

Pluralistic Counselling and Psychotherapy

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BRIEF HISTORY

The emergence of counselling and psychotherapy in the middle of the twentieth century was associated with a proliferation of different and competing therapeutic approaches. Such diversity did much to foster creativity and growth within the field. However, the development of ‘schools’ has also tended to lead to an unproductive ‘schoolism’, with adherents of particular approaches becoming entrenched in the ‘rightness’ of their model, and blind to ways of working that might be more helpful for particular clients.

As a response to this, therapists from the 1930s onwards have attempted to develop more integrative and eclectic practices. Yet these, too, can end up as relatively discrete and fixed models of therapy (e.g. Egan’s skilled helper model). Moreover, in most of these approaches, the decision as to which methods or understandings to use tends to remain primarily with the therapist.

Pluralistic therapy, as developed by Cooper and McLeod (2007; 2010), is an attempt to construct a framework for therapy that can overcome some of these limitations, while drawing on the most valuable features of these previous models. It is not one specific therapeutic practice, but a set of principles and meta-strategies that can be adopted by therapists from a wide range of backgrounds.

Pluralistic counselling and psychotherapy were developed at the beginning of the twenty-first century, and reflect some of the key cultural developments in this era. Pluralistic therapy reflects a postmodern suspicion of ‘grand narratives’ such as

all-encompassing psychological theories, and a preference instead for ‘local’ solutions. It builds on the increasing tendency for people to be informed consumers of health care, whose use of the internet and other media enables them to develop their own ideas about what ails them and how they might be helped. Also relevant is a high level of global or multicultural sensitivity, that takes the form of acknowledgement of the potential value of healing practices from other cultures. Finally, there is an appreciation of the value of non-hierarchical social networking and knowledge-building structures, such as the various wiki systems.

BASIC ASSUMPTIONS

Pluralism is a term that is widely used in politics, theology and philosophy, and refers to the idea that, in the arena of social life, any substantial problem admits to a multiplicity of reasonable and plausible answers. A pluralistic stance implies that a person is willing to accept the validity of other answers to a question, even while adopting a specific position (e.g. atheist, Christian or Islamic). Pluralism is associated with a strong moral and ethical commitment to the intrinsic value of connection and dialogue between people – active curiosity and interest rather than disengaged tolerance. In relation to models of therapy integration, the concept of pluralism represents a form of theoretical integration that is not constructed around any specific set of psychological concepts, but instead is held together by a philosophical and ethical valuing of diversity.

Theoretical integration on the basis of any psychological concept always has the effect of privileging that idea while downplaying other psychological ideas. By contrast, the concept of pluralism opens a conceptual space in which all psychological theories (and other ideas, from sociology, human ecology and other disciplines) can coexist.

Within the domain of counselling and psychotherapy, the application of pluralism takes the form of an acceptance that there are many factors that contribute to the problems for which people seek help, and many mechanisms of change through which therapeutic help can be delivered. Moreover, it holds the view that a plurality of perspectives – the client's as well as the therapist's – should inform the direction of the therapeutic work. If a client comes to see a counsellor or therapist with questions such as 'What is wrong with me?' or 'How can I get better?', it is likely that *both* of them will have some ideas about how to answer these questions. In addition, there are other potential answers available within the wider culture that may be valuable to this client and therapist but which they have not yet discovered. Pluralistic counselling and psychotherapy involve the therapist finding ways to enable his or her client to select from all of these possibilities, in order to address their specific problem.

Pluralistic counselling and psychotherapy are based on further assumptions about the characteristics of clients and therapists. Clients are viewed as active agents, with important personal strengths, who are engaged in using whatever tools and resources are available to them in order to construct a more satisfying life (Bohart and Tallmann, 1999). In responding to the needs of their clients, pluralistic therapists are required to possess a solid foundation of counselling skills and self-awareness, an overview and critical appreciation of a range of therapy approaches, and in-depth practical knowledge of at least one approach (e.g. person centred, psychodynamic, CBT). Pluralistic therapists are expected not to be omni-competent, but to be open-minded and curious about all therapy ideas and methods, and to be committed to a process of ongoing lifelong learning in which they continue to incorporate ideas and methods from different therapy approaches into their practice.

ORIGIN AND MAINTENANCE OF PROBLEMS

Within the counselling and psychotherapy literature, and the wider stock of cultural knowledge, there exists a multiplicity of ideas and theories around the origins of personal, emotional and behavioural problems. A pluralistic stance implies

that any of these accounts, or a combination of them, may be valid in any particular case. For example, if a person seeks counselling because of fearfulness around meeting other people, it may be that this pattern is due to previous trauma (being humiliated in front of peers at school), lack of social skills (growing up in a reclusive family), biological factors (being too tall or too fat to be accepted by others), and so on. A therapist who works pluralistically seeks to keep an open mind about the possible origins of their clients' problems. As a means of keeping the options open, in respect of the nature of a client's problems, some pluralistic therapists use the very general term 'problems in living' as their starting point. The process of pluralistic therapy involves the therapist and client being willing to share their ideas about the origins of the client's problems, and to work together to evaluate and test out which explanations seem most relevant.

Just as there exists a multiplicity of possible origins for the problems presented by clients, so there are a multiplicity of factors that contribute to the maintenance of these problems. The role of the client in maintaining problems is of particular relevance because it is assumed that he or she would have done all they could to resolve their problems in advance of seeking help from a therapist. It may be that the coping strategies that the client has adopted have been ineffective, have not been pursued vigorously enough, or require to be modified. It may be that the client has an absence of appropriate strategies, or that there are strengths and resources that are potentially available to him or her but are being disregarded for some reason. By inviting discussion with the client around the issue of how their problems are being maintained, and their sense of what might help, a pluralistic therapist seeks to identify ways of making a difference that are grounded in the client's worldview and life experience, rather than externally imposed.

CHANGE

From a pluralistic perspective, there are many processes of change that may be relevant within therapy and may be activated through the work that the client and therapist do together. The counselling and psychotherapy theoretical literature includes descriptions of a wide range of different change processes: insight, altering patterns of behaviour through reinforcement, acquiring new social or cognitive skills, developing new relationships, working through the impact of trauma and loss, and so on. There are further change processes that may be meaningful to some clients, such as beginning or

ending medication, participation in exercise or spiritual activity, and making changes to life situation (e.g. leaving home, starting a new job). It is likely that several of these change processes will occur at the same time, no matter which therapy intervention is used. For example, a standard CBT intervention such as training the client in relaxation skills as a means of counteracting anxiety may also be interpreted by the client in terms of greater connectedness in – and trust of – a therapist who cares about them, and/or as a shift in self-definition ('Yes, I can take responsibility for doing something different in my life'). Ultimately, the aim of pluralistic therapy is to facilitate the client in engaging with the change processes or mechanisms that make a difference for them, in terms of allowing them to move on in their life. Pluralistic therapists therefore need to discipline themselves to retain an open mind about the pathways of change that may be right for an individual client, and also the pace, location and extent of change. Some clients can get what they need in one session, while others require a lot of time. Some clients can be observed undergoing moments of insight or catharsis in the therapy room, while for others the change happens in everyday life and the therapist is someone who is used as a source of support and an aid to reflection.

SKILLS AND STRATEGIES

The core therapeutic skills and strategies that are used by pluralistic practitioners are drawn from established theories of counselling/psychotherapy and models of counselling skills. For example, the skill of empathic reflection is well defined within person-centred counselling, and the strategy of using a case formulation to structure planned cognitive and behavioural change is similarly well defined within the CBT literature. However, working pluralistically requires the development of a number of meta-strategies that are necessary in order to facilitate the effective combination of ideas and methods from different therapy approaches. These are as follows.

Capacity to Deconstruct Existing Therapy Approaches

To function as a pluralistic therapist it is essential to appreciate that existing therapy approaches consist of assemblages of ideas and practices that reflect the personal interests of the founders of the approach and the socio-historical context in which the approach was first developed. Often, there is no

fundamental or necessary logical coherence to any of the mainstream therapy approaches; they each comprise bundles of ideas and practices that can be dismantled and used separately. For example, empathic reflection is a core skill within person-centred counselling but can be used by any therapist without necessarily buying into other person-centred ideas such as the notion of an actualising tendency. This kind of conceptual flexibility is essential if pluralistic therapy is to be tailored to the specific preferences of particular clients.

Enabling Clients to Participate Actively in Therapy

It is unrealistic to expect that clients will enter therapy with clearly formed ideas about what will help them, and how they want to work. Nevertheless, from a pluralistic perspective it is assumed that the client will have spent a lifetime being a 'self-therapist', and will have various ideas and preferences around what has been useful (or otherwise) for them. In addition, when presented with different options, most clients are drawn to some possibilities and intuitively know that other possibilities are not appropriate for them. A key skill in pluralistic therapy involves being able to assist the client to be more aware of their own preferences, and the broader 'therapy menu' that is potentially available to them. Strategies for achieving this outcome include:

- providing the client with information about how they can be involved in the therapy process, during intake or assessment, and through written materials, and reinforcing these inputs by regularly checking out with the client that they have read and understood the material
- taking opportunities within therapy to engage in conversations with clients around key choice points in the therapy process, such as their goals, the immediate tasks that need to be accomplished in order to achieve these goals, and the methods or activities that might help them in making progress.

Routine Monitoring of What Works

If therapy is to be constructed around what works for each particular client, it is important to know about whether the way that the therapist and client are working together is producing satisfactory results. This can be carried out through inviting the client on a weekly basis to complete an outcome scale such as one of the CORE questionnaires, or a

problem rating scale in which they evaluate the severity of problems that they have defined in their own language. Other instruments that can be used to monitor whether the client is getting what they want from therapy include the Helpful Aspects of Therapy scale, measures of the client's perception of therapeutic alliance, or the Therapy Personalisation Form. Further information on these techniques can be found in Cooper and McLeod (2010). The aim is to use such instruments as 'conversational tools' that supplement and extend what emerges from review sessions and the ongoing feedback that clients offer to their therapists. An assumption that informs the use of these tools is that some clients may lack a language for conveying their experience of therapy, or may feel inhibited in passing comment by the professional status of their counsellor. These instruments therefore function to give clients a voice, and to externalise their evaluations of the therapy in a form in which client and therapist can reflect together on what it implies.

RESEARCH EVIDENCE

The pluralistic approach to therapy was specifically developed as a framework that could incorporate the widest possible range of findings on what clients might find helpful in therapy. Furthermore, a growing body of evidence indicates that attuning therapeutic interventions to clients' individual wants *does* lead to improved outcomes. For instance, in a study by Berg et al. (2008), client preferences for particular types of change process

were assessed before they entered therapy. At the end of treatment, those who reported that they had received the kinds of therapeutic experiences that they preferred were found to have benefited more from therapy than those whose preferences had not been fulfilled. In a review of relevant research literature, Swift and Callahan (2009) found that clients whose preferences were reflected in the therapy they received were less likely to drop out of therapy.

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