



John McLeod

Psychotherapy and Counselling Distinctive Features
Series Editor: Windy Dryden

Pluralistic Therapy

Distinctive Features

ROUTLEDGE


Pluralistic Therapy

Pluralistic Therapy: Distinctive Features offers an introduction to what is distinctive about this increasingly popular method. Written by one of the co-founders of pluralistic therapy, and a leading UK figure in counselling and psychotherapy, this book describes 15 theoretical features and 15 practical techniques for practitioners. Pluralistic therapy is a flexible, integrative approach to counselling and psychotherapy, which has also found applications in fields such as mental health, life coaching and careers guidance.

Pluralistic Therapy: Distinctive Features will provide an essential guide to students and practitioners of psychotherapy, or an allied area of practice, who are open to learning about new ideas and techniques from current interdisciplinary research.

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Psychotherapy and Counselling Distinctive Features

Series Editor: Windy Dryden

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Introduction

The main principle of pluralistic therapy is that people who enter therapy are experts on their own lives. They have a deep implicit understanding of what they need to help them to move on in their lives, when they need it and how it might best be delivered. People also have a sense of what they don't know and need to learn. From such a starting point, a therapist is faced with two key challenges: how to enable the client to articulate and apply his or her own personal knowledge; and how to bring their own massive stock of professional knowledge into the picture in a way that augments and does not crowd out the client's strengths and resources. In pluralistic therapy, the strategy for dealing with these challenges is the adoption of a collaborative style of working, grounded in a commitment to transparency and shared decision-making.

All forms of therapy are broadly similar, operating through a set of 'common factors' such as instillation of hope, practising healing rituals, acquiring a rationale/way of making sense of life difficulties and the development of a connection with a trusted and culturally recognised healer. A pluralistic approach is therefore similar to other therapies in most respects, forming one way in which these factors can be articulated. However, all models of therapy can also be viewed as possessing distinctive features that reflect novel and innovative

variants on a common therapeutic process. The aim of this book is to highlight the distinctive features of pluralistic therapy – how it represents one particular style of ‘plain old therapy’ (Allen, 2012, 2013). Following the format adopted in other texts in the Routledge *Distinctive Features* series, the book is organised around brief accounts of 15 distinctive conceptual and theoretical aspects of the approach, followed by a description of 15 ways in which pluralistic therapy is distinctive in practice.

The second half of the book includes an anonymised case study that runs through all of the chapters. The intention here is to provide a concrete example of how pluralistic therapy works in practice.

Pluralistic therapy comprises a “meta-theory” or practice framework that functions as a means of harnessing the ideas, knowledge and experience of both the client and the therapist. Rather than being restricted to change interventions from a single approach, a pluralistic therapist draws on whatever concepts, skills and techniques are available to him or her. A pluralistic therapist may be someone with primary training and experience in cognitive behavioural therapy (CBT), psychodynamic therapy, person-centred/experiential therapy, narrative therapy or in some combination of these (and other) traditions. A pluralistic framework for practice comprises a set of principles and procedures for shared decision-making around how to proceed in therapy. It is a framework that allocates space for the unique, vital, creative coming together of the client and the therapist, including making use of relevant resources from the cultural worlds within which they live.

As an approach to therapy that emerged in the mid-2000s, pluralistic therapy has had the advantage of being able to build on a rich body of findings of therapy research studies conducted over more than a half-century, encompassing investigations of all types of therapy. One of the consistent and robust findings to have emerged from therapy research is that it is the therapist, not the therapy approach, that makes a difference. The variation in outcome attributable to different therapists is substantially greater than the variation attributable to therapy models. In the light of these findings, one of the key distinctive features of pluralistic therapy is that it is designed to help

therapists to make the most of what they know, avoid errors, align themselves to the needs and preferences of each client and engage in a process of continuing learning and development.

Pluralistic therapy takes account of the context in which it is carried out. For example, the scope to negotiate length, frequency and number of sessions, and flexibility around scheduling, are factors that depend greatly on the particular policies of different agencies and clinics. In addition, the ingenuity and creativity of therapists and clients, alongside the pace of social and technological change, means that new therapy ideas and practices are emerging on a regular basis. For these reasons, pluralistic therapy is best regarded as an open system. The capacity to re-invent itself in response to changing circumstances can be viewed as a criterion for evaluating the success of pluralistic therapy and the enduring relevance of its underlying principles. Readers – both clients as well as therapists – are encouraged to approach the ideas in the present book as an invitation to consider the relevance of particular pluralistic concepts and practices for their own learning and development, rather than as constituting a fixed system to be adopted as a whole.

At the heart of pluralistic therapy are three key images. The first is an image of the client as the hero of therapy (Duncan, Miller and Sparks, 2004). It is the client who has the courage to break away from self-undermining ways of being, thinking and relating, and experiment with new possibilities. The therapist is merely a companion, a guide, a teacher, a carer, a provider of resources for the client over one stage of their journey. The second image is that of a responsive therapist who has a range of things to offer, is morally committed to making the best possible use of their talents in the service of the other and views each client as a unique other who affords an opportunity to learn more about the human condition. The third image is that of the improviser, the artist, the designer, the bricoleur. Even when drawing on established and well-understood therapy ideas and methods, both client and therapist strive to achieve moments of creativity when something new, some shift in perception of feeling that fits and seems right, emerges and becomes apparent.

Much of the practice of pluralistic therapy involves strategies for maintaining an effective alignment between what the therapist can offer and what the client can use. From a pluralistic perspective, the limitation of almost all of the established approaches to therapy is not that their ideas are wrong or that their techniques are ineffective, but that these ideas and techniques can only be helpful if they are sufficiently aligned to pathways that the client is following already, or that make sense to the client as viable and credible alternatives.

In seeking to create a framework for therapy in which the client and therapist can work together, it is essential to be sensitive to language. In pluralistic therapy, the aim is for each case to generate its own shared language, in the form of idiosyncratic and personal word choices, images and metaphors, that resonate and have meaning within the client–therapist relationship. In order to support this aspect of the work, pluralistic therapy does its best to avoid technical language and made-up terminology. The sections in this book are anchored in everyday language, such as goals, tasks, methods, collaboration, understanding, decisions, dialogue and preference. These are ideas that are familiar to most people.

It is important to point out the limitations of the present book. It focuses solely on individual therapy, and does not address the application of a pluralistic approach in couple therapy or group work. There has not been space to explore the challenges associated with specific client issues such as depression or eating problems. Some significant aspects of the thinking behind pluralistic therapy are only briefly mentioned: the necessity for therapists to be informed by a cultural and political perspective, the complex question of the relationship between research and practice, the nature of therapist training and professional development and the relevance of an appreciation of unconscious processes. It is essential to keep in mind that the case example in Part 2 of the book represents only one way in which pluralistic therapy can be practiced – there are many varieties of pluralistic therapy that exist, depending on the background, knowledge and interests of the therapist and the setting within which he or she works.

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