ended in that all interpretations were tentative. This open-endedness was also apparent in the review process of this article where we changed and modified some interpretations in some places and added alternative interpretations in others. The tentativeness in our interpretations represents our efforts to avoid *finalising* David. Finalisation occurs when authors write in such a way that they claim to have the last word on another person or who they could become (Smith 2010). As Bakhtin (1963/1984) pointed out, 'as long as a person is alive he lives by the fact that he is not yet finalised, that he has not yet uttered his ultimate word' (p. 59). Finalising another person can be considered oppressive and unethical. In our presentation of David's stories, we use unfinalising language (e.g. 'may have', 'seemed to') and often juxtapose our interpretations of what we think had happened in his world with alternative explanations of David's stories.

In our interpretations, we drew on the writings of Freud, Erikson and Horney. From Freud's work, we mainly used his writings on depression, suicide and narcissism. Although Freud used the term *melancholia*, and not *depression*, Richards (1991) stated that melancholia would probably be regarded as depression in modern terminology, and we have used this contemporary term in this article. Freud (1917/1991a) described depression as having several distinguishing features, including 'a profoundly painful dejection, cessation of interest in the outside world, loss of the capacity to love, inhibition of all activity, and a lowering of the self-regarding feelings to a degree that finds utterance in self-reproaches and self-revilings, and culminates in a delusional expectation of punishment' (p. 252). Freud considered the features of depression to be similar to mourning, but without the disturbance of self-regard. To Freud, depression represented the reaction to losing a loved object, or a loss of this kind. Unlike in the case of mourning, where the object that has been lost is known, in depression a person may not consciously know what has been lost.

Freud's (1917/1991a) explanation of suicide extends from his description of depression. The conditions under which the ego can be destroyed must be sufficiently powerful to overwhelm the ego's vast amount of narcissistic libido. These conditions arise in depression when the libido, which once related to hostility towards an object, is withdrawn into the ego. This hostility towards the object in the external world is now applied to a person's own ego, and overpowers the ego's narcissistic love for itself.

Narcissism is 'the attitude of a person who treats his own body in the same way in which the body of a sexual object is ordinarily treated' (Freud 1914/1991c, p. 65). In cases of organic illness, inflammation of an organ, or painful stimulation, Freud (1917/1991f) suggested that the libido detaches from its objects to assist the ego. Within the ego, the libido develops an increased cathexis to the affected body part.

Of particular importance to our interpretation of David's life are Erikson's stages of psychosocial development, with the most relevant being latency (childhood), puberty and adolescence, and young adulthood. We have not included the first three stages of psychosocial development (oral-sensory, muscular-anal, locomotor-genital); although important stages, David (as is typical for most people) could not recall stories from this period of his life in sufficiently rich detail to enable meaningful interpretations. Each stage has a nuclear conflict (critical turning point of psychosocial development), which presents opportunities for new ego qualities to develop depending on how well the psychosocial challenges of each stage are met. In the latency period the nuclear challenge is industry versus inferiority, with a sense of competence (belief in one's ability to perform important tasks) being the ego quality that develops through successfully navigating this stage. This latency stage can be one of the most socially divisive, because being productive involves doing things alongside others or in cooperation with them. The danger in this stage is that children do not develop their skills and competences for using tools, and, instead, end up with a sense of inadequacy and inferiority.

Puberty and adolescence incorporates the nuclear conflict of identity versus role confusion, with the successful resolution of this stage giving rise to the ego quality of fidelity (the ability to maintain loyal relationships despite differences in value systems). Adolescents typically identify strongly with their idols, form strong relationships with like-minded people, exclude others who are different, and view their often well-meaning parents as adversaries. Role confusion develops when adolescents have limited direction in their lives. In young adulthood, the nuclear conflict is intimacy versus isolation, with love being the ego quality developed through successfully meeting the challenges inherent in this stage of development. Intimacy involves ego abandonment in situations such as close friendships, sexual unions and experiencing inspiration from teachers. Fear of ego loss and avoidance of such situations might result in isolation and self-absorption.

We also drew heavily on Horney's (1950) conceptualisation of neuroses, which she theorised as being relative to the cultures in which people live (Horney 1937). In Horney's (1950) view, neurosis is a deviation from the path of human growth toward self-realisation. Horney locates the beginnings of neurosis in childhood, where a child is not able to develop according to his or her needs and potentialities, but is exposed to a multitude of factors that adversely affects human growth. Such childhood experiences lead to feelings of insecurity and anxiety. With neuroses, the directions within healthy human relationships (toward others, against others, away from others) are extreme and rigid, and shape a child's personality. Unless more favourable life circumstances prevail, feelings of inferiority to others and limited self-confidence can lead to the silencing of feelings, thoughts and wishes in the name of self-protection. This deviation from healthy human growth results in the real self becoming obfuscated with an idealised image endowed with exalted faculties and fantasised unlimited power. Horney suggested that self-idealisation was a comprehensive neurotic solution, in that it promises to meet a person's innermost

needs. Self-idealisation marks both the outcome of childhood development and the start of future development based more on actualising the idealised self than on the real self.

When reporting extracts verbatim from the interview, we have used parentheses, brackets and ellipses to help clarify the text. Parentheses have been used where words and names have been added or replaced. For example, the collective pronoun *they* has been replaced with brief descriptions of these people and their relationship to David (e.g. the women with whom David had sex). Through the addition of small words (e.g. to, on, and) and clarifications, David's quotes are easier to read and understand. Brackets are used to describe how something was said, or any other relevant behaviour that occurred during the extract being cited (e.g. pauses during speech). Ellipses have been used to indicate the removal of material that was superfluous to the essence of the quote.

An interpretation of David's life

Walking was the main physical activity that appeared in David's stories about his life. When the first author met him, walking played a defining role in where he was situated emotionally, socially and behaviourally. In this section, we tell and interpret David's stories from his childhood, adolescence and young adulthood, before reflecting on the dynamics between David and the first author.

Childhood: developing competence through practicing walking

David's stories about walking start when he was age 10 when he had developed some ability to walk without assistance. Like many people with cerebral palsy, David said he found walking to be quite challenging, and he needed significant assistance in learning this skill.

My physio used to say, she'd wind me up, and I started walking, 1, 2, 3, 4 (steps) [pause] unsupported. And when I was at primary school I walked often, so they had a ladder (that documented my progress with walking), [pause] you broke your record, everyone was supporting me, y'know, and when I did about 200 (steps) one of the teachers in grade six, he said, 'if you do 200 steps I want to buy you your lunch,' [pause] the same week I did about 250, it was like, 'ah, you did it!'

Although ambulation is a task normally associated with the locomotor-genital stage (infancy) of psychosocial development (Erikson 1985), David's stories seemed to indicate that his efforts to walk were more associated with achieving a sense of competence alongside his classmates. In doing so, David recalled that his efforts were well supported by his mother, teachers and physiotherapists. This physical and social support may have helped him display competence in his environment and avoid developing a sense of inferiority for not having the same physical abilities as his classmates.

Adolescence: role confusion and losing the ability to walk

David appeared to have had a tough adolescence, which began with losing the ability to walk and included marked social isolation, back pain and low academic achievement. During this period, David seemed to form a strong connection in his

mind between walking and achievement in other aspects of his life (in particular, socially). David did not regain the ability to walk, and, in his stories about his adolescence, there appeared to be the emergence of episodes of depression accompanied by suicidal ideations and several narcissistic features in his personality (e.g. he was special and superior to others).

Losing the ability to walk

At 12 years of age, he experienced severe pain in his lower back, which was alleviated through the surgical lengthening of his tight hamstring muscles. A negative consequence of this operation, however, was that he did not regain the ability to walk. The effect of this loss of walking ability on David's development seems to have been profound, and the doctor's prognosis for David's walking was not favourable. David recalled being dissatisfied with this prognosis; he seemed to perceive that the doctor had failed to see that he was unique and special.

When I was young they would say, "Ooo, [he's doing well]" After my hamstring release, the doctor, he used to say, "Oh, he'll only be able to walk around on his crutches and that's about it." End of story and so, it's like, [pause] ... they've seen (the outcomes of hamstring-lengthening operations on other people with cerebral palsy), and I might be different. My frame of mind might be different, so give me a go. ... After 12, all my life, I just wanted to get back to the same ... 200 steps, you can do it, y'know. What happened? I was searching for that.

Although walking generally enables a person to negotiate the built environment more easily than someone who uses mobility aides, Erikson (1946) suggested that walking is much more than a physical act; walking also has significant socio-cultural connotations. Walking affords an individual (e.g. a toddler) a new status (a person who can stand and walk) and has cultural meaning (e.g. one will go far, one will be an upright citizen, one may go too far). Being unable to walk, then, signals an inability to keep up with others, which may not only be a physical reality, but also has socio-cultural overtones. People who have not mastered walking may be seen as having less potential, and this view may result in their exclusion from social situations that require ambulation (e.g. many of the physical games that children and adolescents, in particular, play). From David's stories about this period of his life, it seemed evident that he was struggling to keep up with his peers and meet the expectations that the school system placed on him (see *Social isolation* for more information). These adverse physical and social circumstances seemed to have been depressing for David. Consistent with Freud's (1917/1991a) description of depression, David seemed to experience deep losses on both conscious and unconscious levels. Although the loss of functionality was obvious, the psychosocial consequences of not being able to walk may have been more opaque. Further, the loss could not be considered irretrievable; medical practitioners could not discount the possibility that he would be able to walk again, and David could still move his legs. So, rather than grieving for his loss and letting go, David appeared to have formed a strong attachment to the ability to walk, which was lost. As we shall discuss in later sections, this attachment seems to have contributed to periods of despondency, depressed moods and suicidal gestures, as well as to hypomanic moods characterised by the development of compensatory fantasies about what his life would be like if he could walk.

The story of David losing the ability to walk is, perhaps, the earliest clue that he had developed neurotic features, which, in part, seemed to have been due to his experiences with walking. We use *neurotic* not to label or diagnose, but in Horney's (1937, 1950) sense of the term, as a deviation from a healthy path of growth. Our interpretation is not solely based on David's stories about losing the ability to walk, but rather several stories from different parts of his life, which we examine in the remainder of this paper. In line with Horney's theory of neurosis, his inability to walk seemed to have contributed to feelings of inferiority and limited self-esteem, with which he appeared to cope by constructing compensatory fantasies.

As with other quotes and stories from David, his words may have alternative explanations than the ones we have offered. In the previous quote, David could have been doing nothing more than expressing frustration that his doctor appeared to be limiting his potential with regard to an aspect of life (walking) that David valued. Doctors often have the unenviable task of deciding how to allocate limited healthcare resources and, on this occasion, David's doctor seemed to have judged that little more could be done for him. In doing so, however, the doctor appears to have diminished David's possibility of walking again.

Social isolation

In David's adolescent years there appeared to be: an absence of a close peer group to support him, a father who David perceived did not want him, and a mother who was devoted to him, but was, it seems, ineffective at advocating for him outside the home. He also had back pain and was not achieving academically. As illustrated in the following dialogue between David and the first author, these factors seemed to have damaged his self-esteem and left him feeling isolated and vulnerable.

Cadeyrn: What were you going through?

David: I was going through puberty, man, everyone's going through puberty, all the emotions, things like that [pause] everything was closed up, y'know.

Cadeyrn: What do you mean by that?

David: Just my emotions, y'know, I thought I was useless, a piece of shit, that's how I felt, a piece of shit.

Cadeyrn: Why did you feel like a piece of shit?

David: Everyone around me was putting too much judgement on me and just put me down, too down. . . . I guess I was just trying to get in terms of my disability. As you know, just trying to get accepted by younger people my age.

As part of the process of identity formation, young people often form groups, and also exclude others who are different (Erikson 1985). David's cerebral palsy, and, in particular, his limited ability to be physically active, set him apart from fellow students. Ways in which David seemed to cope with this isolation were to turn his attention towards what he was going to do after he left school and to perceive his classmates as less mature than he was.

I found it a bit hard because you see everyone running around having a good time, man. It's like, oh yeah, you wish you were one of those. ... If you look at my reports everyone would say, like, I was a team player, ... but I felt no one is really discussing (things) at my level, y'know This disability makes you grow a little more quicker [pause]. I wasn't talking the teenage talk [pause]. I was a bit more ... thinking about life, what's going to happen next?

David appeared to have experienced a school environment that was quite unsupportive of disabled students. From his descriptions, he seemed to be indicating that he had rejected social involvement with his peers because they were immature, rather than his peers rejecting him because he was different. David's explanation seems understandably self-protective. In reality, however, David's classmates were probably grappling with the same questions that he was. Life in the future, possible career options, identity and independence are all issues that young people typically deal with in this psychosocial stage. David, however, had to try to figure these things out on his own, which may have been all the more anxiety provoking for him considering some life options (e.g. certain careers) are unavailable to people with physical disabilities. His thoughts of himself as special and different, and, in some ways, superior, were possibly compensatory self-protective features of his personality formed in response to feeling unloved, put down and not valued. The development of these features and his apparent shift in thinking toward a 'who-I-will-become' future fantasy seemed to allow him to address partly some the psychosocial challenges of adolescence. At this time in his life, David said that he had the goal of gaining a doctorate in computer software development.

Although David's aim of being awarded a doctorate is within the realms of healthy adolescent ambition, we have offered an interpretation consistent with Horney's (1950) conceptualisation of neurosis. The difficulties and rejections that David faced seemed to provide fertile ground for the idealised self (a future doctor of computer software development) to gain dominance over the real self. The development of the idealised self may have served to provide David with a (grandiose and compensatory) sense of identity.

In addition to having limited emotional and social connections with his peers, David indicated that he felt unsupported and misunderstood by his father. David spoke about his father on several occasions during the interviews, with his words and body language displaying a range of emotions, including, anger and sadness.

He used to say, "Why are you depressed? You've got everything, [pause] you get everything you want." And I go, "But Dad, you don't understand, you haven't got that emotional attachment." It's like, he would take me to the local leisure centre, and we used to go swimming, and instead of looking at my swimming and to see if I'm drowning [pause], he would go into the spa or sauna and talk to people about politics [he said laughing]. Dad, c'mon man, stop it, y'know [pause], I just want him to have a better understanding of a person's life with a disability, that sometimes you want to do things that you can't, that able-bodied people take for granted, and that gets you pissed off [pause] you do get a bit cranked up about that.

David appeared to be limited in the types of physical activity he was able to perform. He was excluded from engaging in physical activity at school and had restricted options outside of school due to his impaired function. The places where others in his peer group were physically active (e.g. his school, the local leisure centre) did not seem to accommodate the needs of disabled people. David seemed

dependent on his father to assist his involvement in physical activity. When David was 15, his father began taking him to the local leisure centre to swim and to exercise in the gym. Because of his cerebral palsy, David needed his father to help him to perform these activities. In the gym, he not only needed assistance to execute some of the exercises, David required somebody to help him to walk around the cramped gym, because his wheelchair was too large to be manoeuvred around the equipment. As captured in the previous quote, however, David's father typically left him on his own, which meant that he could perform few exercises. A similar situation occurred when David went swimming. David indicated that he had limited confidence in the water and wanted someone to support him, so that he could feel safe and learn how to swim. His father, however, seemed to prefer to go to the leisure centre to socialise with his friends, rather than to help his son engage in physical activity. Possible reasons for his father's actions include a greater desire to be with friends rather than his son, the stigma of having a son with a disability and not being fully aware of his son's needs. David persevered with swimming and exercising in the gym for about 2 years, at which time his father went overseas. His father, who seemed to have neglected him emotionally and protectively, had now physically abandoned him.

Suicidal gestures

The difficulties that David faced in demonstrating competence in many spheres of life, as well as limited support from his father and classmates, weighed heavily on him. In terms of physical activity, in addition to his efforts to exercise being dependent on his father, David continued to experience pain in his back, which hampered his attempts to walk again.

When he was about 15–16 years of age, David made the first of two suicidal gestures. He was at home, had taken a knife, and was intending to cut his wrists. David's thoughts about what effects his actions may have had on his mother, however, prevented him from attempting suicide. For understanding David's suicidal gesture, Freud's writings on depression (1917/1991a) are useful. It is conceivable that David's intensely ambivalent feelings towards important people (e.g. his father, teachers, peers) in his life were overwhelming. His desire to bond with these people was juxtaposed with hostility towards them because of their limited acceptance of him and his frustrated attempts to become socially connected with them. Strong identification with these people may have been combined with aggressive feelings towards them. Such ambivalence in emotions seemed most evident in David's comments when asked about what he loved about his father.

You have to love him, I guess, it's just that you have to love him [pause]. Sometimes he can get real funny [pause]. He just brings out silly jokes and things like that. You hear him talk about old times, and he used to be in the army [pause], the old stories [pause]. He can get happy when he wants to [pause]. He tries to (do) the best that he can, and I don't expect much of him because I know he's sick (with bipolar disorder). So, you've got to love him. You've got to show him that you love him. It's like, if you don't, he's going to get even more sick.

David seemed conflicted in saying that he loved his father. The choice of the words, 'You have to', instead of, 'I', suggests that he was attempting to conform to a societal expectation that children should love their parents, instead of revealing

his mixed feelings for his father. The aspects of his father that he gave the impression that he loved (i.e. silly jokes, stories of old times) were rather superficial. The brevity of David's response to my question (i.e. only about half of the above response relates to what he loved about his father) also suggests that there was not a lot that he loved about his father. Tied in with his response were an accusation ('he can get happy when he wants to'), a belittling (or perhaps, sympathetic) remark ('I don't expect much of him because I know he's sick'), and a sign of guilt ('if you don't [love him], he's going to get even more sick').

There could be, of course, alternative explanations for the way David spoke of his father, which may weaken or challenge our interpretations. The dynamics between the first author and David may have had an adverse influence on the stories that David told. Some men find it uncomfortable speaking about their emotions, particularly to other men. David may have found it difficult to talk about his father, especially given that this topic was, potentially, quite sensitive and that the interviewer was also a male of similar age to him.

About 2 years later, and shortly after David received his final school examination results (when he was 18), he made a second suicidal gesture. As with his first suicidal gesture, there were clear signs that he was overwhelmed with many challenging issues.

I said, "Mate, I'm never going to walk. I'm never going to get the girl I like. I'm going to be another nothing. Everyone's thinking this, that, this, that. I'm going to end up a nothing. I may as well commit suicide." It's just all negative thoughts [pause]. All negative thoughts, negative, negative, negative [pause]. Studies not going well, health deteriorating, [pause] stress, fatigue, the whole lot.

When speaking of his second suicidal gesture, many of the issues that he was dealing with at the time of his first suicidal gesture were present. At home, David said his father was frequently absent and, when he was there, he was unsupportive. At school, David perceived his teachers to be unsupportive, especially when they recommended he spread the workload of his final school year over 2 years instead of the usual 1 year; David rejected this advice and received results that ranked him in the bottom 23% of students in the state who sat the exams.

One aspect of the previous quote is David's description of some of the features of depression (i.e. fatigue, negative thoughts, stress). In the interviews, David stated that during several periods of his adolescence and young adulthood he had experienced moods that can be best described as depression. Although David seemed to have a strong fixation with walking, and spoke of walking as being a significant loss in his life (a loss he was trying to remedy), his loss seemed to be much broader. What David had lost, due to his cerebral palsy, seemed to be an ability to function alongside his peers in a society that was unaccommodating of his physical impairments.

One issue that David found particularly challenging throughout his late adolescence and early adulthood was his concern that he would never form a sexually intimate relationship with someone he loved. Romantic relationships are important to the psychosocial development of adolescents and young adults (Erikson 1985). Adolescents sometimes clarify their identities through falling in love, and creating intimacy through sexual unions is one aspect of successfully addressing the psychosocial challenges of young adulthood. Many adult males with cerebral palsy,

however, have difficulties in establishing romantic relationships (Jureidini 1988, Joseph 1991, Shuttleworth 2000). Significant social and cultural barriers exist for men with cerebral palsy in their attempts to form sexual relationships, including social–sexual isolation during formative years, negative messages from parents about the possibility of their sons forming sexual relationships, lack of sexual negotiation role models for disabled people, unattainable cultural ideals of attractiveness and normative functioning, and the perceptions of many women that disability equates to asexuality (Shuttleworth 2000). We return to this issue in our interpretation of David's life as a young adult.

Tertiary education and depression

An outcome of successfully addressing the psychosocial challenges of adolescence is settling on an occupation (Erikson 1985). Difficulties with deciding upon an occupation can cause role confusion, in which individuals may be uncertain of their places in society. With such low academic grades at high school, David was not eligible to go to university, but instead went to a tertiary level training provider. Between the ages of 19 and 24, David's life seemed to be characterised by starting, but never finishing, academic courses, and by periods of depression. His attempts at further education are evidence that he was trying to acquire skills needed to join the workforce, and, thus, form a strong and positive identity. The periods of depression appear to have been his reaction to experiencing difficulties with completing his courses.

David: I did Certificate Four in Information Technology [pause], and I wanted to do the programming side of it. I knew it was hard, and even then teachers straight away started, "You can't. Do designing (or) something first and then do this" [he said angrily]. Straight away, without even knowing my character, she's only known me for two months, so they're judging me.

Cadeyrn: Would it have been normal to go straight into that course?

David: Yeah, she probably just doubted my ability to do the programming side of it. That was my weak point, but still, I'd have given it a good go. At that time, I was feeling tired and things like that anyway.

This story resonates strongly with David's previous experiences with high school teachers. As in prior years, he appeared not to have the necessary skills to successfully complete the course. David seemed to view his mental strength and character as being superior to those of others, however, because other people would not have been enrolled in this course with similar academic records to him, and he expected others to view his mental strength and character as worthy substitutes for his lack of achievements. When teachers recommended he do easier academic subjects to lay the foundation for advanced courses, David perceived that his teacher was judgmental, rather than seeing himself as being poorly equipped to handle the load. David did not heed the advice of his teachers, and eventually withdrew from his computing course because of fatigue. He then started and withdrew from two other courses. The presence of depression, fatigue and physical pain due to tight spastic muscles were probably the main reasons for David withdrawing from education.

I was feeling happy, things like that, but my body just didn't want to respond to it, it just didn't feel right [pause]. All the stresses of past years had just probably built up [pause]. I was feeling tired first semester, and the teachers were really nice. They were supportive, and one of the teachers, she was real nice, and I said to her, "I can't go on like this [pause]. I've got to find myself. I can't go on being tired all the time, [pause] (and) having trouble getting up in the morning."

Because of the pain David was experiencing, doctors had suggested to him that they could operate on three parts of his body. David said he was confused about what to do, and, given his psychological state, he opted not to go ahead with the operations because he felt that he was not capable of performing the post-operative physical rehabilitation that would have been prescribed.

Young adulthood: isolation, walking and fantasies

As David moved into young adulthood, the psychosocial challenges of adolescence seemed to remain. As Erikson (1985) pointed out, psychosocial stages are not strictly age related; some individuals may spend extended periods of time attempting to address the challenges of a particular stage, while others may regress to former stages, or skip to subsequent stages. In David's case, he appeared to be still striving to form a positive identity (i.e. the psychosocial challenge of adolescence), as well as addressing the new challenges of young adulthood (i.e. forming close relationships with others). David had ongoing difficulties with finding an occupation and developing romantic relationships. His participation in physical activity seemed sporadic. As in his adolescence, the challenges that David faced seemed greater than his capabilities; he experienced further periods of depression, and there seemed to be an intensification of the narcissistic features of his personality (e.g. belief that he was special, grandiose sense of self, limited empathy towards others) and the richness of his fantasy life.

Sexuality

David encountered the sexual oppression that many men with cerebral palsy have experienced. He, probably quite accurately, attributed his limited success in romance to his inability to walk and to society's negative perceptions of disabled people (e.g. that they are asexual and undesirable). David was successful, however, in having sexual relations on three occasions with women he had met at night clubs. Unfortunately, David found all three experiences disappointing, and they probably contributed to periods of depression.

Yeah, it was like I was at the wrong place, she was at the wrong place, and, y'know, she goes, "You don't deserve, you didn't deserve this to happen" [pause]. It's like, I was searching for a connection, (the women with whom I had sex) were searching for, ah, what the hell, the fun of it [pause]. It's like, using.

When David recalled these experiences during the interviews, he seemed sad and reflective. Although his sexual encounters were, in some ways, beneficial to him, because he learned that it was physically possible for him to have sex with women, the memories of these experiences were accompanied by feelings of shame, dissatisfaction and being exploited. The feelings he had about these one-

night-stands seem to have resulted, in part, from the betrayal of his religious convictions (David was Muslim and believed that sex should only be experienced within the sanctity of marriage), the knowledge of the temporality of the relationships, and the regretful apologies expressed by his partners.

Aside from these three sexual experiences, David seemed to fulfil his need for romantic intimacy through fantasy of what life would be like if he could walk. David seemed to have internalised the views of many in society that sexuality is tied to normative function. For David, if he could walk, maybe he would be perceived as a sexual being. Here, David's strong attachment to walking is blended with his fantasies and the narcissistic features of his personality. His rich fantasy life seemed to be reflected in his perceptions of his sexual potency if he could walk again.

If I was walking, 200 girls (would be) knocking on my mother's door probably. You know, I would have six mobile phones [pause], because I try to be good to everyone [pause].

This claim (i.e. that 200 girls would be knocking on his mother's door) is one that was repeated during the interviews. Although this claim could be justifiably interpreted as sexual braggadocio, especially given the interviewer was a male of the same age, we perceived that there was more to David's words than simple posturing. His stories regarding his sexuality add weight to our arguments that David had developed neurotic features. His repeated claim that 200 women would be attracted to him if he could walk seemed neurotically based, in Horney's (1950) sense of the term, because it appeared to be unrealistic, egocentric and something that would happen with little effort on his part (he needed only to walk).

In addition to his exaggerated sense of sexual potency should he be able to walk again, his fantasy life seemed to blur with reality. David described at one stage during the interviews how he had asked two women to marry him. When this topic was explored further, however, David revealed that he had not asked anyone to marry him, and had not had more than friendships with either of the young women. Of course, we cannot be sure if David's first telling of asking the women to marry him was an accurate account of events, especially after he later denied asking them. Maybe the denial of asking them is the inaccurate part and was voiced because he did not want to go into details about rejections and the accompanying emotions. Alternatively, it could be that these young women had been friendly towards him, and he had developed romantic relationship fantasies. We cannot know where the real story lies.

David seemed well aware that society tends to desexualise disabled people. David's self-protective, and probably quite accurate, attributions for his lack of success in forming romantic relationships were primarily blaming the mothers of girls with whom he had fallen in love, and, more generally, blaming society.

It was just [pause], again [pause], just her friends, same culture, same thinking, "Oh, how would my friends perceive me if I went out with this person," she'd say.

In his stories of why he had been unsuccessful, David and the prospective girlfriends were not mentioned as reasons why romantic relationships were not formed. Possibly, the thought that the women to whom he was attracted had similar

prejudices as other people in society was something he did not wish to contemplate. His self-protective reactions seemed to be attempts to ward off the more horrible reasons for his limited success (he was unworthy of love; he did not deserve love and attention; he was not really a whole man).

Physical activity as a young adult

At 24, David started seeing a new doctor, who thought it was imperative, for David's physical health, to return to the gym. Knowing that David's father could not be relied upon to help him perform exercise, his doctor organised for David to have assistance to undertake a gym programme once a week. After 1 year of receiving assistance, David began going to the gym on his own, doing the exercises he could do by himself. He perceived himself to have greater competence at performing gym exercises, and his self-esteem was enhanced by positively reflecting on what he had achieved and by remarks from people at the gym who were impressed about what he could do. Being physically active may have also allowed David to challenge the assumption that disabled people are incapable.

Cadeyrn: When you are lifting more weight than able-bodied people, how does that make you feel?

David: It makes me feel that I've done the impossible. Not impossible, but, [pause] y'know. When I first lifted up those big weights at my local gym everyone used to say, "Can you do that? Can you do that? Can you really do that? Are you sure?" It used to be reinforced every time, 100s, 1,000s of times. It was like, "Yeah, do you want to watch?"

From David's reports, it appears that some gym patrons initially displayed quite paternal behaviours toward David (e.g. asking him he could lift the heavy weights on the machines). David seemed keen to tackle their prejudices through proving his strength. It is here that David's belief that he was special seemed to be manifested again. This belief was strengthened by favourable comparisons with people who were able-bodied. Often these comparisons had no way of being countered. For example, he stated that if he were able-bodied he would be fitter than most people he knew. In the gym, David's perceived achievement of better results than people who were able-bodied seemed to contribute to his belief that he was special. David indicated that the lifting of more weight than people who were able-bodied was a source of great satisfaction.

David, the person he had become

At the time of the interviews, the depression that David experienced in the past seemed to have abated, and there appeared to be a marked reduction in the role confusion that had developed from his difficulties in meeting the psychosocial challenges of adolescence (Erikson 1985). Although the successful resolution of psychosocial challenges is generally viewed positively, David's way of meeting the challenges of adolescence seemed to have narcissistic and fantastical bases. David seemed to have begun to form an identity for himself as a motivator of others. He had been reading popular psychology books, which seemed to fuel this new goal. He appeared to have a somewhat messianic self-view, which manifested itself in the

strong belief that he was able to help and motivate others towards success. The motivation for helping others, however, seemed to be self-centred. David argued that if he helped others to become motivated and successful, then that would make him motivated and successful, and validate his own specialness.

Cadeyrn: So, if God is giving you a test, how do you think you're going?

David: I don't really know. In the middle. I say in the middle, because I'm a sleeping giant still waking up.

Cadeyrn: You're a sleeping giant? Can you explain that for me?

David: I'm asleep. I'm just about waking up and say, "Hey, this is my purpose," and "Hey, I've got to do something about it," and "Hey, I'm not going to stress about it." Just keep on doing it. Y'know, what's your purpose in life? Everyone's got a purpose.

In David's responses, his messianic self-view appeared to be strong; David perceived himself as someone who would wake up (possibly 'stand up and walk') and save people. David stated that his purpose in life was to be happy and make others happy, in a world that he viewed as being corrupt (e.g. wars in progress, people trying to exploit others).

Although David seemed to be meeting the psychosocial challenges of adolescence (albeit through fantasy), he still seemed to be having difficulty with developing intimate relationships, as called for in the young adult stage of psychosocial development (Erikson 1985). David continued to experience significant social barriers to disabled people forming romantic relationships. In one sense, David also seemed to use fantasy to meet the challenges of young adulthood, as exemplified by his possibly fictitious stories of asking two women to marry him. David also tried to address these challenges through physical activity. David perceived that through engaging in physical activity he would walk again, and through walking he would achieve many of his fantasies. In particular, walking meant that he would be sexually attractive to many women. Although David was keen to participate in physical activity, the minimal time he spent exercising (whether by choice or opportunity) severely reduced any likelihood of him walking again and meant that his fantasies would not be challenged by the reality of what life would be like if he were walking. In the main, however, David did not appear to be meeting these challenges and, as predicted by Erikson's theory, social isolation and self-absorption had developed. This self-absorption emerged throughout the interviews as threads of narcissism. In addition to his messianic self-view and strong belief that he was special, which we have already highlighted, he had limited empathy toward others, and was envious of those he perceived to have achieved in life. There were several examples of his limited empathy in his stories, especially towards those who were able-bodied. It seemed that, to David, the absence of physical impairment should equate to the absence of personal issues.

Able-bodied people are complaining too much, [pause] they've got two arms, two legs, they can do (anything). If they put their mind to it, they can do it [pause]. Be thankful for what you have [pause] that's the thing, being thankful that I've got an arm and a leg that works [pause]. I'm happy; I've got an arm and a leg that works. It doesn't work quite as well as I want it (to), but still, I'm happy.

David's apparent envy of people (mainly those who were able-bodied) was manifest in strong criticism about what they had achieved. He questioned whether people who had accumulated assets and were in good relationships were truly happy. David suggested that if he had these possessions and was in these relationships, he would, somehow, be different.

You look at people. People, y'know around you and they might look like, y'know, they've got everything in life, y'know. Got a nice car, a nice house, nice wife, nice children, y'know, and they're up there, but are they really happy inside? Y'know what I mean? Are they the real winners? Y'know what I mean? Some people put (on) a good, a beautiful face, y'know what I mean? They know how to, y'know, play the field, y'know what I mean? But inside they're not really happy. So, if I do become successful, I want to be successful in a way where I'm happy for myself, and I don't lose the plot. Y'know what I mean? Get too caught up with it. I would be people-orientated. If I become successful, I want to help other people achieve.

This quote could be interpreted as a commentary on the empty materialism in Western society, which David may have been attempting to transcend. David, however, seemed to desire the same things as many others in society. From this perspective, David's quote can be interpreted as resentment towards able-bodied people intertwined with perceptions of superiority over them. It seemed that he not only resented people who were able-bodied, because they had achieved, he resented them for not helping him to achieve. David felt superior to them because, if he had achieved those goals, he would help others achieve. Once again, David's messianic self-view is present as a desire to help others.

David and the first author

One feature of this study was the degree of transference and counter-transference between David and the first author. This dynamic was not immediately obvious to the first author, but emerged through supervision with the second author following the first interview. David seemed to identify heavily with the first author, and the first author resisted that identification. On reflection, this identification started on the first day when they met, when David asked the first author whether he had a girlfriend. David's identification with the first author was also evident during the interviews. He frequently used the expression, 'y'know', and the phrase, 'Y'know what I mean?' In the previous quote, David used 'y'know' several times. Although this expression was a characteristic of David's speech and could have been nothing more than a verbal habit common with many people, at times it seemed to have significance in a literal way. That is, it seemed that he was saying, 'You know what I mean because we're the same'. The 'y'know's' were not posed as questions, but rather as statements directed (often with eye contact at the 'y'know') at the first author, 'You know, just like I know'. Further, his repeated use of the words, 'we', and, 'us', seemed to indicate that he thought that he and the first author, he and other people with cerebral palsy, or he and other disabled people shared characteristics and experiences beyond that of the disability. At other times, the identification was more obvious.

Oh well, I mean, me and you, we're still searching, we're like, we are both about the same age, y'know, so I mean, once we get married, I think we'll stop scratching our heads too, y'know.

The first author's counter-transference was to deny David's identification. The first author's initial resistance to recognising the presence of this dynamic was due to him not seeing any likeness between David and himself, apart from having a similar medical condition. This absence of a likeness, in the mind of the first author, was probably due to his discomfort with his own condition; his active de-identification with others who had cerebral palsy, coupled with his internalised ableism; his view that people with cerebral palsy, including himself, are inferior to those people who do not have the condition; and his detesting of his own perceived physical inferiority. Maybe, because the first author did not acknowledge and reinforce David's identification with him, David persisted in pointing out the similarities.

Discussion

This case study of David's life provides insights into the psychosocial and intra-psychic processes of a man with cerebral palsy and, in particular, how such processes are associated with the meaning and experiences of physical activity. Similar to previous research (Rimmer *et al.* 2004), we identified barriers and facilitators to engaging in physical activity (e.g. classmates, gyms, parents, teachers). The central contribution of this study, however, lies in our focus on how such experiences seem to have shaped David's psychosocial development.

Although David did not state as much, gaining the ability to walk may have effectively meant removing his disability. Cerebral palsy primarily affected his lower limbs, and it was on this area of his body that he focused much attention. David's wish to obviate his disability and, in doing so, obtain 'normal' function echoes the themes in some of the past research on physical activity and disability, emerging in the guises of: (a) identification with people who are able-bodied; (b) internalised ableism (Hutzler *et al.* 2002); (c) changing self-concept through improving physical function and appearance (Peganoff 1984) and (d) feelings of not belonging in an environment in which the focus is on physicality (Cousminer 2003). Participation or non-involvement (either by choice or external influence) in trying to be physically active seems closely linked with societal ideals of what is normal. In David's story, and in the literature, there is evidence that disabled people sometimes feel inferior to able-bodied persons and use physical activity to try to achieve normalcy or refrain from participation due to their own beliefs about their capacities to perform such activities (or due to other people's perceptions of what persons with disabilities can achieve).

Through David's story, we have illustrated how involvement in attempting to demonstrate competence at physical activity, and in other realms, is associated with other life experiences and intra-psychic processes of one disabled person. During the few times when David displayed competence at performing physical activity (e.g. walking at primary school, being assisted in the gym at 24), such involvement seemed to enhance his self-esteem. David's physical inactivity throughout much of his life (seemingly due to being in environments that were largely unsupportive of his efforts to be physically active), and his less than successful attempts at achieving competence in social, academic and romantic areas, however, may have exacerbated the extent of his disability. The stories in David's life reflect those in case studies of the psychotherapy of adolescents with cerebral palsy that illustrate how cerebral palsy can magnify the challenges associated with psychosocial development and can lead to anger (Olkin 1995), depression (Jureidini 1988), suicidal ideations

(Olkin 1995) and suicide attempts (Jureidini 1988). These issues were particularly prevalent in David's life, in which he often seemed to struggle to perform the tasks of each psychosocial stage. David's life has been characterised by challenges to demonstrate competence in a number of settings and by significant others in his life (e.g. his father) emotionally and physically abandoning him. His desire to be competent, and his difficulties with achieving this aim in several settings, seems to have contributed to periods of depression and two suicidal gestures. Although physical activity is not a panacea to the issues that David faces, his previous experiences suggest that such involvement can be a positive influence in his life. With a little assistance, David did benefit from physical activity, and we hope he continues to reap gains from involvement in the gym and in other areas of his life.

Also central to this case was David's romantic yearnings, and their connections to his cerebral palsy and, more specifically, his ability to walk. Unfortunately, David seemed to have internalised the pervading view in society that sexuality is tied to normative function. Through performing physical activity, David was able to maintain the hope that he may be able to walk again, and, through walking, he was confident in his ability to attract a potential life partner. David's difficulties with attracting a life partner reflect other stories in the literature that detail the significant socio-cultural barriers that exist for people with cerebral palsy who wish to have romantic relationships (Jureidini 1988, Joseph 1991, Shuttleworth 2000). David's limited competence at forming close relationships with others, including, but not limited to, romantic relationships, seems to have been a significant factor in the development of his compensatory fantasies of walking. If he could walk, then women would begin to see him as a potential mate, and then happiness and romance would follow.

One noteworthy aspect of this case was the presence of narcissism. A number of authors have written about narcissism and people with physical disabilities (Freud, 1914/1991c, 1916/1990, 1917/1991f, Nederland, 1965, Olkin, 1999, Rousso, 1985). Drawing on the small number of writings on narcissism and physical disability, Rousso concluded that the relationship is complex and influenced by various developmental, environmental and physical factors. Many aspects of life can foster the belief in disabled people that they are not like everyone else; they are special and often the exception. For example, disabled people often use handicapped parking, are remembered by shop assistants because of their unusual gait or mobility aids, use separate bathrooms and perform some common tasks in different ways to able-bodied people. Olkin suggested that this sense of being the exception (and that usual rules do not apply) is a form of narcissism that is common in disabled people. In the case of David, narcissism seemed to stem from his inability to meet the challenges of adolescence and young adulthood in a healthy manner. The development of rich compensatory fantasies appeared to be self-protective in response to repeated messages that he was not achieving and was worthless. Further, the social isolation he experienced during adolescence and young adulthood created an environment in which self-absorption and narcissism could develop.

David's apparent narcissism could also be seen in a broader cultural light. David could also be a reflection of society with all its messages of self-aggrandisement (e.g. be all that you can be), self-help gurus and their endless promotion of power and optimal functioning, and cultural ideals of youth, beautiful bodies and male sexual potency. David may be an example of how impossible cultural ideals become even more damaging when they find purchase within a young man with cerebral palsy.

We have portrayed David in ways that may make him seem unattractive, and that was not our intention. All three of us have a keen appreciation for human frailty, and we see David's development as a product of internal struggles and external forces (an indifferent or even hostile world). We admire David for fighting the good fight, even if some of his tactics seem unproductive. David, like all of us, is damaged, and he (and his damage) are worthy of love.

One aspect of this study that may be open to criticism is our choice of interpretative framework. Although psychodynamic theory (in particular, Freud's work), has been criticised (most notably because many of the elements and processes are not testable and, therefore, are judged to be unscientific), several concepts have received research support (e.g. defence mechanisms, importance of experiences in childhood development; Maddi 1996). Freud and Erikson's theories have also attracted criticism for largely overlooking the influence of culture in their theoretical developments, for which we have compensated through the inclusion of Horney's work in our interpretations. Further, psychoanalysis can be criticised for privileging the interpretations of the analyst. In our study, this issue has been somewhat tempered through the three of us considering and debating our interpretations.

The present study has provided an in-depth portrait of the life of one adult with cerebral palsy who had demonstrated limited competence in physical, social, academic and romantic domains throughout his life. The combination of a case-study approach and the use of psychodynamic interpretations have illustrated how experiences of incompetence in several realms of human activity may have profound effects on psychosocial development. Future research could be directed at exploring whether David's experiences are common among young people with cerebral palsy.

We cannot know David's entire tale, and his story is unfinished. We have sincere hopes for David's happiness, and his stories taught us much about the struggles of people with cerebral palsy. We thank him, and we wish him well.

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