



Pluralistic counselling and psychotherapy

12 years on

John McLeod and **Mick Cooper** review what the pluralistic approach brings to counselling and psychotherapy practice

Back in 2006, with the invention of IAPT, on the one hand it felt like the whole counselling field was about to be run down by the juggernaut of evidence-based CBT. And, on the other, there was the continued internecine warring between the different schools of counselling and psychotherapy. Was psychodynamic more effective than person-centred? Was existential more effective than psychodynamic? Who had (or hadn't) read Heidegger... or Lacan? Focus on the transference, don't focus on the transference... Self-disclose, don't self-disclose...

The pluralistic approach to therapy that we first tried to articulate back in 2007¹ was an attempt to move beyond these difficulties. Coming from a person-centred background, we both believed passionately in the importance of dialogue, openness and a non-judgemental acceptance of the other. And, as experienced researchers, teachers and clients, we understood and appreciated the value of a wide range of approaches to therapy. Our early discussions sought to discover how we could become more 'fully-functioning' therapists: free to be ourselves and use all aspects of our knowledge and experience, while being open and responsive to the unique needs, wants and preferences of each individual client. We were aware of different integrative strategies

for working across different models of therapy, such as theoretical and assimilative integration, eclecticism and the common factors model. However, each of these perspectives seemed to us to offer only a partial solution; we were looking for some kind of meta-integrative standpoint that would allow us to draw on all of these traditions.

We found that standpoint in the concept of pluralism. In our writing, we made a distinction between two contrasting ways of thinking about pluralism in a therapeutic context. First, we viewed pluralism as comprising a general attitude of acceptance towards the therapeutic field as a whole: striving to overcome our own prejudices and see the good in every orientation. No doubt, a lot of therapists could be regarded as pluralistic in this sense, but we wanted to articulate this position, so that it could be written about, researched and made more visible. Second, we characterised

pluralistic therapy as a specific form of therapy practice: one that drew on methods from a range of different sources, depending on what the client wanted and what the therapist was skilled at. While pluralistic practice was seen as requiring a pluralistic attitude, we emphasised that it was possible to hold a pluralistic attitude without actually practising pluralistically. In other words, being based in a single model, such as person-centred or psychodynamic, didn't mean that you couldn't still have an open mind and be actively curious about - and respectful of - other approaches.

Inclusive approach

In relation to a more explicitly pluralistic form of practice, then, it has always been important to us that pluralistic therapy could be inclusive of single orientation approaches. We have never wanted to contribute to the maintenance of a 'schoolist' position that argued for a 'pluralistic

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school: 'better' (in some sense) than non-pluralistic ways of working. Our position is that many types of therapy can be helpful (and unhelpful, or even harmful) and that the relative effectiveness of different approaches depends on many contextual factors. We believe that pluralistic therapy is a choice that is meaningful and, possibly, also preferable to many (but not all) therapy practitioners and organisations and to clients. However, many other approaches are also meaningful and helpful.

We also believe that what a therapist offers is rarely limited to a single therapy approach: studies have shown that almost all therapists draw on personal experience, as well as on ideas and interventions from multiple approaches. Being a pluralistic therapist does not require omni-competence in all models of therapy; instead, it calls for a willingness to work with the client to find a way forward that makes the best possible use of the knowledge and experience of each of them.

In 2011, we published *Pluralistic Counselling and Psychotherapy*,² where we set out a more detailed description of pluralistic theory and practice. By then, the approach was being used in our university research clinics and taught at several institutions across the UK. Counselling psychology courses seemed particularly drawn to the approach, perhaps because of the inherently integrative nature of that profession. The basic principles of pluralistic therapy have been made available in a series of key texts.²⁻⁶

The essence of pluralistic therapy is that there are many things that can help people and that the best way to find out what will work is to ask them. This basic principle is then articulated in practice through a range of therapist activities: facilitating collaborative conversations around goals, tasks and methods; developing a shared understanding through a process of collaborative case formulation, and maintaining therapist-client alignment through therapist transparency, metacommunication and use of feedback. These tangible and observable aspects of pluralistic practice are underpinned by a strong commitment to the significance of dialogue, and to a relational ethical stance that emphasises the uniqueness of the other and the importance of caring and kindness.

Concepts and principles

There is not enough space here to expand in detail on the underlying philosophical and conceptual meaning of pluralism but it is an idea that has immense implications for anyone

who seeks to use it to guide their practice. A pluralistic framework for practice is designed to promote engagement with some of the key intellectual and societal challenges being faced by the counselling and psychotherapy professional community. For example, commitment to pluralism requires reflection around such questions as the nature of ethical respect for the uniqueness of the other, the ability to make a commitment to dialogue across differences, and the adoption of a 'both/and' rather than 'either/or' way of thinking.

The underlying principle of shared decision-making has multiple points of connection with developments around service-user involvement in care, reconceptualisation of professional roles and the fact that therapy clients are increasingly well informed about the options open to them, based on information they can readily glean from the internet and from other sources. When therapy is organised around multiple goals and tasks, it creates segmented conversational spaces that can accommodate the exploration of a diversity of topics. For instance, a client's dilemmas around issues such as climate change and social justice can be pursued alongside work on more typical therapeutic issues about emotional and relationship repair. The segmented structure of pluralistic practice also makes it easier to introduce adjunctive practices, such as therapeutic writing or client use of apps for mood monitoring.

A pluralistic framework for practice is informed by all of the existing models of therapy integration (eclecticism, theoretical, common factors, assimilative, unified) in a form that is robust and flexible at the level of practice, while opening up important new questions and possibilities at the level of research and inquiry. In relation to existing schools of therapy, a pluralistic approach regards them

as essential and invaluable sources of ideas and intervention, while adopting a historically-informed critical stance that does not accept that they necessarily represent coherent entities that are conceptually or practically distinct from each other, or that they are particularly well matched with client preferences.

Contrasting responses

Between us, over the last decade, we have offered many talks and workshops on pluralistic therapy. We have encountered three contrasting responses to our ideas. First, there have been therapists who tell us this is what they have always done and that they are grateful to be given a language and label to describe it. Within this appreciative group are those who see themselves to be on a trajectory towards working more pluralistically and collaboratively and who are keen to learn more about it. A second group consists of therapists who do not see pluralistic ideas as particularly relevant to their own practice. They're doing what they do and see no particular benefit from looking at their work through a pluralistic lens. A third category of response comprises hostile and sometimes quite personal attacks on how misguided and confused we are (including the suggestion that a new DSM diagnosis, the Post-Modern Condition, should be created for us).⁷

One of the defining characteristics of pluralistic therapy is that it is an open, wiki-type system that continues to grow and change.² Rather than being a model of therapy that is anchored in a fixed treatment manual, it operates as a set of principles that can be expressed in different ways in different contexts, harnessing the creativity and experience of everyone involved. The idea of 'principle-informed' therapy has emerged as an important alternative to manualised interventions,⁸ and pluralistic is probably the first approach to fully embrace this strategy.

Within the network of pluralistic therapy trainees and practitioners can be found many examples of ways in which a general pluralistic framework for practice has evolved. In relation to the use of feedback measures, short, user-friendly questionnaires have been developed as a means of channelling client ideas and preferences about the direction of therapy.⁹ There have also been initiatives around identifying qualitative feedback instruments that enable clients to convey feedback in their own words.¹⁰ At Roehampton University, there are major programmes of research under

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way that explore the experience of clients in relation to shared decision-making and being asked about their goals and preferences. Other published work includes papers on the therapeutic use of metacommunication,¹¹ and a pluralistic perspective on coaching.¹² Further lines of development, which will be written up in due course, include the role of creative and expressive activities to enhance client collaborative involvement in therapy; the process of enabling clients to make use of cultural resources and social capital to help in addressing current personal difficulties; the use of collaborative case formulation, and the application of pluralistic principles in work with young people, families and people with long-term health conditions, and in group settings.

Supporting structures

Considerable effort has been devoted to creating structures to support pluralistic practice. These include a framework for training in pluralistic therapy,¹³ a model of supervision, and a practitioner network.¹⁴ The first international conference, attended by more than 200 participants, was held at Abertay University in Scotland in March 2018; the second takes place in April 2019 at the University of Roehampton (see below), with keynote lectures from Professor John Norcross (a key figure in the field of psychotherapy integration) and Lucy Johnstone (co-author of the Power Threat Meaning framework¹⁵). The third annual conference is already arranged for April 2020 and will be hosted by the Institute for Integrative Counselling and Psychotherapy in Dublin. Discussions are underway for a journal, book series and online training opportunities.

Looking at all of this together, our sense is that, while a lot has been achieved, there is still a lot to be done. Apart from support from Abertay and Roehampton Universities to operate training clinics and a small grant from the British Psychological Society to carry out an open trial of the effectiveness of pluralistic therapy for depression,¹⁶ the development of pluralistic ideas and practice has taken place in the absence of external funding or government support. An important strength of pluralistic therapy is that it is fuelled by grassroots interest from frontline practitioners. If you're interested, the 2019 international conference in London will be a great place to join the dialogue and help take forward a therapeutic framework that includes, and values, us all. ■



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Mick is Professor of Counselling Psychology at the University of Roehampton, where he is Director of the Centre for Research in Social and Psychological Transformation (CREST), and a practising pluralistic therapist. Mick is a Fellow of the BACP, and author and editor of a range of texts on person-centred, existential, and relational approaches to therapy. His latest book is *Integrating Counselling and Psychotherapy: directionality, synergy, and social change* (Sage, forthcoming).

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PLURALISTIC 2019

The Second International Conference on Pluralistic Counselling and Psychotherapy takes place 6–7 April 2019 at the University of Roehampton. For further details, visit www.pluralistic2019.com

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