Chapter 1 A brief summary of how pluralistic therapy works

The idea for pluralistic therapy emerged from an appreciation of four key findings that have been established on the basis of more than 50 years of research into counselling and psychotherapy:

1. There are many effective ways of dealing with emotional, psychological and behavioural problems in living. There are lots of things that help.
2. People who enter therapy are already actively involved in trying to sort out their problems. They possess significant knowledge, insight and preferences around what they think is most likely to be useful (and not useful) for them.
3. Therapy is more effective when it takes account of the client’s preferences and their understanding of what helps. Therapy that is not informed by the client’s preferences has the potential to be destructive and even abusive.
4. Therapy is more effective when the relationship between client and therapist is characterised by collaboration, caring and trust.

Pluralistic therapy provides a framework for harnessing these factors in the interest of helping clients to live more satisfying and productive lives.

In pluralistic therapy, it is assumed that both the client and the therapist have ideas about what might be helpful. In the case of the client, these ideas are based on personal experience, observing how other people cope with difficulties, and learning derived from reading, watching movies, and access to other similar sources of information. It is likely that, for the client, much of this knowledge is implicit and that it will take time and support for him or her to articulate and make use of it. By contrast, therapists have a wealth of ideas about therapeutic processes, readily available to consciousness. Therapists also possess important personal knowledge based on life experience that may also make a vital contribution to the process of therapy. For both client and therapist, some of the relevant knowledge that they possess will refer to activities outside of therapy (cultural resources such as art-making, sport and exercise, spiritual practice, etc.) that may be activated in the service of therapeutic change.

The process of therapy involves the careful weaving together and application of therapist and client ideas. From the start, the pluralistic therapist tells the client that the client’s ideas about what might be helpful are crucial, and that they are the only one who can tell whether what is happening in therapy is making a positive difference to their life.

Over the course of therapy, in order to ensure alignment between client and therapist inputs to therapy, the therapist initiates collaborative discussions around the goals and tasks of therapy, the methods/interventions used to accomplish tasks, and the way that the problem is being understood. These discussions are facilitated by the use of specific strategies that are central to pluralistic therapy practice. The therapist asks direct questions (example: ‘what do you want to get from therapy…how would you like things to be different in your life by the end of our time together?’). The therapist uses metacommunication as a means of facilitating reflection on client and/or therapist intentions and reactions (example: ‘I noticed that you made a shift there – you had been talking about difficulties in our marriage and then you seemed to switch to talking about your situation at work. Can I just check what was behind...’).
that, for you? Are they both part of the same broader issue, or was there some other reason…?’). Feedback measures are used as ways of opening up discussion around the progress of therapy. A further means of ensuring effective client-therapist alignment occurs through collaborative case formulation, in which client and therapist work together to build a conceptual model of the client’s problems, and derive an action plan.

The concept of a therapeutic task plays a central role in pluralistic therapy. Typically, client goals, such as ‘moving on from the loss of my partner’ or ‘being more confident and assertive in work situations’ tend to define a somewhat broad agenda. In order to make progress around that agenda, it is necessary to break it down into achievable sub-goals, or tasks. For example, in a client seeking bereavement counselling, progress in respect of the goal of ‘moving on from the loss of my partner’ could involve the accomplishment of tasks such as ‘expressing and sharing how I feel’, ‘developing new friendships’, ‘finding ways to keep a place for the deceased partner in my life’ and ‘decisions around practical issues such as what to do with his possessions’. From a pluralistic perspective, there are always likely to be different techniques (methods) through which a task can be completed. For example, ‘expressing and sharing how I feel’ can be pursued through talking to the therapist, talking to other people, expressive writing, two-chair work, drawing a picture, and many other strategies. The aim in pluralistic therapy is to find the method that works best for a particular client at that point in their process. Structuring therapy around the attainment of specific tasks ensures that what is happening in (and between) sessions remains focused on the attainment of therapy goals.

Pluralistic therapy emphasises the significance of the client-therapist relationship. From a pluralistic perspective, the process of therapy is not viewed in terms of the relationship or therapy techniques, as comprising separate factors. Instead, everything that happens in therapy has both a relationship dimension and a method (i.e., facilitating learning and change) dimension at the same time. A key concept in pluralistic therapy is the idea of ‘collaboration’ (co-labouring, working together to build something, making use of the distinctive knowledge and skills of each co-worker). Each element of pluralistic work, for example identifying goals, metacommunication, collaborative case formulation, using feedback measures, and other processes, represents action that contributes to building a relationship.

Rather than conceptualising the client-therapist relationship from a single point of view, for example as an ‘alliance’, a pluralistic perspective calls for consideration of multiple forms of relating. Different clients may respond best to different ways of relating, the same client may need different ways of relating at different times, and each therapist possesses a limited relationship repertoire. The concept of ‘alignment’ refers to the degree to which therapist and client are pointing or moving in the same direction, whatever that might be. It is the job of the therapist to maintain alignment.

The client-therapist relationship is grounded in an ethical commitment to valuing the other person as unique. For the therapist, the connection that develops with the client is accompanied by a sense of moral responsibility for the well-being of the client and to do right by them. The underlying first principle that informs pluralistic therapy is that the therapist cares about the client as a fellow human being.

A pluralistic approach to therapy facilitates client learning and change in two main ways. First, it strives to ensure that the best change methods available to client and therapist
are brought to bear on the client’s problems. It does this by seeking to create the conditions for both therapist and client to make the most of the strengths and resources carried by each of them within their personal repertoires. Second, the experience of engaging in dialogue, collaboration, and shared decision-making provides the client with a template for effective self-management and ways of relating to others that are productive and satisfying.

Pluralistic therapy does not claim to be more effective than any other approach to therapy, in terms of primary outcomes such as reduction of symptoms of anxiety, depression, etc. What it does aim to achieve is to engage with, and hold on to, clients by taking their preferences seriously and explaining and negotiating what is happening at each step of the therapy process. This is a significant outcome given high drop-out rates in most therapy clinics. It is also a socially and culturally inclusive approach to therapy, in terms of open-ness to different worldviews and belief systems, a structure for therapy that routinely addresses issues of difference, and a purposeful embrace of the cultural resources of the client. As a way of doing therapy that specifically seeks to build on and refine the existing knowledge, resources and skills of the client, it has the potential to leave clients in a better position to cope with future life crises. The clinical and research evidence that is currently available can be found in Cooper and McLeod (2011), Cooper et al. (2015) and Cooper and Dryden (2016).

The following chapters expand on this brief summary, by examining some of the key concepts or ways of thinking that support it.