Mick Cooper *and* John McLeod

Pluralistic Counselling *and* Psychotherapy

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For Julia.
—JMcL

For Helen, whose openness, resourcefulness and capacity to love and embrace life so embodies a pluralistic way of being.
—MC

‘Mick Cooper and John McLeod have produced a truly groundbreaking book in the field of counselling and psychotherapy which immediately ranks as one of the most significant in terms of influencing my own thinking and practice. The pluralistic approach is likely to resonate with many who have struggled to make sense of multiple approaches and practices which all seem potentially helpful, and the positioning of the collaborative relationship with the client at the centre of the approach fits very well with current thinking in mental health more widely. The book brings together a wealth of relevant theory and research, with illuminating examples. It is a valuable counter to the overly precious ‘us and them’ type thinking that can be so prevalent in the counselling and psychotherapy world, and gives us new and helpful ways of speaking our experiences of therapy.’
Meg Barker, Open University, co-author of ‘Understanding Counselling and Psychotherapy

‘Fifteen years of research amongst therapy users has shown me that most of them know and care little what therapy modality they receive. They want a therapy that works, that helps them meet their own goals, and that treats them respectfully and responsively as customers of a service. This book describes an approach which is groundbreaking in meeting these criteria. It is packed with interesting ideas and research, beautifully written and gripping to read.’
Nicky Forsythe, Mental Health Services Researcher

‘Mick Cooper and John McLeod offer a book that skilfully distils a mass of literature and research to offer a clear conceptualisation of a pluralistic approach to counselling and psychotherapy.

The book comes at an opportune moment for practitioner training, practice and continuing professional development (CPD), in light of recent developments in the counselling and psychotherapy field, including statutory regulation, the publication of Skills for Health’s National Occupational Standards and the development of a core curriculum for BACP-accredited training courses.

Cooper and McLeod facilitate the reader towards a deeper understanding of synthesis and coherence in therapy work and suggest a pluralistic framework that has relevance not only for practice but also for practitioner training where courses may be challenged by the concept of ‘integrative’ training. The text boxes and self-reflective activities are useful for self-directed CPD, as well as for use by trainers and practitioner educators as learning/teaching resources.

This book will be an invaluable source text for trainees and experienced practitioners seeking support in developing their understanding of and practice in, contemporary counselling and therapy.’
Dr Lynne Gabriel, Reader in Counselling and Relational Ethics and Chair, British Association for Counselling/Psychotherapy

‘This book is necessary reading for all psychotherapists and counsellors who draw on a range of theoretical approaches when helping their clients. If you work, or want to work, pluralistically in this age of evidence, read this well-written book.’
Thomas Mackrill, Aarhus University, Denmark

‘It is rare to read a new text book from cover to cover but this one is written in such an accessible style, it was easy to do just that. We have introduced this complex but practical reconceptualisation of therapy in all of our programmes. The key concepts of the pluralistic framework – understanding, collaboration, goals, tasks and methods – work well with a culture centred approach, which is vital in Aotearoa New Zealand.’
Jeannie Wright, Associate Professor Counselling, Massey University, Aotearoa New Zealand

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Preface

We live in political times. A few days before drafting this Preface, for instance, we learnt that counselling and person-centred therapy have been dropped from the Scottish 'SIGN' guidelines for the treatment of depression (Scottish Intercollegiate Guidelines Network, 2010). Increasingly, counsellors and psychotherapists are concerned that we are moving towards a therapeutic 'monoculture', in which cognitive-behavioural therapy (CBT) dominates and in which other therapeutic orientations – such as psychodynamic, person-centred and integrative therapies – are marginalised and freely-available only for clients who actively decline CBT (National Institute for Health and Clinical Excellence, 2009), or in the private and voluntary sectors.

Aims

This book is about resisting such a drive towards a 'one size fits all' approach, in which any one practice is seen as being most suitable for all clients. It is about making the most of the vast body of methods and theories that exist in the counselling and psychotherapy world: looking at how we can draw on this near-infinite repository of knowledge to try to ensure that each client gets the therapy that is most suited to them. This book is about acknowledging and celebrating differences across the therapeutic spectrum, seeing the value in what each of us do. Most of all, though, this book is an attempt to draw together therapists from *all* orientations to begin to develop a new paradigm for our field: one that is based on mutual respect across the orientations, a commitment to collaborating with service users, and a desire to understand the many different ways in which clients can be helped.

Given this aim, our hope is that this book will be of interest to any student or practitioner of counselling, psychotherapy, counselling psychology or clinical psychology who is interested in moving beyond the 'schoolism' and 'dogma eat dogma' rivalries (Norcross, 2005: 3) of the psychological therapies world, towards an appreciation of what the many different therapies have to offer. The humanistic and progressive foundations of this book mean that we also think it may be of particular interest to any student or practitioner who is interested in developing – or consolidating – more collaborative, anti-oppressive ways of working with clients. A third group that we think this book might be of particular relevance to is students or practitioners who are interested in, or work in, integrative and eclectic ways. In fact, some integrative and eclectic practitioners may feel that they already think and practise in many of the ways mapped out in this book. However, we believe that this is the first systematic attempt to articulate such a way of working (see Chapter 1), and to map out a framework by which such a therapy can be helped to evolve.

For students or practitioners who want to work in 'pluralistic' ways, we hope that this book can provide a valuable starting point for practice. We map out the basic principles behind such a way of working, and a range of methods that practitioners can draw on

(see Chapter 6) to support their work. As part of a basic training programme, however, we would encourage readers to supplement this book with one or more counselling or psychotherapy texts that can provide a more detailed introduction to specific therapeutic methods: for instance, John's *Introduction to Counselling* (McLeod, 2009b), Pete Sanders and colleagues' (2009) *Next Steps in Counselling Practice*, or one of the many excellent introduction to orientation-specific methods, such as Mearns and Thorne's (2007) *Person-centred Counselling in Action* or *An Introduction to Cognitive Behaviour Therapy: Skills and Applications* by Westbrook, Kennerley and Kirk (2007).

However, this book is not just for students or practitioners who want to work in a multi-orientation way. As will become apparent in Chapter 1, it is quite possible to embrace a pluralistic outlook and a range of pluralistic methods while still working within a single orientation. Pluralism, then, is a *sensibility* as well as a specific form of *practice* and, in this respect, we hope that this book will be very much of interest to trainees and practitioners who choose to work in 'specialised' ways, and who wish to locate this practice within an ethos of respect and valuing for clients and for other ways of working.

Beginnings

The origins of this book lie in a train journey that the two of us took together from Edinburgh to Sheffield in 2005. John had recently received funding to set up a counselling research clinic at the University of Abertay at Dundee, and we became increasingly involved in a dialogue about the kind of practice, research and ethos that we would like to see there, and in the counselling field more generally. By the end of our six hour journey to Sheffield and back, we had mapped out many of the key ideas within this book. John, with colleagues in the Scottish Consortium for Psychotherapy and Counselling Research, went on to develop the Tayside Counselling Clinic along pluralistic lines and, with colleagues at the University of Abertay, redesigned his Postgraduate Diploma in Counselling so that it trained students in pluralistic practice. Mick, meanwhile, worked with colleagues at Glasgow Caledonian University to develop the first Scottish Doctorate in counselling psychology, which was also underpinned by a pluralistic philosophical outlook. We first presented our ideas on a pluralistic approach at the BACP research conference in 2006, and published an initial article, 'A pluralistic framework for counselling and psychotherapy: Implications for practice,' in the British Association for Counselling and Psychotherapy (BACP) journal *Counselling and Psychotherapy Research* (Cooper & McLeod, 2007).

Of course, the personal and professional journeys that each of us took to reach this pluralistic worldview stretch back long before 2005. In the following paragraphs, we have both tried to map out some key factors that have led us towards this perspective, hoping that it will throw some further light on the background, rationale and trajectory for this approach.

John: I have a sense of always having existed in multiple worlds. A childhood split between a privileged lifestyle in India and traditional Scottish industrial working-class culture in Dundee. The first member of my family to go to university. Throughout all this, being exposed to a pragmatic belief in getting things done. These are some of the personal influences that I believe lead me in the direction of a 'pluralistic' approach to

therapy. In my mid-30s, I trained in a purist form of Rogerian person-centred counselling. At the same time, I had read everything else – Freud, Jung, the behaviourists, all of it. For me, being a person-centred counsellor was both satisfying and frustrating. It was satisfying because I could see that it was effective some of the time, and the approach seemed intellectually coherent. It was frustrating because I felt as though I was excluding a vast range of possibilities, knowledge and resources, in the client and in myself, that might usefully be brought into the therapy room. Later in my career, I became disenchanted with what I regarded as school-based factional point-scoring within the counselling and psychotherapy professional community. As a textbook writer (McLeod, 2009b), I came to see that each school of therapy had its own unique contribution to make, but also that each approach, in itself, gives an incomplete account of what can be helpful for people. Over the past few years, I have found that working in a way which draws on a greater range of practices has had an impact on my work in two ways. First, it has allowed me to have a much clearer understanding with clients about what we are trying to achieve together, which has been energising. Second, it has a lot of meaning for me that I am now better able to see how the therapy that I do can make a contribution to creating a better society, in relation to three crucial values: respecting difference, working together, and treasuring the cultural and natural resources that make our lives possible.

Mick: I was born into a family that had radical, left-wing politics at its core (see Cooper, 2006b), and this has profoundly shaped my journey through the counselling and psychotherapy world. Right from my first days of my training, I was strongly drawn towards those therapeutic orientations, such as person-centred and existential therapy, that emphasised an egalitarian client–therapist relationship: client as 'agentic', intelligent being; and therapist as 'fellow traveller' and non-expert. Perhaps because of my radical background, however, I was also sensitised to some of the paradoxes and the closed-mindedness that could emerge in these radical worldviews. Just as my egalitarian-minded peers, for instance, could become decidedly 'unegalitarian' when it came to people who did not share their politics, so, it sometimes felt, some of my person-centred colleagues – myself included – could become very 'unperson-centred' (i.e., judgemental and unempathic) when it came to therapists from different therapeutic orientations, in particular CBT. What also became apparent to me, as I developed as a practitioner, was that many clients wanted a more directive and challenging approach than I was offering; such that following the client's wants, paradoxically, sometimes indicated a way of working that was less classically 'client-centred'. Consequently, over the years, my practice became less rigidly non-directive and more flexible – more attuned to what the client was specifically asking for – and, as it did so, so I found it more rewarding. I think this was mainly because it felt more genuine and real. That is, increasingly as a therapist, I was just me, Mick, using all the skills, strategies and methods I had to help the other person get what they wanted.

Structure

The book begins with an introduction to the pluralistic approach (Chapter 1), looking at how it has emerged as a means of moving beyond schoolism in the counselling and psychotherapy field. Chapter 2 then presents evidence and ideas from the domains of philosophy, psychology, psychotherapy research and policy that support, and help to develop,

a pluralistic perspective. This chapter is particularly theory- and research-intensive, and readers may want to skip over it on a first reading of the book, perhaps coming back to it at a later point. Chapter 3 then introduces one of the most fundamental tenets of a pluralistic approach to therapy: a collaborative relationship between therapist and client. Here, we introduce the practices of negotiation and 'metacommunication': talking to clients about the process of therapy, what they want from it, and how they might get it.

The next three chapters are, in many respects, the heart of a pluralistic approach: 'goals', 'tasks' and 'methods.' Chapter 4 explains why clients' goals are the orientating point for pluralistic therapy and how clients can be helped to identify their goals; Chapter 5 looks at the different tasks that can be undertaken to achieve these goals; and Chapter 6 focuses on the specific, concrete methods through which these tasks can be fulfilled. In contrast to the rest of the book, these three chapters are particularly relevant to practitioners who want to work in a pluralistic, multi-orientation way. However, we hope that single-orientation, specialist therapists will also find practices and ideas here that they can draw into their own work.

In Chapter 7, we discuss the implications of the pluralistic approach and the pluralistic framework for counselling and psychotherapy research. We argue that it can help therapists to draw much more fully from the full range of empirical evidence, and we give examples of what pluralistically-informed research might look like. Chapter 8 then looks at the implications of a pluralistic approach for supervision, training, continuing professional development and service delivery. Finally, in Chapter 9, we summarise the book, answer some Frequently Asked Questions, and look at key challenges for the future.

To download the measures and protocols presented in our appendices, as well as other resources, please go to www.pluralistictherapy.com

Terminology

A few words about the language in this book.

First, we have tended to use the terms 'therapy' or 'counselling and psychotherapy' to cover all forms of psychological intervention, including those delivered by counsellors, psychotherapists, counselling psychologists and clinical psychologists. In fact, we do both have quite strong views on the debates around definitions of counselling and psychotherapy (see, for instance, Cooper, 2009; McLeod, 2009a), feeling that counselling and/or counselling psychology could, quite legitimately, be viewed as discrete professional activities, orientated around the facilitation of psychological well-being and client empowerment – much like the pluralistic approach outlined here. This is the subject, however, of a different text, and given the considerable degree of overlap among these practices, it seems sensible, for now, to stick to a unified term.

Second, we appreciate that some of the terms in this book, particularly 'goals', 'tasks' and 'methods', may appear somewhat technical, and may give the impression that we are advocating a highly structured, mechanistic and target-focused approach to therapy. In particular, the concept of 'goals' may suggest that we are primarily interested in specific achievements and outcomes, rather than the process by which people move towards their desired ends. It is important to emphasise, therefore, that we are using these terms in a relatively loose sense: to simply refer to the kinds of things that people want (goals), the paths that they can take to get there (tasks), and the specific things they can do to make this

happen (methods). Furthermore, as we will discuss in Chapter 1, it is assumed that there is a great deal of overlap across these three domains, such that we would not want readers to get too caught up in trying to work out whether something is a 'goal', 'task' or 'method'. Rather, the key point we want to emphasise here is that therapy should start with what clients want and work back to how this can be achieved; and if readers find any of these terms unhelpful, or have better ways of conceptualising these components of therapy, then this should not, in any way, interfere with working or thinking pluralistically.

Third, although we sometimes write about 'the' pluralistic approach in this book, it is important to acknowledge that there may be a diversity of pluralistic approaches to therapy (see Samuels, 1993, 1997 for a particularly interesting alternative reading) and we are, by no means, the first psychological therapists to use this term (e.g., Hollanders, 2003; House & Totton, 1997; Lazarus, 1981; Norcross, 2005). Indeed, for some time, we did consider referring to our approach as '*collaborative* pluralism', but came to the conclusion that collaboration was so intrinsic to pluralism that it was not necessary to include this qualifier. Nevertheless, it is important to recognise that this framework merely represents *one* of the ways in which pluralism can inform counselling and psychotherapy practice. An inevitable implication of the concept of pluralism is that there will always be a plurality of pluralistic therapies. One of the aims of this book is to invite other colleagues within the field of counselling and psychotherapy to share their own ideas and insights about working in a pluralistic fashion.

Finally, for reasons of confidentiality, all of the details of clients presented in this book have been substantially altered, and in many instances we have amalgamated narratives or details from a range of clients to ensure that no one can be personally identified.

Acknowledgements

In developing the pluralistic approach to counselling and psychotherapy, we are enormously grateful to colleagues at the Universities of Abertay, Strathclyde, Aberdeen and Glasgow Caledonian University, who have helped us to develop, refine and articulate this framework: Joe Armstrong, Lorna Carrick, Robert Elliott, Ewan Gillon, Julia McLeod, Alison Shoemark, Mhairi Thurston and Dot Weaks. We are also very grateful to the therapists at the Tayside Centre for Counselling, who have worked with John to translate pluralistic theory into practice: Fiona Arnott, Bud Baxter, Elaine Craig, Alice Curteis, Kate Kaiser, Roddy Mackenzie, Lynsey McMillan and Kate Smith.

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1 Introducing the Pluralistic Approach

This chapter discusses:

- The rationale for the development of a pluralistic approach to counselling and psychotherapy.
- The development of 'schoolism' in the counselling and psychotherapy field and its limitations.
- The development of integrative and eclectic approaches.
- The basic assumptions and framework underpinning the pluralistic approach.

From Schools to Schoolism

Since the first days of psychoanalysis, the psychotherapy and counselling world has been characterised by the emergence of divergent schools of thought and practice. 'Over the years', write Duncan, Miller, and Sparks (2004: 31), 'new schools of therapy arrived with the regularity of the Book-of-the-Month Club's main selection.' Today, it is estimated that there are more than 400 different types of therapy (Norcross, 2005), offering a vast array of practices, techniques, and understandings of mental distress.

Within the United Kingdom, most practitioners adhere to one or other of these schools, and single orientation approaches remain the predominant way of practising, commissioning and thinking about the therapeutic field. In the British Association for Counselling and Psychotherapy (BACP), for instance, less than 25% of therapists are trained in an integrative approach (Couchman, 2006, personal communication), and the UK Council for Psychotherapy (UKCP) has recently restructured along orientation-specific lines. An orientation-based conceptualisation of counselling and psychotherapy is also evident in recent moves – both within the UK and internationally – towards 'evidence-based practices', in which highly specific, manualised forms of therapeutic intervention are recommended for specific psychological 'disorders' (e.g., Department of Health, 2001). As a consequence of this, trainings for such initiatives as the Improving Access to Psychological Therapies programme in the UK are almost entirely orientation-based, with trainees schooled in very specific manualised treatments for specific psychological problems.

Exercise 1.1: Therapeutic attitudes

For each of the following therapies, write down a number from 1 to 7 in the box after it indicating how much you like or dislike it. Try to respond with your immediate gut feeling and try and to be as honest as you can – don't think too much about it. If you haven't heard of the orientation, just leave the box blank. Scoring is as follows:

1 = Strongly dislike, 2 = Moderately dislike, 3 = Slightly dislike, 4 = Neither like or dislike, 5 = Slightly like, 6 = Moderately like, 7 = Strongly like

Psychodynamic therapy ☐
Person-centred therapy ☐
Cognitive-behavioural therapy ☐
Gestalt therapy ☐
Integrative therapy ☐
Hypnotherapy ☐
Arts therapy ☐
Classical/Freudian psychoanalysis ☐
Pharmacological/drug therapies ☐

Please write down any other therapies that you have a gut feeling of like towards:

_____
_____
_____
_____
_____

Please write down any other therapies that you have a gut feeling of dislike towards:

_____
_____
_____
_____
_____

If there are any therapies that you have given a score of 3 or less to, or stated that you dislike, spend some time (maybe 10 minutes) thinking why you have come to feel that way towards them. Is it something to do, for instance, with your personal experiences of that therapy, the practitioners of that therapy you have met, or what you have come to associate that therapy with?

Now take some time (maybe 10 minutes) thinking about why you like the therapies that you do.

Finally, ask yourself the following questions (maybe 10 minutes):

- Can you think of ways in which the therapies that you *dislike* may be *helpful* to some people?
- Can you think of ways in which the therapies that you *like* may be *unhelpful* to some people?

Without doubt, the emergence of specific schools within the psychotherapy and counselling field has done much to foster growth and creativity within the field (see Samuels, 1997). We are now in a position where clients have a vast diversity of practices to choose from, and where forms of therapy are constantly developed and refined to be of as much benefit as possible to clients. And yet, there is also the danger that the existence of schools can tip over into an unproductive 'schoolism': 'characterized by binary thinking (i.e. "This", against "That"),' where, 'those immersed in schoolistic attitudes are likely to defend passionately the "truth" of their own school and attack with vigour the "error" of rival schools' (Hollanders, 2003: 277–278). In other words, rather than practitioners of different orientations respecting and valuing the others' work – as a heart surgeon might do to a paediatrician – a tribalism emerges that is more akin to rivalries between supporters of different football teams.

Such schoolism can be highly destructive, and this is for a number of reasons. First, such a 'battle of the brands' (Duncan et al., 2004: 31) makes it difficult for adherents of any one orientation to learn from, and develop their practice in response to, adherents of other orientations. Second, schoolism can degrade further into an 'ideological cold war', with 'Mutual antipathy and exchange of puerile insults between adherents of rival orientations' (Norcross, 2005: 3). This can then create a professional environment that is experienced as hostile, unsafe and unproductive by all. Third, and perhaps most importantly, schoolism can lead practitioners to be 'blind to alternative conceptualizations and potentially superior interventions' (Norcross, 2005: 3), such that they can end up imposing upon clients less helpful – or actively unhelpful – practices. Ultimately, then, it is clients who are most likely to lose out as a result of schoolism – people who, as the research shows, do not tend to be particularly interested in the therapist's 'brand' (Binder, Holgersen & Nielsen, 2009). As the philosopher William James writes (1996: 219), 'It is but an old story, of a useful practice first becoming a method, then a habit, and finally a tyranny that defeats the end it was used for.'

Box 1.1: Pathways to schoolism

Why is it that schools of therapy can, so easily, deteriorate into schoolisms? Interestingly, perhaps, many of the theories developed in these schools, themselves, can help us to understand this transition. For instance, in person-centred theory (Rogers, 1951, 1959), it is hypothesised that people tend to form, and then defend, fixed concepts of self (e.g., 'I am a person-centred therapist'), out of a desire to maintain self-consistency, and out of a fear of how they might be judged by themselves and those around them if they relinquished that identity. Similarly, at the core of CBT is the belief that people tend towards absolutist, black-or-white thinking (Beck, John, Shaw & Emery, 1979), in which all experiences are placed in one of two opposite categories – e.g., 'This therapy is effective', 'That therapy is ineffective' – rather than

(Continued)

acknowledging 'the complexity, variability and diversity of human experiences and behavior' (Beck et al., 1979: 15). This emphasis on the tendency to split between 'good' and 'bad' 'objects' is also evident in the psychodynamic theory of Klein (Cooper, 1996). Another way of thinking about the emergence of schoolism comes from an existential perspective, which holds that one of our most fundamental needs is to feel that our lives are of meaning (Frankl, 1986). From this stance, it might be argued that we need to feel that our approach is 'better' than others to give ourselves a sense of significance and purpose in the work that we do. To face the possibility that other therapists' work may actually be more valuable and helpful might be decidedly anxiety-evoking.

Social psychological theories can also be very valuable in helping us understand this shift from schools to schoolism. 'Social identity theory', for instance, highlights the way that we instinctively tend to favour our in-group because, by feeling positive about a group we are part of, we feel better about ourselves (Tajfel & Turner, 1979). Research around 'cognitive dissonance' (e.g., Festinger, 1957) has also highlighted the fact that, once we make a choice (for instance, to train in a particular orientation), we then tend to feel more positive towards that standpoint, as a means of justifying to ourselves why we made that choice in the first place.

What may also fuel schoolism is a desire – perhaps a basic human one – to have simple, neat, definitive answers to complex questions. In other words, it may be much more satisfying and reassuring for people to believe that the answer to the question: 'What is of help to people?' is 'X' rather than 'X and Y and a bit of Z… though for some people it is U and P and possibly Z… but we are not sure…' As William James (1996: 45) states, this latter, pluralistic worldview – the belief in a 'messy universe' – is by no means appealing: 'It is a turbid, muddled, gothic sort of affair, without a sweeping outline and with little pictorial nobility.'

In discussing this tendency towards schoolism, it is probably important to emphasise also that we are not just talking about cognitive processes here, but about deeply affective and emotional ones. 'When your faith is disturbed your being is rattled,' writes Connolly (2005: 93). 'You react bodily through the roiling [churning] of your gut, the hunching of your shoulders, the pursing of your lips, and the tightening of your skin.'

At the heart of many of these issues, however, may be the fact that the field of psychotherapy and counselling is, in essence, still in a 'pre-paradigmatic' state (Kuhn, 1970; Norcross, 2005). The philosopher Thomas Kuhn uses this term to refer to a period in the development of a scientific discipline in which a shared understanding has yet to be reached, and is characterised by 'competing schools of thought' that 'possess differing procedures, theories, even metaphysical presuppositions' (Bird, 2009). Here, in the absence of any agreed-upon evidence, dogmas are likely to flourish. Moreover, without such certainty, psychotherapists and counsellors may be more likely to experience anxiety and defensiveness in the face of alternative viewpoints and practices.

Integrative and Eclectic Approaches

Since the 1930s, psychotherapists and counsellors have attempted to overcome the problems associated with single orientation therapies by developing more integrative and eclectic approaches (Goldfried, Pachanakis, & Bell, 2005). Growth in this field has been particularly marked from the 1970s onwards (Nuttall, 2008), such that it can now be claimed that an integrative or eclectic stance is currently the most common theoretical orientation of English-speaking psychotherapists (Norcross, 2005), with around 25–50% of American clinicians identifying in this way (Norcross, 2005; Orlinsky & Rønnestad, 2005d). Furthermore, research indicates that many practitioners identified with specific orientations, in reality, tend to integrate into their practice methods from other orientations (see Box 6.1 on page 99). For instance, psychodynamic therapists, on average, have been found to strongly endorse the CBT practice of challenging maladaptive beliefs, while cognitive-behavioural therapists have been found to prioritise the person-centred stance of empathy (Thoma & Cecero, 2009).

Recommended reading

McLeod, J. (2009). *An Introduction to Counselling (*4th edn). Maidenhead: Open University Press (Chapter 13). An overview of current ideas about therapy integration.

Norcross, J. C., & Goldfried, M. R. (Eds.). (2005). *Handbook of Psychotherapy Integration*. New York: Oxford University Press. An invaluable, US-based compendium of chapters on all aspects of integrative and eclectic practice.

It is possible to distinguish between four contrasting modes of therapy integration. First, there is 'theoretical integration', in which aspects of two or more approaches are synthesised together into a new therapy, such as cognitive analytic therapy (Ryle, 1990). Second, there is 'assimilative integration', in which therapists gradually introduce new techniques and ideas into their pre-existing approach, over the course of their career (Messer, 1992). Third, there are common factors approaches, which involve attempts to identify active ingredients across a range of therapies (see, for instance, Hubble, Duncan, & Miller, 1999). Finally, there is technical eclecticism, such as Lazarus's multimodal therapy, in which the therapist makes an initial assessment of the client, and then draws on an extensive range of methods from a variety of orientations (see, for instance, Palmer, 2000) to address the client's problems.

In contrast to a schoolist perspective, integrative and eclectic therapists tend to hold that no one school has all the answers (Lazarus, 2005; Pinsof, 2005), and that different methods may be of help to different clients. Arnold Lazarus, for instance, founder of multimodal therapy, writes that the multimodal therapist asks '*Who or what is best for this particular individual?*', and he describes his approach as both 'personalistic' and 'individualistic', flexibly tailoring the therapeutic method and style of relating to

the individual client. However, as Downing (2004) points out, there can be a tendency for many of these attempts to transcend singular models of theory and practice to end up replicating something quite similar, albeit with elements synthesised from a variety of sources. Ryle's (1990) cognitive analytic therapy, for instance, outlines a very specific model of personality functioning, while Egan's (1994) problem management approach advocates a highly specified set of procedures for helping clients overcome their difficulties. Even multimodal therapy (Lazarus, 1981, 2005) locates itself within a specific theoretical framework, and has a highly specified form of assessment. Lazarus (2005: 107, italics added) writes, for instance, that 'the multimodal therapist *does not embrace divergent theories* but remains consistently within social-cognitive learning theory'. And he goes on to state that, 'The polar opposite of the multimodal approach is the Rogerian or Person-Centered orientation, which is entirely conversational'. While integrative and eclectic approaches, then, tend to be less tied down to specific methods and specific theories than their single orientation predecessors, there can still be a tendency to promote certain practices and understandings above others.

Pluralistic therapy is an integrative approach that seeks to build on the ideas of existing models of therapy integration (see McLeod, 2009b), while avoiding their tendency to end up with the privileging yet another single orientation school of practice. The pluralistic approach accomplishes this intention through the use of two key strategies. First, it is organised around a philosophical construct (pluralism) rather than psychological constructs, and so is not identified with any particular psychological model. Second, it commits the practitioner to sustained engagement with the client's view of what will be helpful for them. This commitment inevitably requires the therapist to accommodate ideas and practices that are outside their existing assumptions about therapeutic concepts and methods.

Introduction to a Pluralistic Approach

The aim of the present book is to develop a way of practising, researching and thinking about therapy which can embrace, as fully as possible, the whole range of therapeutic methods and concepts. This is an approach which starts from the assumption that different things are likely to help different people at different points in time, such that it is meaningless to argue over which is the 'best' way of practising therapy, *per se*. It can be summed up as a 'both/and' standpoint (Gergen, 2000) – that CBT can be helpful, *and* person-centred therapy can be helpful, *and* psychodynamic therapy can be helpful… – in contrast to an 'either/or' one (Castonguay & Beutler, 2006b). As a corollary of this, the approach introduced in this book also starts from the assumption that it is not just therapists who should decide on the focus and course of therapy. Rather, therapists should work closely with their clients to decide on how the work should proceed. The two basic principles underlying this approach, therefore, can be summarised as follows:

1. Lots of different things can be helpful to clients (see Box 1.2 on page 7).
2. If we want to know what is most likely to help clients, we should talk to them about it.

Box 1.2: Ashok: Many ways to health

Below are some of the things that Ashok, a young man experiencing depression and isolation, described as helpful in his 40 weeks of therapy:

- Just talking.
- Focusing on practical solutions to problems.
- Looking at each relationship with a man in the past and seeing what attracted me to him.
- Realising that I am loved.
- Deciding to look forward and turn a corner.
- Reading a letter from my father and getting the therapist's take on it.
- Just being allowed to go off tangent.

As can be seen here, for Ashok, as for many clients (see Chapter 2), there are many different things that were helpful, and these cannot be reduced down to one, orientation-specific 'super-factor.' Rather, both within one individual client, and across clients, there would seem to be 'many ways to health' (Lambert, Bergin, & Garfield, 2004: 809).

We have come to describe this approach to therapy as 'pluralistic', as the term seems to describe, very fittingly, these two core principles. 'Pluralism' is a word used in a variety of fields (see Chapter 2), and refers to the belief that 'any substantial question admits of a variety of plausible but mutually conflicting responses' (Rescher, 1993: 79). It is a viewpoint that has becoming increasingly prevalent in the field of philosophy (see, for instance, Berlin, 1958; Connolly, 2005), and which has had a major role in debates within political science and sociology as well as in psychology and psychotherapy (see Chapter 2). Pluralism can be contrasted with 'monism', the belief that every question has a single and definitive answer. In other words, a pluralist holds that there can be many 'right' answers to scientific, moral or psychological questions which are not reducible down to any one, single truth. Central to this standpoint is also the belief that there is no one, privileged perspective from which the 'truth' can be known. That is, neither scientists, philosophers, psychotherapists nor any other kinds of people can claim to have a better vantage point on reality. Each of us has our own quite special and unique understanding of what is there.

In developing this pluralistic approach to psychotherapy and counselling, we have come to find it useful to distinguish between pluralism as a *perspective* on psychotherapy and counselling and pluralism as a particular form of therapeutic *practice* (see Figure 1.1 on page 8).

A pluralistic 'perspective', 'viewpoint', or 'sensibility' refers simply to the *belief* that there is no, one best set of therapeutic methods. It can be defined as *the assumption that different clients are likely to benefit from different therapeutic methods at different points in time, and that therapists should work collaboratively with clients*

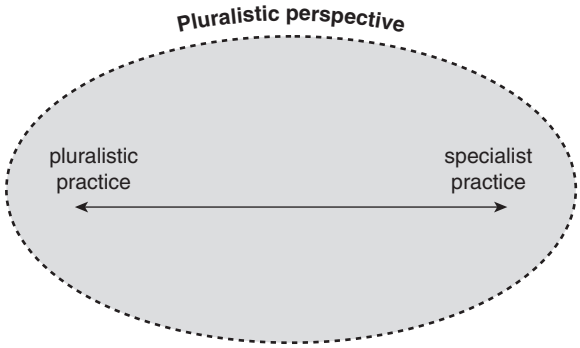

Figure 1.1: Pluralism as a perspective on therapy and as a particular practice

to help them identify what they want from therapy and how they might achieve it. This is a general definition, which does not make any specific recommendations about *how* a therapist might go about implementing a pluralistic perspective in their own practice.

By contrast, 'pluralistic practice' or 'pluralistic therapy' refers to a specific form of therapeutic *practice* which draws on methods from a range of orientation, and which is characterised by dialogue and negotiation over the goals, tasks and methods of therapy. Making this distinction is important because, although pluralistic practice is rooted in a pluralistic viewpoint, it is also quite possible for therapists to hold a pluralistic viewpoint while working in a non-pluralistic, single orientation way (see Box 1.3 below). It is also quite possible for single orientation therapists to draw on a range of pluralistic practices while remaining within a single therapeutic orientation. For example, '*working collaboratively with clients to help them identify what they want from therapy and how they might achieve it*' describes an approach to practice that is consistent with any therapeutic orientation, whether person-centred, psychodynamic or CBT. In addition, most well-established therapy orientations encompass a diversity of ideas and methods, which provide scope for therapist responsiveness and flexibility.

Box 1.3: Single orientation practices within a pluralistic framework: 'Schoolism' versus 'specialism'

While a pluralistic standpoint fundamentally challenges the assumption that any one form of therapy is superior ('schoolism'), it does not, in any way, question the value of single orientation therapeutic practices (which we describe here as 'specialisms'). From a pluralistic standpoint, different clients will want and need different things, such that specialists in approaches such as CBT, classical person-centred therapy