Multiple intelligences and therapeutic alliances: Counsellors' experiences of incorporating a multiple intelligence approach to counselling

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Multiple intelligences and therapeutic alliances:
Counsellors’ experiences of incorporating a multiple intelligence approach to counselling.

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I affirm that this thesis contains no material previously published or written by another person, except where due reference is made in the thesis, and that it contains no work which the student has previously presented for an award of the University or any other educational institution.

Contributions by others to the articles that constitute the body of this thesis are listed on page 12, with details of their contributions in Appendix G - p. 244.

Mark Pearson
January 20, 2014
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Abstract

Counselling clients display many ways of reflecting and communicating within therapy. Gardner’s theory of multiple intelligences (MI), while applied widely in the field of education, has only recently been applied to the field of counselling, and has the potential to support flexible responses to client’s different styles. In this study, counsellor experiences with introducing a MI approach to counselling are investigated. A focus on the impact of MI on therapeutic alliances is highlighted as therapeutic connection has been shown to contribute significantly to positive therapy outcomes. Recent research highlights the positive impact from modifying treatment in response to individual client needs and interests, and this has led to emerging interest in eclectic practice. Gaining information on clients’ preferred intelligences, or natural strengths, enhances counsellors’ ability to tailor treatment to individual needs and abilities, and can provide a meta-theory to underpin eclectic practice.

This qualitative enquiry utilised semi-structured interview technique to gather data before, and three months after, a multiple intelligence training intervention. Transcripts were analysed using Interpretive Phenomenological Analysis, which produced a number of major themes representative of counsellors’ experiences with a MI approach to counselling. It is hypothesised that the results will provide contributions that enhance the training, practice and supervision of counsellors.
List of Publications Included as Part of this Thesis

The body of this dissertation is built on six articles, either published in peer-reviewed journals or under peer review by journals, during the student’s PhD candidacy. These articles communicate the literature background, core theoretical frameworks, research methodology used, and findings of several stages of this project. Published articles have had the benefit of integrating peer-reviewer feedback. Some articles were prepared for American journals, and hence use American spelling. The reader will become aware of the repetition necessary for each article to provide adequate context. Abstracts have been removed in accordance with University policy.

Co-authorship of articles in Chapters Two, Four, and Seven is with the researcher’s two main supervisors, and the article in Chapter Six is co-authored with to one of the project participants. The articles are:

**Chapter One:**

**Chapter Two:**
Chapter Four:
Submitted 22/9/13; revised with reviewer comments incorporated, and re-submitted 12/10/2013

Chapter Five:
Pearson, M. (under review). Multiple intelligences training for counselors: Reflections on a pilot program. *Journal of Creativity in Mental Health*
Submitted 1/3/2013; revised with reviewer comments incorporated, and re-submitted 24/10/13

Chapter Six:
Submitted 22/3/2013

Chapter Seven:
Submitted 27/11/2013
Conference Presentations Based on this Study

2014 Selected Talk:
Psychotherapy and Counselling Federation of Australia (PACFA) biannual national conference, Sydney, June: *A multiple intelligences approach to counselling: Enhancing alliances with a focus on strengths.*

2013 Invited Talk:
Society for Counselling and Psychotherapy Educators (SCAPE) Annual Conference, Adelaide, April: *Can counsellors’ gauge therapeutic alliance strength through body language?*

2013 Workshop Presentation:
Society for Counselling and Psychotherapy Educators (SCAPE) Annual Conference, Adelaide, April: *Orienting Counsellors to use Multiple Intelligences Theory and Activities*

2012 Selected Presentation:

This paper published at the University of Notre Dame Australia’s *Research Online* site: [http://researchonline.nd.edu.au/arts_conference/36/](http://researchonline.nd.edu.au/arts_conference/36/)
2011 Selected Presentation:

Curtin University - The Twelfth Humanities Graduate Research Conference:


2011 Keynote:

Research Conference - School of Arts & Sciences, Notre Dame, Fremantle, March:

*Multiple intelligence and the therapeutic alliance: Counsellors’ and clients’ perceptions of the effect of incorporating multiple intelligence theory into counselling practice.*
Statement of Contribution by Others

I am the first author on all papers, responsible for literature searches, designing and conducting the research project, transcribing and analysing interviews, and creating the complete first drafts of all papers.

________________________________________________________________________

Mark Pearson - Student

Dr Bulsara is a principle supervisor, providing constant guidance, research methodology expertise and editorial advice.

________________________________________________________________________

Dr Caroline Bulsara - Supervisor

Dr O’Brien is a principle supervisor, providing constant guidance, expertise on multiple intelligences theory and its applications, and editorial advice. The original concept of introducing multiple intelligences into the field of counselling arose from Dr O’Brien’s research in 1999.

________________________________________________________________________

Dr Patrick O’Brien - Supervisor

Ms. Hamilton participated in the study and volunteered to provide more extensive case stories from her professional work, that constitute the core of the article in chapter six, as well as suggestions for the article.

________________________________________________________________________

Frances Hamilton - Research Participant

See contributors’ statements in Appendix G.
Acknowledgements

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The Research Office of the University of Notre Dame Australia, in particular Dr Marc Fellman and Lorraine Mayhew, have been most supportive. The course work opportunities provided by the university and overseen by the Research Office were of a high standard and proved to be extremely helpful.

I would like to acknowledge the ever-present love, support and encouragement of my partner Helen Wilson. Her eternal optimism about my capacity to complete a worthwhile project filled the gaps when mine had vanished.
Introduction

One of the peak Australian professional counselling bodies, the Psychotherapy and Counselling Federation of Australia (PACFA), defines both psychotherapy and counselling as: “professional activities that utilise an interpersonal relationship to enable people to develop self-understanding and to make changes in their lives. Professional counsellors and psychotherapists work within a clearly contracted, principled relationship that enables individuals to obtain assistance in exploring and resolving issues of an interpersonal, intrapsychic, or personal nature” (PACFA, n.d.).

Trends in the field of counselling have been moving towards eclectic practice for many years, bringing together theories and practices from several approaches (Howard, Nance, & Myers, 1986; Lampropoulos, 2000; Rivett, 2008). This trend away from maintaining rigid boundaries between theories and methods is supported by research (Lambert, Garfield & Bergin, 2004). The current study aims to contribute to the field by illustrating how practical implementation of Gardner’s theory of multiple intelligences (MI) (Gardner, 2006) into therapeutic practice can serve as an underlying meta-theory that will support this trend towards eclectic practice.

Furthermore, it has recently been shown through an extensive meta-analysis of 33 studies (Swift, Callahan, Ivanovic, & Kominiak, 2013) that responding to client preferences contributes significantly to improved therapy outcomes and a reduction in approximately 50% of the client dropout rate. Client preferences have been identified as key variables that should be included in the clinical decision-making process.
(American Psychological Association, 2006), and the assessment of preferences should take place early in therapy (Swift, Callahan, & Vollmer, 2011). It is proposed that MI theory and practice, or a MI approach to counselling, can provide a way to respond effectively to client preferences.

There has been a long debate among scholars of intelligence as to whether intelligence is singular (general intelligence) or plural in nature (spread among a range of independent cognitive faculties) (Matto, Berry-Edwards, Hutchison, Bryant & Wailbillig, 2006). Anthropologists have questioned the concept of a general intelligence, and considered it as a parochial western view, that ignores the way cultures place value on different abilities (Greenfield, Keller, Fuligni, & Maynard, 2003). Neuroscientists have highlighted the need for integration among different brain regions for optimal mental and emotional functioning (Cozolino, 2002; Siegel, 1999), i.e. a “pluralistic understanding of intelligence that attends to multidimensional learning opportunities” (Matto et al, p. 406). It is Gardner’s challenge to the singular nature of intelligence through his theory of multiple intelligences that proposes eight - possibly nine - separate cognitive abilities, that has been applied in this study to the field of counselling and psychotherapy. This study offers a challenge to the way that western approaches to therapy have been primarily based on the assumption of a singular intelligence that utilises verbal-linguistic and logical-mathematical abilities as a basis for clinical work.

Within the discipline of counselling, this study focuses on exploring the lived experiences of practising counsellors who trialled a MI approach to counselling with their adult clients, an approach that enabled them to respond to client preferences in
the area of multiple intelligences. The epistemological stance of the researcher and
the research project is one of phenomenology, with an emphasis “on the experiential
claims and concerns of the persons taking part in the study” (Larkin, Watts, &
Clifton, 2006). This stance echoes the researcher’s humanistic stance as a counsellor.
From this stance, the underlying research question developed: What are counsellors’
perceptions of the effect on their counselling practice of being introduced to MI
theory and practice? A focus on the participants’ voices is central. Therapeutic
alliances, the connections between counsellor and client, were a particular focus, as
they have been shown to be a reliable component of positive therapeutic outcomes.

Under investigation were counsellors’ experiences before and after a training
intervention based on MI theory (Gardner, 1983, 1995, 1999, 2006). MI theory was
developed and extensively applied with positive outcomes within the field of
educational psychology. Outcomes in the educational field have indicated the
application of MI theory to learning evokes positive emotions for students, that have
contributed to enhanced motivation and learning increases. To date MI theory has
been applied in one study in the field of counselling with children (O’Brien &
Burnett, 2000). However there have been no investigations of the possible impact of
MI theory on counselling with adults. This study provides recommendations for the
use of MI theory in enhancing counsellor practice, supervision and education.

Gardner argues against a one-dimensional or uniform view of intelligence, in
favour of a pluralistic view (Gardner, 2006), that recognises that people have
different cognitive strengths and contrasting cognitive styles. Furthermore, Gardner
points out that western education has over-emphasised two particular intelligences –
the logical/mathematical and the verbal/linguistic. It could be argued that western counselling and psychotherapy (with the exception of the creative arts therapies) may have also over-relied on these intelligences. The assumption of the universality of these two intelligences in the way counselling clients think and communicate, may have a limiting effect on the provision of the most effective psychological treatment.

This study investigated the possibility of strengthening therapeutic alliances through the utilization of theory and interventions relevant to clients’ preferred or natural intelligences (Gardner, 1983, 1995, 1999, 2006). Gardner’s theory of Multiple Intelligences (MI) delineates eight (possibly nine) distinct intelligences, each one representing a different way that clients can communicate and learn. The intelligences can be summarised as verbal linguistic, mathematical logical, visual spatial, musical rhythmic, bodily kinaesthetic, intrapersonal, interpersonal, and naturalist environmental (Nolen, 2003). A ninth intelligence (the metaphysical) has been considered, but not yet verified.

A one-day MI training intervention (Appendix C) was developed and facilitated by the researcher for a group of volunteer counsellor-participants. Within the training intervention, counsellors were prepared to assess their clients’ preferred intelligences, in order to modify their treatment and provide more effective responses to client abilities, preferences and strengths. The intervention includes a survey (Chislett & Chapman, 2005) to inform participants about their own preferred intelligences, and the possible intelligence assumptions underlying their professional work. The MI intervention provided experiential counselling activities that utilise the
range of intelligences and that equip counsellors to respond in a flexible and practical way to client needs.

Counselling clients’ motivation to participate in the therapy process and make behavioural changes develops through the appearance and evolution of therapeutic alliances or the connections between the counsellor and client (Emmerling & Whelton, 2009). The construct of the therapeutic alliance has been found to be theoretically sound and clinically useful (Gaston, 1990).

**Terms used within this study**

The field of professional counselling in Australia is still in the process of differentiating from the more general use of counselling skills by other helping professionals. The professional identity of counsellors, as having unique and distinct training and therapeutic tasks, similar in some ways, yet separate from psychotherapists, psychologists, and social workers is still being established in Australia. Some definitions of counselling and the closely linked field of psychotherapy are discussed in the literature review sections of the articles. In this study the term ‘counsellor’ will be used to describe qualified and experienced professionals, however in much of the supporting literature the terms ‘counsellor’, ‘therapist’, and ‘psychotherapist’ are used interchangeably. Likewise the term ‘client’ will be used in this study, while some of the psychotherapy literature uses the term ‘patient’. The activity of counsellors will be termed ‘counselling’, while much of the literature uses the term ‘therapy’ or ‘treatment’ to denote the same, or similar, activities.
One of the key concepts investigated in this study is the therapeutic alliance. When requesting perceptions of the alliance from counsellors and clients the simpler term ‘connection’ is widely used in the literature. The professional literature also uses the terms ‘enabling relationship’, ‘helping alliance’, ‘working alliance’, or ‘therapeutic bond’ to delineate the same or similar concepts.

**Background and Context**

There have been suggestions that the counselling profession might benefit from an increase in counselling research (Dee, et al., 2011). While psychotherapy research has blossomed and has focused on defining an evidence base for practice, there has been a sharp decline in counselling research, with only 6% of all counselling research articles focusing on the effectiveness of counselling interventions (Dee, et al., 2001). The current project aims to contribute to the counselling-specific research field.

The strength of the counsellor/client alliance has been shown to predict therapeutic success (Lambert, 2004), and has been identified as a significant common factor across all counselling approaches that predicts positive counselling outcomes (Hubble, Duncan, & Miller, 1999). Since the therapeutic connection has been shown to be a key common factor in positive counselling outcomes, it seems valuable to examine the impact of MI theory and practice on this factor.

The researcher has training and experience in two fields that are drawn together for this study: counselling and multiple intelligence theory in education. Research (O’Brien & Burnett, 2000; Pearson, 2003) indicates that determining
intelligence strength and initially using counselling methods with children that draw on a number of intelligences, can lead to a stronger connection. No research could be found investigating this approach with adult clients.

**Researcher’s background and role**

Researcher reflectivity requires an awareness and analysis of the researcher’s contribution to the construction of meanings throughout the research process. The researcher has training and experience in several fields that are drawn together for this study: namely the use of MI counselling (through over 20 years of experience using expressive therapies [ET]), and primary school education (where MI theory has been implemented widely). In addition, the researcher’s training and experience in education and in ET, supports developing innovative ways to help clients process their emotional difficulties, improve communication, and gain self-awareness skills, that can contribute to an increased sense of wellbeing. Finally, the researcher’s observations over many years as a counsellor, using MI theory as a basis for selection of practical therapeutic activities, as well as the student’s previous research (Pearson, 2003), indicates improvement in the alliance.

**The intervention**

Counsellor-participants were offered a one-day MI training intervention, which was developed and delivered by the researcher. The intervention was designed to inform participants in four main areas: (1) overview of MI theory, (2) provide means for assessing their own and clients’ preferred or natural intelligences, (3) provide practical counselling activities that utilise each of the intelligences, and (4) session-planning in the light of a clients’ intelligence profiles, i.e. matching MI
activities to the client’s profile (Chapter Five). The practical counselling activities presented during the MI training were previously designed by the student and colleagues, and have been tested and published (Pearson, 2003, 2004; Pearson & Nolan, 2004; Pearson & Wilson, 2001, 2009), (See program outline Appendix C). There is growing international acceptance that participation in the creative arts can be beneficial for well-being and health (Clift, 2012). For over three decades arts for health projects have been developed to support health care and promote health and well-being in communities. “An increasing body of evaluation and research evidence lends weight to the value of such initiatives” (Clift, p. 120).

The intervention includes use of a survey (Chislett & Chapman, 2005, Appendix B) to inform participants about their own preferred intelligences and to assess their clients’ intelligence preferences.

Participants were encouraged to include the intervention framework and activities in their professional work according to their own assessment of client readiness and needs. Variations in the participants’ application of the intervention techniques and theory will be explored in the post-intervention interviews.

**Significance of the study**

This study provides several theoretical and practical contributions to knowledge in the field of counselling and psychotherapy. It identifies new ways to understand and enhance therapeutic alliances, it provides guidelines that appear to enhance professional work, and it provides a model for extending counsellor pre-service and in-service training with MI theory, through articulating a MI approach to counselling. This study also provides a framework for counsellors to be more
flexible, or eclectic, in the delivery of service to clients, and to utilise new ways of matching treatment to client preferences.

Areas for extension of this research in the future were identified, that could further substantiate and extend the findings (e.g., longitudinal studies), as well as possible investigation of new areas identified during the interviews with counsellors, but not investigated in this study. Recommendations for improved counsellor training, supervision and professional practice are outlined.

**Statement of Aims**

The main aim of this study, emerging from the researcher’s curiosity and background experience, is to investigate counsellor perceptions of the impact on their professional work with adult clients, and particularly on therapeutic alliance development, through introducing them to MI theory and establishing ways to apply MI theory in practice (see Chapter Seven).

Sub-objectives that evolve from the main aim:

- To articulate the theoretical and practical aspects of a MI approach to counselling;
- To discover the current perspectives of practicing counsellors on the therapeutic alliance (Chapter Four);
- To develop and implement a MI training intervention for counsellors that introduces a MI approach to counselling (Chapter Five);
- To provide counsellor-participants with materials to learn about their clients’ preferred intelligences;
To determine counsellors’ perceptions of whether the MI approach to counselling has impacted on their professional work, and in particular therapeutic alliances (Chapter Seven).

The initial gathering of the perceptions of counsellors, as a baseline, on therapeutic alliances was achieved through the use of semi-structured interviews with counsellor-participants. The initial themes from analysis of interview transcripts were informative (Chapter Four) and also formed a baseline understanding that was later used for comparison with themes from post-intervention interviews (Chapter Eight).

**Research Questions**

Research questions were generated from the researcher’s professional interests over many years, from clinical observations of counselling clients engaging in a range of therapeutic activities that utilise specific intelligences, from conversations with many colleagues that explored what helped in obtaining positive therapeutic outcomes, and an interest in contributing to practice-based evidence in the field of counselling. In particular, the general questions were developed with the aim of respecting and understanding counsellors’ experiences and giving voice to their clinical observations.

**General questions**

(a) What are counsellors’ perceptions of the effect on their counselling practice with adult clients of being introduced to MI theory and practice?
(b) What are counsellors’ perceptions of impacts on the therapeutic alliance after they have incorporated a MI approach into their practice?
(c) What unexpected experiences emerge for counsellors who utilise a MI approach to counselling?

Specific questions

Exploratory, explanatory, descriptive, and emancipatory questioning (Lopez & Willis, 2004) has been used in developing the specific research questions:

- What are counsellors’ current perspectives on the therapeutic alliance?
- What are counsellors’ current perspectives on the use of MI theory in their work?
- What are counsellors’ perceptions of the effect of an MI intervention on their professional work and in particular on therapeutic alliances?
- In what ways can increasing counsellors’ knowledge of clients’ preferred intelligences have an effect on their work and on therapeutic alliances?

The interview schedules (Appendix A) show how the research questions were presented to participants in the data-gathering phase.
How the Papers are Linked

Presenting a PhD thesis by papers differs in many ways from a traditional five or six chapter thesis. In order to make each paper succinct and within the word limits required by journals, brevity in the Method sections has been necessary. To counter-balance this, an extra chapter (Chapter Three) has been included that is not prepared for publication, but details the research methods used in this study. Chapter Eight is provided as an overview of outcomes and implications from the study, and has not been prepared for publication.

The paper in Chapter One “Multiple intelligences and the therapeutic alliance: Incorporating multiple intelligence theory and practice in counselling” was developed from the research proposal and provides an overview of the study.

The paper in Chapter Two “Changing views of theory and practice in counselling: Multiple intelligences, eclecticism and the therapeutic alliance”, reiterates the theoretical frameworks of multiple intelligences and therapeutic alliances, and illuminates ways that MI theory might be valuable within the field of counselling, particularly in providing a meta-theory for eclectic practice and the integration of counselling styles and methods.

As papers allocate limited space to describe details of research philosophy and methods, Chapter Three is included in this dissertation to provide an extensive overview of the underlying philosophy of phenomenological research and Interpretative Phenomenological Analysis (IPA) used in this study.
The paper in Chapter Four “Therapeutic alliances in short-term counselling” presents the major themes from the pre-intervention interviews. This practice-based evidence from the field is compared to the literature, and some unexpected themes are discussed. This paper argues that there are some significant differences in orientation toward alliances between clients engaging in long-term psychotherapy (the field of most alliance research), and clients commencing counselling hoping to resolve immediate short-term issues.

Chronologically, after the pre-intervention interviews, participants next attended the MI training intervention. The paper in Chapter Five “Multiple intelligences training for counsellors: Reflections on a pilot program” describes the intervention in detail and presents the counsellors experience of the intervention, gathered through interviews and a written questionnaire.

The paper in Chapter Six “Using multiple intelligences to complement meaning reconstruction with bereaved parents. An analysis of three case reports” emerged from an extended post-intervention interview with one participant. It illuminates the way the MI approach was integrated into practice, and shares some outcomes from this way of working.

The final paper in Chapter Seven “A multiple intelligences approach to counselling: Enhancing alliances with a focus on strengths” presents the themes analysed from all the post-intervention interviews, and captures the participants’ experiences of integrating a MI approach to counselling into their daily therapy
practices. It shares the participants’ view that the MI approach provides a strengths-based way of providing counselling, and some of the benefits of this.

Chapter Eight includes a comparison of findings (themes) from the Chapter Four (pre-intervention interviews) and Chapter Seven papers (post-intervention interviews), as well as a summary of all findings and implications for counsellor education, and recommended areas for further research based on the findings.

An afterword has been included, after Chapter Eight, that explores the possibility of identifying a typical intelligence profile for counsellors. While this differs in aim from the general research questions, it provides a glimpse of research that has explored typical profiles for various professions.

Notes:
As papers have been prepared to stand alone, some repetition has been necessary so that readers of each paper can grasp the wider context. References for each paper have been combined into the final reference list. Abstracts, acknowledgements and biographical notes for each paper have been omitted, in line with University guidelines. Some papers use American spelling as required by the journals.

The status of papers:
Papers in Chapters One and Two have been published. Papers in Chapters Four and Five have received favourable reviewer comments and suggestions, which have been incorporated. Papers in Chapters Six and Seven have been submitted to journals, and are yet to receive reviewer comments.
Chapter One

Multiple intelligences and the therapeutic alliance:
Incorporating multiple intelligence theory and practice in counselling.

doi: 10.1080/13642537.2011.596725

The first paper evolved from the early literature search and the preparation of the research proposal. It provides an introductory framework and overview of the study, introducing multiple intelligences theory, some ways this theory has been applied within the field of education, and provides an introduction to the therapeutic alliances constructs. The researcher is the sole author.
Multiple intelligences and the therapeutic alliance:

Incorporating multiple intelligence theory and practice
in counselling.

Introduction

Can the therapeutic alliance be strengthened through application of multiple intelligences (MI) theory (Gardner, 1983, 2006)? Can therapeutic activities developed to utilise a wide range of intelligences improve counsellor flexibility and effectiveness? Can understanding clients’ intelligence preferences support a culture of feedback? Can counsellor sensitivity to their personal intelligence preferences reduce bias?

MI theory was introduced within the fields of education and psychology twenty eight years ago, and has been applied in the field of counselling, using expressive therapies (ET) with children over ten years ago (O’Brien & Burnett, 2000a, 2000b). However, while there is extensive literature linking MI theory with education, school reform, teacher preparation, student assessment, and with leadership in the business world, there appears to be no literature that proposes linking MI theory with counselling for adult clients. This discussion proposes that the implementation of MI theory in the fields of counselling and psychotherapy may lead to recommendations for enhancing several areas of practice, and extending counsellor education.
Practical implementation of MI theory may impact positively on the therapeutic alliance: “the collaborative and affective bond between therapist and patient” (Daniel, Garske, & Davis, 2000). Implementation of MI theory may also enhance counsellor flexibility, and encourage client feedback. MI theory may provide a useful framework for integrative and eclectic practice. A recommendation will be made for counsellors to explore options for training in MI theory and practice, and learn to assess their own and their clients’ MI preferences.

Meta-analyses of counselling and psychotherapy outcome research in recent years has led away from comparing differing therapy theories and styles - finding all approaches are effective - to the identification of common factors that account for positive outcomes (Hubble, Duncan, & Miller, 1999). Among the common factors most influential in contributing to positive outcomes is the strength of the therapeutic alliance. Reviewers of the therapeutic outcomes research are “virtually unanimous in their opinion that the therapist-patient relationship is crucial to positive outcomes” (Lambert & Ogles, 2004, p. 174).

Counselling clients’ motivation to participate in counselling and make behavioural changes develops through the evolution of the therapeutic alliance (Emmerling & Whelton, 2009). The construct of the therapeutic alliance has been found to be theoretically sound and clinically useful (Gaston, 1990). Understanding clients’ MI preferences, counsellor sensitivity to their own intelligence preference, and responding with relevant therapeutic activities may strengthen the alliance.

Trends in the field of counselling are towards integrative or eclectic practice,
bringing together theories and practices from several approaches (e.g., Howard, Nance, & Myers, 1986; Rivett, 2008), and the appropriateness of this trend has been supported by Lambert, Garfield and Bergin (2004). The integration of MI theory into the field of counselling would support counsellor choices in developing a common factor or integrative practice, and provide a theoretical underpinning for eclecticism.

Gardner's MI theory (1999) delineates 8 distinct intelligences, with a possible 9th, each one representing a different way that clients can reflect, communicate and learn. Gardner (1999) found that people have different intelligence profiles, and he determined there is no hierarchy in importance among the intelligences.

The implications for MI theory applied within counselling were first described by O’Brien and Burnett (2000a, 2000b) in relation to therapy with behaviourally challenged students in a school setting. To date there appears to be no literature linking MI theory to counselling with adult clients.

The author’s observations over twenty years as a counsellor, using MI theory and practical activities with young clients, as well as investigating previous research (O’Brien & Burnett, 2000a; 2000b; Pearson, 2003), indicates that using MI based therapeutic activities contributes to improvement in the alliance, increased client motivation, less client defensiveness, and overall increases in counselling effectiveness.

The therapeutic alliance

The therapeutic alliance has been defined broadly as “the collaborative and
affective bond between therapist and patient” (Daniel, Garske, & Davis, 2000). Early writers (such as Freud, 1912/1958; Rogers, 1951; Zetzel, 1956) reported that a positive connection with clients was a basic requirement for effective therapy. These reports have been supported through more recent meta-analytic reviews of the literature (e.g., Daniel, Garske, & Davis, 2000) and neuroscience findings that highlight increases in the effectiveness of therapy and higher neuro-plasticity when positive relationships are present (e.g., Barletta & Fuller, 2002; Schore, 2002; Siegel, 1999; Wright, 2000).

The therapeutic alliance is also termed in the literature the ‘helping alliance’ and the ‘working alliance’, and is also a term for “the degree to which the patient experiences the relationship with the therapist as helpful or potentially helpful in achieving the patient’s goals in psychotherapy” (Luborsky & Luborsky, 2006, p. 63). While there are some differing views about the therapeutic alliance construct, there is widespread agreement that the relationship is crucial (Lambert & Ogles, 2004).

The strength of the therapeutic alliance has been shown to predict therapeutic success (Lambert, 2004). Determining intelligence preference and initially using counselling methods with children that draw on a number of intelligences, can lead to a stronger connection (O’Brien & Burnett, 2000a, 2000b; Pearson, 2003). Since the alliance has been shown to be a key common factor in positive counselling outcomes (Hubble, Duncan, & Miller, 1999), it seems valuable to examine the impact of MI theory and practice on the alliance.
Multiple intelligence theory

In 1983 Harvard researcher, Howard Gardner first described his original seven-intelligence MI theory. MI theory has become instrumental in school curriculum planning, and widely adopted in the field of education. Gardner deliberately used the term ‘intelligence’ to identify what could also be referred to as ‘faculties’ or ‘gifts’, and has stated that he is also willing to call them ‘talents’ or ‘abilities’ (Visser, Ashton & Vernon, 2006).

MI theory delineates 8 distinct – possibly 9 – intelligences, each one representing a different way that people can reflect, communicate and learn. The intelligences can be summarised (Nolen, 2003) as verbal linguistic (strong ability to use words), mathematical logical (ability with deductive reasoning), visual spatial (ability to use images and graphic designs), musical rhythmic (ability to express through music and rhythm), bodily kinaesthetic (ability with movement and use of the body), intrapersonal (awareness of internal moods and thoughts - also termed by others emotional intelligence [e.g., Mayer & Salovey, 1995]), interpersonal (ability to learn and express through relating to others), and naturalist environmental (affinity with nature and living things). Additionally, Gardner (1999) proposed an existential intelligence (being concerned with reflection on transcendental concerns, such as the significance of life or the meaning of death).

Gardner argues against a one-dimensional or uniform view of intelligence, in favour of a pluralistic view (Gardner, 2006), that recognises that people have different cognitive strengths and contrasting cognitive styles. Although Gardner
describes western education as putting the linguistic and logical-mathematical intelligences on a pedestal, he is emphatic that all intelligences have an equal claim to priority. Gardner’s work has been enthusiastically embraced in the field of education. His theory has been used to support quality education, with schools and curricula focusing on optimal understanding and development of each student’s cognitive profile (2006). It is argued here that MI theory may have significant implications for supporting quality counselling, approaches that can respond to and expand each client’s individual intelligence profile. Additionally MI theory provides a framework for integrating many styles of counselling into a meaningful meta-approach.

Gardner argues that an education system that has taken a “uniform view”, a view that presumes good test results in one or two intelligences (usually linguistic and logical-mathematical) implies a satisfactory education, has not equipped students with the ability to generalise their education to deal with an ever more complex world (Gardner, 2006). While there is an ever-growing number of counselling and psychotherapy theories, styles and methods, does treating clients with a singular approach really support flexible and generalisable skills for solving emotional, behavioural and cognitive challenges beyond the consulting room?

Gardner (1983) found that students’ learning increased when more than two or three intelligences were operating in learning tasks. His work provides the profession of counselling with a valuable catalyst for reflection on preferences in practice modes. Teachers who used MI theory as a framework to offer a variety of learning activities were effective and results were sustainable (Hopper & Hurry, 2000). Implementation of MI theory impacts on learning through creating increased
awareness about the learning process, stimulating the learning process, increasing students’ motivation, reducing behavioural disruptions, raising self-esteem, and improving teacher-pupil relationships (Hopper & Hurry, 2000). Could similar gains apply to the tasks of therapeutic change?

Conventional counsellor training concentrates on application of verbal/linguistic intelligence (questioning, communicating issues and telling the story) and logical/mathematical intelligence through engaging cognitive problem solving. Using a MI approach to counselling may be more effective and lead to more positive outcomes for clients whose preferred intelligences during counselling differ from the traditional verbal linguistic and logical mathematical intelligence (Booth & O’Brien, 2008). Many styles of therapy have come to specialise in one or two of the intelligences. If utilising more of the intelligences in education results in quality education, does initiating access to a broader range of intelligences in counselling result in increased quality and therapeutic effectiveness?

**MI and counselling approaches**

MI theory sheds some light on possible reasons for the evolution of such a wide range of therapeutic orientations and modalities. Are new approaches developed from an understanding of client’s intelligence preferences, or could counsellor and researcher intelligence preferences guide this process?

How are the intelligences used in the fields of counselling and psychotherapy? The verbal/linguistic intelligence has been at the heart of western psychotherapy. Freud adopted the term ‘the talking cure’ to describe psychoanalysis (Freud, 1910).
This intelligence is utilised in verbal therapy, therapeutic writing (Pearson & Wilson, 2009; Wright & Chung, 2001), the use of journals (Progoff, 1975), and bibliotherapy (Pardeck & Markward, 1995). This intelligence may be preferred by clients who think and learn through written and spoken words, and have the ability to memorise facts, fill in workbooks, respond to written tasks, and enjoy reading.

The musical/rhythmic intelligence would be utilised when spontaneous music-making or recorded music is used as part of therapy (Bonny, 1973; Brey, 2006; McIntyre, 2007). It can be connected with the kinaesthetic intelligence through dance to rhythms, and to the verbal / linguistic intelligence through the rhythms of poetry in therapy (Brand, 1987; Mazza, 1981; Rothenberg, 1987). The musical/rhythmic intelligence is ideal for clients who can recognise tonal patterns and environmental sounds, and who learn through rhyme, rhythm and repetition.

Cognitive behavioural therapy (Teyber, 2006) and programs that use applied behaviour analysis (Porter, 1996) depend to a large extent on use of the logical/mathematical intelligence. Approaches that use the logical/mathematical intelligence may be most helpful for clients who emphasise the cognitive aspect of their life, who can think deductively, deal with consequences, numbers and recognise patterns.

Use of the interpersonal intelligence – the ability to understand others and work effectively with them (Armstrong, 2009) - underlies the development of the therapeutic alliance, because almost all approaches to counselling (perhaps with the exception of recent developments in the use of online and computer programs)
utilise interpersonal connections. The person-centred approach (Rogers, 1951) focuses on creating an extremely positive interpersonal connection. In the person-centred style of counselling the activation of the interpersonal intelligence is the central method. This intelligence is in action in clients who learn and operate one-to-one, and through group relationships and communication. A similar construct, the social intelligence, has been proposed (Bar-On et al., 2003; Cantor & Kihlstrom, 1987) and validated by Ford and Tisak (1983).

Art therapy and the use of drawing (Hass-Cohen & Carr, 2008; McNiff, 2004; Ulman, 1975), sandplay therapy and symbol work (Pearson & Wilson, 2001) primarily depend on the visual/spatial intelligence. While a very wide range of clients are able to express and communicate via these modalities, they are particularly useful for clients who can think with and visualise images and pictures, and have the ability to create graphic designs and communicate with diagrams, images and symbols.

The bodily/kinaesthetic intelligence suggests ability with sensory awareness and movement. These are utilised in somatically focused therapies (Diamond, 2001; Levine, 2004; Roberts, 2004), dance therapy (Levy, 1988), bioenergetics (Lowen, 1975), and relaxation. Clients for whom these modalities are attractive can learn through physical movement and body wisdom, and may have a sense of knowing through body memory. They may have easy access to sensory clues to internal processes.

The naturalist intelligence is developed, encouraged and utilised in approaches that use connection to nature (e.g., Hunter, 2006; Kaplan, 1992; Nebbe,
1995), ecopsychology (Roszak, Gomes, & Kanner, 1995), horticulture therapy (Moore, 1989) and through therapeutic use of relating to pets (Chandler, 2005), for example, in equine assisted therapy (Klontz, Bivens, Leinart, & Klontz, 2007). This intelligence involves an ability to recognise categories in nature, and sensitivity to natural phenomena (Armstrong, 2009).

The intrapersonal/emotional intelligence is highly utilised in psychodynamic approach to counselling (Jacobs, 2004), in expressive therapies, and in the use of visualisation and meditation. Skills in this area are integral components of good mental health (Kaufhold & Johnson, 2005), and seen as central in effective engagement in learning (Shepard, Fasko & Osborne, 1999). A client with a preference for the intrapersonal might enjoy and learn through self-reflection, participate in metacognition, and like working alone.

The proposed ninth intelligence has been identified as existential. It has been more popularly labelled as a “spiritual intelligence” (Hyde, 2004; Mayer, 2000), although Gardner (2000) argues against the use of this term. The existential intelligence includes the ability to contemplate metaphysical concepts and deal with “questions beyond sensory data” (Moran, Kornhaber, & Gardner, 2006, p. 24). Use of this proposed intelligence and associated activities (such as spiritual reflection, meditation, prayer) is central to transpersonal psychotherapy (e.g., Boorstein, 2000; Le Gacy, 1998; Walsh, 1994), and the therapies that utilise spiritual or religious techniques (e.g., Cashwell & Young, 2004; Stanard, Sandhu, & Painter, 2000).

One of the tasks for a counsellor is to discover and work with techniques that
utilise the intelligences with which a client is naturally adept. Beginning with the
natural or preferred intelligence and related communication style, the goal, depending
on client tolerance, would be to eventually offer activities that stimulate intelligences
and skills that have been less dominant. This builds a client’s sense of competence
and allows them to communicate and work through issues in a way that is
experienced as non-threatening and non-oppositional (O’Brien & Burnett, 2000a).
O’Brien and Burnett (2000a) found that the most often used intelligence by student
clients was the interpersonal, followed by the bodily/kinaesthetic, then the
visual/spatial. The logical/mathematical intelligence was the least preferred with
young behaviour-challenged clients.

The use of experiential treatments can have a positive and profound impact in
treating adolescents and these approaches can open up thinking and emotions in ways
that may not occur with traditional talk therapies (Longo, 2004). Clients display a
range of preferred learning styles (Longo, 2004) and ET is one approach that provides
a counsellor with an opportunity to respond to a variety of learning styles.

There has been a move away from research comparing approaches, from
trying to objectively assess which approaches produce better outcomes (Lambert,
2004). Building research and practice around the question of matching approaches to
clients’ preferences and abilities may be more beneficial.

It is possible to utilise each of the intelligences in counselling sessions, and
knowledge of a client’s preferred intelligences can be useful to the counsellor in both
developing a questioning style and selection of activities (Booth & O’Brien, 2008).
Knowledge of one’s own intelligence preferences may also contribute to reducing assumptions about clients, and providing the most supportive way of working.

**Significance of the intrapersonal or emotional intelligence**

Gardner (2006) described an intrapersonal intelligence as concerning access to one’s feeling life, the capacity to represent feelings, and the ability to draw on them as a means of understanding, and as a guide for behaviour. In the field of counselling, particularly in psychodynamically oriented and emotion-focused approaches, it may be the intrapersonal intelligence that can account for much of the insight and growth for clients.

O’Brien and Burnett (2000b) found that the intrapersonal intelligence acts as a hub, and has an integrative role in relation to the other intelligences. “When clients more fully understand their own expression of feelings and think about implications for life, they seek to integrate this learning into knowledge of self.” (O’Brien & Burnett, 2000b, p. 359.)

The literature that distinguishes an emotional intelligence (EI) is fast growing, controversial and involves several separately evolving camps, since the first publication by Salovey and Mayer (1990). Developments in validation of the EI construct include testing implements, application to education, the work place, relationships, health, and beyond. Mention of Gardner’s research is largely missing in this literature.
Seven years after publication of Gardner’s theory of MI, Salovey and Mayer (1990) published the first formal theory and definition of EI, and a review of the limited literature describing it. Contrary to the assertion of some critics (e.g., Locke, 2005; Murphy, 2006), Salovey and Mayer hypothesised the EI construct, rather than claiming it as a fully formed theory.

EI has been shown to be highly significant for the business world and improving leadership (Cherniss, 2000). Social and emotional abilities were found to be four times more important than traditionally scored IQ in determining professional success and prestige for those with PhDs in science (Feist & Barron, 1996). EI predicts success in important domains, among them personal and work relationships (Salovey & Grewal, 2005).

Linking EI and therapy, Mayer and Salovey (1995) identified that defences against emotion (such as denial, projection and intellectualisation) may impede judgment because they reduce both pain and the information about the world that accompanies it. Increased defensiveness (and closing off of information) may lead to reduced sensitivity to others, less social understanding, and poorer health (Mayer & Salovey, 1995).

The significance of the intrapersonal/emotional intelligence in the form of self-awareness has been supported in Rennie’s (1994) analysis of client interviews. Much of the clients’ remembered experience was of “moments in which they had been self-aware and deliberate in thought and dialogue” (Rennie, 1994, p. 427). This self-awareness, or client reflexivity, was found to be the core category in the study, a
Engaging clients in use of the intrapersonal / emotional intelligence is sometimes met with initial resistance. However, using MI strategies lowered resistance, and “diminished the impact of the ego defences”, and use of the visual/spatial intelligence often led to some discussion of intrapersonal problems (O’Brien & Burnett, 2000a, p. 153). Furthermore, “the door to the intrapersonal intelligence is best opened through a known, strong intelligence” (O’Brien, 2000b, p. 358).

Assessing natural or preferred intelligences

To inform themselves about their own and their clients’ strong, natural or preferred intelligences, and the possible intelligence assumptions underlying their professional work, counsellors have access to a number of MI preference tests (e.g., Chislett & Chapman, 2005; McKenzie, 2000; Shearer, 1996; Teele, 1992). Of course, direct observation of the client and developing conversations, during initial sessions, that explore cognitive abilities and general interests may provide some clues as to client intelligence preferences. However, the assessment scales may both support these conversations and provide speedy feedback.

Counsellors are encouraged to assess their clients’ preferred intelligence in a collaborative way, in order to respond more effectively, encourage feedback, and to enhance the therapeutic alliance. Discussing clients’ views of their intelligence preferences, that emerge as a result of using a test, may open useful dialogue. Encouraging client feedback has been shown to strengthen results (Duncan & Miller,
Client feedback is also important as it has been shown that, while counsellors in general have accurate knowledge of the process and outcomes of counselling, their perceptions may have a low correlation with the perceptions of specific clients (Manthei, 2007). MI counselling activities can equip counsellors to respond in an informed, flexible and practical way to client needs.

There have been a few scales developed to help teachers assess students’ preferred intelligences, and for adults to assess their own intelligence preference, although to date these tests explore only the original 7 intelligences. Some of these scales or tests may be useful for counsellors. Shearer (1996) developed the 97-item Multiple Intelligence Development Assessment Scales (MIDAS) for use with students in classrooms. Use of the scale results in a profile which is best described as “the general overall intellectual disposition that includes your skill, involvement and enthusiasm for different areas” (Shearer, 1996, p. 10).

Another widely used scale, designed for school students, that utilises images as well as text, is the Teele Inventory for Multiple Intelligences (TIMI) (Teele, 1992). This scale provides an opportunity to gauge students’ perceptions of their own intelligence preferences.

A scale that the author has found useful is the 70-item Chislett and Chapman (2005) Multiple Intelligences Test. It is provided on the web at no charge, and has proved to be of practical use. The Chislett and Chapman (2005) test may be the quickest to complete and score, and speed may be essential when inviting clients to
participate in exploring their own preferences.

**Expressive therapies as MI interventions**

Expressive Therapies (ET) (Pearson, 1997, 2004; Pearson & Nolan, 1991, 2004; Pearson & Wilson, 2001, 2008, 2009) have been found to be a useful way to concretise MI therapy in counselling practice. ET has integrated the central precepts of MI into a cohesive framework, which invites and allows for client preferences and works to expand client options (Pearson & Wilson, 2009). ET provides experiential activities that utilise the full range of intelligences. As well as discussion, ET utilises art, imagery, music, movement, emotional expression, therapeutic writing, relaxation and visualisation (Pearson & Wilson, 2008, 2009). Clear links have been demonstrated between ET and MI theory (Booth & O’Brien, 2008; O’Brien & Burnett, 2000a, 2000b).

**Client empowerment through feedback**

Use of MI tests and interventions may contribute to encouraging client collaboration and feedback. There is a growing body of evidence indicating that creating a culture of client feedback can improve therapeutic outcomes (Duncan & Miller, 2006; Miller, Duncan, Sorrell, & Brown, 2005; Saggese, 2008). As the literature reports that client perceptions of counselling are better predictors of outcome than counsellor ratings (Henkelman & Paulson, 2006), client voices need to be encouraged.

Consciously engaging with the client’s world and constantly checking for understanding, rather than trusting assumptions, that are likely to be inaccurate
(Henkelman & Paulson, 2006), may strengthen outcomes. “It is the clients, not the therapists, who make treatment work. As a result, treatment should be organised around their resources, perceptions, experiences, and ideas” (Duncan & Miller, 2000, p. 11). The encouragement of accurate and honest client feedback may be a new development, for some counsellors. “Finding ways to be a more responsive and flexible counsellor will increase the likelihood that the counselling will be more effective” (Henkelman & Paulson, 2006, p. 146). Becoming a more effective counsellor may involve attending to the quality of the relationship, actively working at becoming more flexible and responsive, and incorporating measures in session to encourage clients to more openly reflect on their process (Henkelman & Paulson, 2006). Integrating MI theory and practice can support this flexibility and responsiveness.

**Future research**

The psychotherapy and counselling literature identifies the therapeutic alliance as one of the reliable ways to predict positive outcome (Luborsky & Luborsky, 2006), and as contributing to up to 30% of positive outcomes (Lambert, 1992). Testing the hypothesis that MI theory and practice can strengthen the therapeutic alliance will be a useful contribution.

Providing the means for counsellors to identify their own current intelligence preferences, and to ascertain - and respond to - their clients’ current preferences, may impact positively on the therapeutic alliance, the effectiveness of practice in general, and encourage a culture of feedback within counselling. Future research could substantiate and extend the suggestions made in this discussion, for example through
longitudinal studies and randomised control trials with adult clients. Outcomes may provide clear recommendations for counsellor training, supervision and professional practice.

Conclusion

Applications for MI theory have been widely reported (e.g., Booth & O’Brien, 2008; Gardner, 1999; Longo, 2004; O’Brien & Burnett, 2000a, 2000b; Waterhouse, 2006). Many counselling activities that utilise MI theory have been trialled and published as part of ET (Pearson, 2003; Pearson & Nolan, 2004; Pearson & Wilson, 2001, 2009). Useful tests are available to inform counsellors about their own preferred intelligences and assess their clients’ intelligence preferences. The ET activities, in conjunction with the tests, practically equip counsellors to respond in a flexible way to clients’ preferred intelligences.

The integration of MI theory and practice in the fields of counselling and psychotherapy will provide several contributions to existing fields of knowledge. This integration may provide news ways to understand and enhance the therapeutic alliance. With further research, a clearer model may emerge for extending counsellor post-graduate training with MI theory. This model could provide a framework for counsellors to be more flexible in the delivery of service to clients, and utilise new ways to match treatment to client preferences. These steps may impact on client motivation to relate to the counsellor, participate, give feedback and seek change.
Chapter Two

Changing views of theory and practice in counselling:
Multiple intelligences, eclecticism and the therapeutic alliance.


The second paper, developed with suggestions and editorial support from one of the supervisors, introduces in more detail the way MI theory can act as a support for counsellor flexibility in that it provides an underlying perspective for making eclectic practice decisions. This article extends the concept of using some activities from creative arts therapies to implement MI in practice.

¹ Dr O’Brien is a principle supervisor of this study, and provided advice on multiple intelligences theory and its applications, and editorial advice for this article.
Changing views of theory and practice in counselling:
Multiple intelligences, eclecticism and the therapeutic alliance.

Introduction

This article discusses three theories and approaches in the field of counselling that have the potential to advance understanding of counselling processes. One, developed within educational psychology and first published in 1983, is Gardner’s theory of multiple intelligences (MI) (Gardner, 1983, 2006). Gardner argued against a one-dimensional view of intelligence, in favour of a pluralistic view that recognises that people have different cognitive strengths and contrasting cognitive styles (Gardner, 2006). His theory has become instrumental in school curriculum planning, and widely adopted in the field of education. His theory delineates eight distinct intelligences, each one representing a different way that people can reflect, communicate and learn.

The next could be seen as a therapeutic approach in search of a theory: eclecticism, a trend that has been developing for over 70 years (Lampropoulos, 2000). The term eclecticism has been used to describe informal and more systematic ways counsellors and psychotherapists gather and apply theories and methods into a preferred therapeutic style or an individual approach for specific client needs (Hollanders & McLeod, 1999; Lampropoulos, 2000; Lazarus, Beutler & Norcross, 1992).

The third is a collection of theoretical views of the therapeutic alliance, that have evolved throughout Western psychotherapy, first appearing in 1912 in Freud’s
early work (Elvins & Green, 2008). The counselling and psychotherapy literature throws light on the influences and the value of a strong therapeutic alliance, defined broadly as “the collaborative and affective bond between therapist and patient” (Daniel, Garske, & Davis, 2000, p.438).

The implications of bringing together these theories may provide a foundation for eclectic decisions in therapy. The authors propose that the integration of MI theory into the field of counselling would provide a framework for counsellors to develop an eclectic practice approach, contribute to the development of a broad theoretical underpinning for eclecticism, and may strengthen counsellor – client rapport that contributes to the therapeutic alliance.

**Philosophic assumptions underlying counselling**

Over the years of its evolution in Western culture, counselling as a profession can be seen to have constructed and applied collective theories to individuals. Initially modernist conceptions maintained that objectivity, certainty and reason were fixed (Guterman & Rudes, 2008), and approaches to therapy were developed on fixed notions. In the field of therapy, modernist theorists assumed they were describing the psyche and its functioning accurately and that it was indeed knowable (Hansen, 2006). However, postmodernist assumptions have become more dominant in the field of counselling over the last two decades. These assumptions see reality as a human construction, noting that observers create realities, and knowledge is a result of intersubjective communication (Hansen, 2006; Guterman & Rudes, 2008). As a result new approaches that are more flexible and responsive to the client have emerged. A postmodernist theory would be one that, when applied, has useful consequences and
becomes a tool rather than a representation of reality (Hansen, 2010). Overall, both MI and therapeutic alliance theories are flexible and highly useful, and usefulness is at the heart of eclectic approaches (Lampropoulos, 2000).

Hansen (2006) argued that postmodern thought can use theories in a more flexible way that provides expanded usefulness in supporting joint meaning-making between counsellor and client. The counsellor no longer must maintain allegiance to a particular theory, but has as a priority the co-construction of meaning within the therapeutic relationship and has the opportunity to adapt processes in the light of what has a useful impact on counselling objectives (Hansen, 2006).

An integrative movement in the field of counselling and psychotherapy has seen increased interest in trans-theoretical research and building a body of psychotherapeutic knowledge that applies more directly to the daily practice of therapists (Silverman, 2000). This movement brings increased research focus on the core ingredients of therapy, such as the therapeutic alliance and client expectancies.

Without reference to research, counsellors’ beliefs and assumptions may become fixed over time, reducing openness to a client’s unique experience, characteristics and wishes (Cooper, 2010). However, most research into therapy is designed to explore generalities about clients’ experiences. The more research has to generalise, the more findings may not be relevant or helpful for particular clients. Nonetheless, there is a need to tailor therapeutic practices to suit specific clients (Cooper, 2010). Therefore the overarching question is whether there can be research-based theories that attract counsellors to move beyond their own beliefs and biases.
and to encompass flexibility in responding to clients.

While comparative outcome studies on the effectiveness of a variety of theoretical and practical orientations “almost invariably find that they are of about equal efficacy” (Cooper, 2010, p. 187), different kinds of clients may benefit from different kinds of therapy (Lyddon, 1989). For example, cognitive behavioural approaches may be more helpful when clients have greater cognitive functioning, and non-CBT approaches may be more helpful for clients who have greater relational needs and where difficulties appear to be expressed in an internal way (Cooper, 2008). Matching counsellors and clients in terms of cognitive and attitudinal styles results in more positive subjective ratings of counsellors by clients (Fry & Charron, 1980). Clients prefer a counselling approach “that is consonant with their dominant epistemological commitment” (Lyddon, 1989, p. 427), in other words, working in a way that makes sense to them, and may be close to the ways that they already employ to solve problems. Therefore a shared world view between client and counsellor may be an important component of a client’s preference in seeking therapy (Lyddon, 1989; Lyddon & Adamson, 1992). Over twenty years ago Lyddon showed that clients displayed preferences for a therapeutic style that in some way matched their pre-conceptions, and natural problem-solving preferences.

Can theory, practice, and therapists remain flexible enough to respond effectively to the wide range of client preferences? Cooper (2010) recommends that being open to a range of frameworks may prove to be more useful than attempting to identify an approach that accounts for all styles and preferences. The current authors suggest that MI theory may prove an effective meta-theory, from which treatment
methods can be tailored to individual client preferences.

**Background of counselling**

One of the peak professional counselling bodies in Australia, the Psychotherapy and Counselling Federation of Australia (PACFA), defines both psychotherapy and counselling as: “professional activities that utilise an interpersonal relationship to enable people to develop self understanding and to make changes in their lives. Professional counsellors and psychotherapists work within a clearly contracted, principled relationship that enables individuals to obtain assistance in exploring and resolving issues of an interpersonal, intrapsychic, or personal nature” (PACFA, n.d.).

It is this relational aspect of counselling, the development of which is a core component of the therapeutic alliance, that has been shown to be a significant contributor to outcomes. That counselling is, in general, effective is considered by many writers to be conclusive (e.g., Lambert, 2004; Luborsky, Singer, & Luborsky, 1975; Rosenthal, 1990). Meta-analyses of counselling and psychotherapy outcome research in recent years have moved away from comparing differing theories and styles of conducting counselling – finding all approaches are equally effective – to the identification of common factors that account for positive outcomes (Hubble, Duncan, & Miller, 1999; Messer & Wampold, 2002). Among the most influential common factors is the strength or depth of the counsellor-client relationship (i.e. the therapeutic alliance). Reviewers of the research are “virtually unanimous in their opinion that the therapist-patient relationship is crucial to positive outcomes” (Lambert & Ogles, 2004, p. 174).
Trends in the field of counselling have been moving towards eclectic practice for many years, bringing together theories and practices from several approaches (e.g., Howard, Nance, & Myers, 1986; Lampropoulos, 2000; Rivett, 2008). This trend away from maintaining rigid boundaries between theories and methods is supported by research (Lambert, Garfield & Bergin, 2004).

Eclecticism and integration of approaches in counselling

Eclecticism is the “…use of various theories and techniques to match client needs with an average of 4.4 theories making up their therapeutic work with clients” (Gladding, 2000, p. 190). Eclecticism “advocates the selective combination of the most efficient techniques, regardless of their theoretical origin, in order to achieve optimal therapeutic results for a specific client” (Lampropoulos, 2000, p. 287).

Eclecticism has been described as an important and essential perspective in the provision of effective therapy (Larsen, 1999). It may be a challenge for counsellors to become knowledgeable about the theories and methods of a variety of approaches. However, this open-minded eclectic stance allows for a holistic view of the client (Larsen, 1999), and the inclusion of both a social constructionist and individual constructivist perspectives.

Eclectic practice emerged informally into the field of psychotherapy about 77 years ago (Lampropoulos, 2000). In 1992 Lazarus, Beutler and Norcross stated that therapists have realised “that one true path to formulating and treating human problems does not exist” (p. 11). A survey of British counsellors indicated that 87%
revealed some form of eclecticism (Hollanders & McLeod, 1999). A similar study in the United States of America (Jensen, Bergin & Greaves, 1990) found that 68% of therapists indicated that they approached their practice from an elective perspective.

In an Australian survey of counsellors and psychotherapists (Schofield, 2008) 26% of respondents identified themselves as eclectic/integrative (the second highest category after ‘psychodynamic’). The seemingly low percentage of participants in this study who identified themselves as eclectic may be due to respondents being limited in category options in the survey used. In another Australian survey, Poznanski and McLennan (2004) found that almost all participants described using additional theoretical approaches.

Lampropoulos (2000) identified a need to focus on developing systematic treatment selection methods and organisational schemes to guide therapists. He also called for more research on developing “aptitude by treatment interactions” where different interventions are matched to client variables (Lampropoulos, 2000, p. 286), and “personality-matched eclecticism” (p. 288).

The term integrative has also been used widely to indicate a more formal, intentional and theoretically coherent way of combining ‘what works best’ in psychological treatment (e.g., Hollanders & McLeod, 1999; Lazarus, Beutler & Norcross, 1992; Long & Young, 2007). For many years the term integrative has also been used to describe the way many counsellors think and work (Hollanders & McLeod, 1999). Fosha (2004) considers that “the essential nature of treatment is integrative” (p. 67). Trends in the field of counselling are towards using integrative or
eclectic practice, bringing together theories and practices from several approaches (e.g., Howard, Nance, & Myers, 1986; Rivett, 2008), and the appropriateness of this trend has been supported by Lambert, Garfield and Bergin (2004).

In the Hollanders and McLeod (1999) study of British therapists’ styles, the counsellors and psychotherapists based their combination of approaches on personal choice, on “intuitive or idiosyncratic criteria” (p. 413), not on an organised or theoretically coherent foundation. Lazarus, Beutler and Norcross (1992) suggest that the blending of concepts and methods from the various psychotherapy schools has been conducted in “an arbitrary, subjective, if not capricious manner” (p. 11). They argue that “haphazard eclecticism” (p. 11) should be replaced by particular organising principles that are needed to guide therapists.

A significant theme to emerge from the Poznanski and McLennan (2004) study of Australian clinical psychologists was that “theoretical orientation to therapeutic practice is linked to the person of the practitioner, with its underpinning theoretical beliefs deeply rooted in his or her personal development history” (p. 65); in other words, therapists’ orientations are based on their personal constructs. Surprisingly, reasons for choice of orientation did not include the needs of clients, with the exception of experiential practitioners who believed it was important to validate clients’ personal experience (Poznanski & McLennan, 2004).

Some weaknesses in the eclectic movement have been identified. There is a requirement that counsellors become familiar with many techniques and theories, and that there is a “lack of basic guiding structure” to the core of therapy (Lampropoulos,
The therapeutic alliance in counselling

The therapeutic alliance is also termed in the literature the ‘helping alliance’, the ‘working alliance’, and the ‘treatment alliance’ and is a term for “the degree to which the patient experiences the relationship with the therapist as helpful or potentially helpful in achieving the patient’s goals in psychotherapy” (Luborsky & Luborsky, 2006, p. 63). While there is some disagreement about the therapeutic alliance construct, there is widespread agreement that the relationship is crucial (Lambert & Ogles, 2004).

Interest in the importance of the therapeutic alliance to the psychotherapeutic process has recently grown, and in the “robust empirical literature the therapeutic alliance consistently predicts psychotherapeutic outcome” (Arnd-Caddigan, 2012, p. 77). The psychotherapy and counselling literature identifies the therapeutic alliance as one of the reliable ways to predict positive outcome (Luborsky & Luborsky, 2006), and as contributing to up to 30% of positive outcomes (Lambert, 1992).

Early writers (such as Freud, 1912/1958; Rogers, 1951; Zetzel, 1956) claimed that a positive connection with clients was a basic requirement for effective therapy. These claims have been echoed and supported through more recent meta-analytic reviews of the literature (e.g., Daniel, Garske, & Davis, 2000) and neuroscience findings that highlight increases in the effectiveness of therapy and higher neuroplasticity (leading to the possibility of change) when positive therapeutic alliances are present (e.g., Barletta & Fuller, 2002; Schore, 2002; Siegel, 1999; Wright, 2000). In
recent decades the exploration of mirror neurons as a biological basis for empathy suggest that humans are hard-wired for empathy and connection (Prestona & de Waal, 2002).

Many early studies proposed and consolidated concepts of the alliance in therapy (e.g., Bordin, 1979; Luborsky, 1976; Saltzman et al., 1976; Strupp, 1973), and showed the significant correlation between the therapeutic alliance and therapy outcomes, in that the quality of the therapeutic alliance was shown to be a reliable predictor of therapy outcomes from a variety of approaches to counselling and psychotherapy (e.g., Barber, Connolly, Crits-Christoph, Gladis, & Siqueland, 2000; Horvath & Symonds, 1991; Klee, Abeles, & Muller, 1990; Luborsky, 1994; Luborsky, Crits-Christoph, Alexander, Morgolis, & Cohen, 1983; Luborsky, McLellan, Woody, O’Brien, & Auerbach 1985; Marmar, Horowitz, Weiss, & Marziali 1986; Safran, & Wallner, 1991; Weerasekera, Linder, Greenberg, & Watson, 2001).

More recent studies have investigated a wide range of variables that influence the alliance e.g., differences between therapists’ and clients’ perceptions of the alliance. Some examples of the recent research on the impact of variables on the alliance include: therapists’ characteristics (Zimmerman & Bambling, 2012), therapists’ predictions (Nissen-Lie, Monsen & Ronnestad, 2010), clients’ pre-treatment expectations (Patterson, Uhlin & Anderson, 2008), personality congruence between counsellor and client (Taber, Leibert & Agaskar, 2011), therapists’ genuineness (Lo Coco, Gullo & Prestano, 2011), and the quantity and quality of time provided for the client (Topor & Denhov, 2012).
The therapeutic alliance has been demonstrated to play a central role in predicting psychotherapy outcome, and there was a significant correlation between the therapeutic alliance and the level of clients’ improvement (Bottella, et al., 2008). A weaker alliance in early sessions proved a more reliable risk factor for client termination of therapy than the seriousness of the client’s problem (Bottella, et al., 2008). Motivational factors for participating in counselling have been shown to develop through the development of the therapeutic alliance (Emmerling & Whelton, 2009).

Over thirty-five years ago Luborsky (1976) identified two types of alliance: Type 1 is typical of the early stages of therapy and is centred on the client’s perception of the support they receive. Type 2 is typical of the later phases of treatment where a feeling of joint work can emerge. For counsellors whose work with clients may be shorter than for psychotherapists, the establishment of a Type 1 alliance may be a central focus (i.e. the client’s perception of support).

There are some differing views in the literature as to exactly when an alliance forms and when it can be reliably measured. However, Sexton, Littauer, Sexton, and Tømmerås (2005) found that clients consider that a good alliance is usually established early in the first session (the type 1 alliance). This suggests that counsellors might make the development of connection, trust, and relationship central aims of early sessions. Clients perceive relational depth within counselling as contributing to enduring positive outcomes (Knox, 2008).
Ceberio (as cited in Soares, Botella & Corbella, 2010) suggested that a priority in applying interventions to support the alliance, is the ability to “sense the most appropriate moment and introduce the best type of intervention together by evaluating which one best suits that particular client” (p. 177). In other words, Ceberio seems to be recommending eclecticism, although this author points out that the ability to match the treatment to the client requires more training than other skills (Ceberio).

**Multiple intelligences theory**

The theory of multiple intelligences (MI) (Gardner, 1983, 2006) delineates eight distinct intelligences, each one representing a different ability through which clients can communicate, process their difficulties, and learn. The implications for MI theory, as applied to counselling with young clients has been described by Booth and O’Brien (2008) and O’Brien and Burnett (2000a, 2000b). The authors’ clinical observations, as well as previous research (e.g., Booth & O’Brien, 2008; O’Brien & Burnett, 2000a, 2000b; Pearson, 2003), suggested that there was an improvement in the alliance and overall therapeutic effectiveness when MI theory was used as a basis for selection of treatment modalities by counsellors working with children.

Gardner’s eight intelligences (Nolen, 2003) can be summarised as verbal linguistic (strong ability to use words), mathematical logical (ability with deductive reasoning), visual spatial (ability to use images and graphic designs), musical rhythmic (ability to express through music and rhythm), bodily kinaesthetic (ability with movement and use of the body), intrapersonal (awareness of internal moods and
thoughts – also termed “emotional intelligence” [Mayer & Salovey, 1995, p. 197]), interpersonal (ability to learn and express through relating to others), and naturalist environmental (affinity with nature and living things).

MI theory has been widely and enthusiastically applied in the field of education since its first appearance (e.g., Hoerr, 1992; Kelly & Tangney, 2006; Smagorinsky, 1995), particularly in widening the ways teachers teach, so as to support a higher level of student inclusion in the learning process. Teachers have included more experiential teaching methods and deliberately selected learning tasks that relate to students’ cognitive styles. Over many years, pre-school to tertiary educators have found improvements in learning when MI methods have been introduced (e.g., Gardner, 2006; Greenhawk, 1997; Hopper & Hurry, 2000; Kezar, 2001; Vialle, 1997). Educational curriculum planning and new methods of teaching have been developed based on MI theory (e.g., Kelly & Tangney, 2006). MI interventions, where students have been enabled to identify their own dominant intelligences, and educators have responded to these, have been shown to have a positive impact on study skills and habits, and on students’ attitudes towards educators (John, Rajalakshmi & Suresh, 2011). This finding illuminates a potential field for counselling research (i.e. to explore whether a client’s ability to identify their own intelligence preference might have a positive effect on their therapy as well as attitudes towards their counsellor).

Several intelligences may operate concurrently and typically complement each other (Brualdi, 1996). Each person is different, says Gardner (1997, p. 21), “we have here a distinctive, and possibly changing, profile of intelligences, and there can
never be a formula for reaching each individual”. The theory of MI can be used to discern a client’s communication style, suggesting that focussing on individual communication styles can guide the way interventions are selected and utilised and enhance creativity in the counselling relationship (Keteyian, 2011). In addition Keteyian points out that the more counsellors are able to fully understand their own style, they will potentially make fewer assumptions about others.

**Criticism of multiple intelligences theory**

A critique of Gardner’s early work has suggested that what he labelled as intelligences could more accurately be called “cognitive styles” (Morgan, 1996). While supporting Gardner’s move – in the field of research on intelligence – away from the use of a single-factor descriptor for intelligence, Morgan (1996) argued for the use of the term “cognitive style”, rather than “intelligence”.

Lohman (2001) argued that Gardner’s (1983) denial of the existence of a central working memory and the importance of inductive reasoning abilities was misleading. While Lohman acknowledged that the research on the practical application of Gardner’s ideas within education has been positive, it seems to be the use of the term “intelligence” rather than “cognitive abilities” that has caused the most criticism.

White (2004, 2008) and Eysenck (1998) presented several challenges to the way Gardner originally identified the intelligences. However, White (2008) acknowledged that the implementation of MI theory in educational settings may have increased students’ self-esteem and motivation for learning.
These criticisms have been strongly rebuffed by Kornhaber (2004), describing the source of Gardner’s data in cognitive developmental psychology. In responding to critics, Gardner (2006) has outlined his own criticisms of the methods used in an attempt to empirically test his theory, and has expressed willingness to change terminology if necessary and adapt to new data emerging in the future.

While careful review of the criticisms of MI theory is essential, these have not been shown to reduce the positive outcomes from almost thirty years of application – particularly in the field of education.

**Multiple intelligences theory may contribute to counselling effectiveness**

Given the positive outcomes from the application of MI theory in the field of counselling with children (e.g., Booth & O’Brien, 2008; O’Brien & Burnett, 2000a, 2000b), do the criticisms of MI theory weaken the value of using it as a foundation for systematic eclecticism in counselling? The authors suggest that if there is acknowledgment that the terms “cognitive abilities” can be used interchangeably with “intelligences”, and if the ideas are clearly labelled as theory, it is possible to proceed to researching its use.

Counselling in Western countries has focused primarily on the verbal / linguistic and the logical / mathematical intelligences as vehicles for activating and using the interpersonal relationship, or intelligence. With the notable exception of creative arts-based approaches and somatic therapies, the practice of counselling appears to have evolved with an underlying assumption that clients communicate and
process information in similar verbal and logical ways. By contrast, educational research has explored the improvement of learning outcomes when students’ individual learning styles – or intelligence preferences – are used to construct learning tasks (e.g., Gouws & Dicker, 2011; Griggs et al., 2009; Kelly & Tangney, 2006). Perhaps similar advantages may result from counsellors adapting their methods and frameworks to individual client’s intelligence preferences, or strengths.

Research in multi-cultural counselling suggests that the narrow range of methods previously employed in western-based counselling should be widened (Abreu, Gim Chung & Atkinson, 2000; Laungani, 2004; Silverman, 2000). Multicultural counselling competence refers to counsellors’ attitudes or beliefs, knowledge, and skills in working with culturally diverse clients (Sue, Arredondo, & McDavis, 1992; Sue et al., 1998). MI theory may also have a contribution to make in this specialised field, as activities that utilise a wide range of the intelligences have been used effectively in multicultural support of traumatised clients (e.g., Gerteisen, 2008; Henderson & Gladding, 1998; Webber & Mascari, 2008).

Clients draw on a number of largely separate information-processing devices, memory and intelligence-specific language systems in order to make meaning of the world around them (O’Brien & Burnett, 2000a, 2000b). It is recommended that counsellors draw on a combination of the clients’ preferred intelligences, to strengthen the therapeutic relationship (Booth & O’Brien, 2008). Booth and O’Brien (2008) suggest that using a MI approach to counselling may be more effective and lead to more positive outcomes, particularly for clients whose preferred intelligences during counselling are not within those predominantly used (i.e. the traditional verbal
One of the defining criteria Gardner (1983) used to identify an ‘intelligence’ as a separate ability, was that it had to be socially valued. He argued that the field of western education had come to over-value some intelligences (as Western therapy also tends to do). He also claimed that there should be no hierarchy within the intelligences.

Seeing clients’ learning and communication styles – or intelligence preferences – as beyond hierarchy, and hence beyond judgement, may have a liberating and esteem-building impact on clients (as it does within education, e.g., Mettetal, Jordan & Harper, 1997). Helping clients find a range of ways that enable them to communicate and process their challenges effectively will most likely enhance self-esteem, build confidence, and strengthen the therapeutic alliance.

There are several simple surveys or tests that, in conjunction with counsellor-client discussions, allow clients to identify some of their intelligence strengths. The surveys are equally useful for counsellors to identify their own intelligence preferences – and possibly their own underlying assumptions or biases about ways of working with clients. Two popular surveys, that the authors have found most useful, are the Chislett and Chapman (2005) “Multiple Intelligences Test – Based on Howard Gardner’s MI Model”, an experimental and as yet not validated survey, and the Multiple Intelligence Developmental Assessment Scale (MIDAS) (Shearer, 1996). Use of these surveys provides a basis for beginning to privilege the client’s voice “as the source of wisdom, solution, and model selection” (Duncan & Miller, 2000, p. 170).
Eclectic practice would be an inevitable outcome if MI theory were applied to matching treatment to the preferences of individual clients. The integration of MI theory into the field of counselling could reduce haphazardness in eclectic practice, provide a clear theoretical underpinning, and support counsellor choices in developing eclecticism. The current authors are proposing that MI theory and practice may have a significant contribution to make in the ultimate development of a reliable guiding structure for eclectic practice that aims to tailor treatment to the needs of individual clients.

The introduction of MI theory may also make a contribution to a counsellor’s ability to “sense the most appropriate moment and introduce the best type of intervention together by evaluating which one best suits that particular client” (Ceberio, as cited in Soares, Botella & Corbella, 2010, p. 177). It may also be possible to strengthen the therapeutic alliance through the utilization of interventions relevant to clients’ preferred or natural intelligences (Gardner, 2006), as a way to build rapport.

Providing the means for counsellors to identify their own intelligence preferences – or biases – and to ascertain, and respond to, their clients’ preferences, may impact positively on the early alliance and the effectiveness of their practice in general. After establishment of the alliance, a focus on using the full range of intelligences could proceed.

As well as efforts to understand a client, the therapeutic process might benefit from efforts to understand the “styles of each of the figures involved in a
psychotherapy process” (Soares, Botella & Corbella, 2010, p. 181). From an MI perspective this would include a counsellor’s knowledge of their own style (or intelligence) preference, as well as the client’s. Remaining unaware of their own intelligence preference, a counsellor may make assumptions about the effectiveness of how they work and interact through unrecognised biases.

**Expressive therapies as MI practice**

Expressive Therapies (ET) are an effective way to implement MI theory in counselling practice (Booth & O’Brien, 2008; O’Brien & Burnett, 2000a, 2000b; Pearson, 2011; Pearson & Wilson, 2008). ET is a synthesis of client-centred expressive counselling principles and activities, utilising creative arts therapies; approaches to counselling that utilise art, music, writing, drama, movement, play, visualisation and relaxation. In other words, ET activities utilise the full range of intelligences. This style of ET has been evolving in Australia since the 1980s (Pearson, 1997, 2004; Pearson & Nolan, 1991, 2004; Pearson & Wilson, 2001, 2008, 2009).

There are many reports on the positive impact of using art and drawing as part of therapy (e.g., Henley, 1999; Klorer, 2005; McNiff, 1992, 2004; Malchiodi, 2005; Oster & Montgomery, 1996; Pearson, 2003; St Clair Pond, 1998). Difficult behaviour can be channelled and transformed into socially constructive forms of self-regulation through supported creative activities (Henley, 1999). The use of imagery has been shown to be highly effective in helping people change in positive ways (Hass-Cohen & Carr, 2008; Lazarus, 1982; McNiff, 1992, 2004; Rogers, 1993; Skovholt, Morgan & Negron-Cunningham, 1989; Wolpe, 1958). The successful use of writing as a
therapeutic tool has been documented (e.g., Baker & Mazza, 2004; Waters, 2002; Wright & Chung, 2001). The use of the body has been incorporated into somatically focused therapies (Diamond, 2001; Levine, 2004; Roberts, 2004), dance therapy (Levy, 1988), bioenergetics (Lowen, 1975), as well as relaxation strategies (Charchuk, 2000; Moroz, 2000; Pearson & Nolan, 2004). ET has been used successfully in schools for working through loss and grief (Rogers, 1993; Tereba, 1999), and as a foundation for critical incident debriefing (O’Brien, Mills, Fraser, & Andersson, 2011).

Metaphor, which often combines imagery, language, narrative, stories, and is developed and encouraged through the application of ET, has been described as a significant support for positive change within counselling (Lyddon, Clay & Sparks, 2001). Emotional health can be enhanced by accessing, symbolising and externalising internal conflicts so they can be recognised and worked with, through a range of expressive modalities (e.g., Klorer, 2005; Malchiodi, 2005; McNiff, 2004; Pearson & Wilson, 2009).

ET brings together a number of modalities that in total provide avenues for counsellors to use whatever their client’s preferred intelligences are. It includes modalities that clients might enjoy, experience some competence at, and which might seem close to their interests. In this way, ET may make an effective entrée into therapy for the client since a positive early engagement within counselling can strengthen the therapeutic alliance.
Conclusion

MI theory has been applied in many areas of education and in counselling with young clients (e.g., Booth & O’Brien, 2008; Gardner, 1999, 2006; Longo, 2004; O’Brien & Burnett, 2000a, 2000b; Waterhouse, 2006). A large number of counselling activities that utilise MI theory have been trialled and published as part of ET (Pearson, 2003; Pearson, 2004; Pearson & Nolan, 2004; Pearson & Wilson, 2001, 2009). Useful tests are available to help identify counsellors own preferred intelligences and to discern their clients’ natural or stronger intelligences (e.g., Chislett & Chapman, 2005; Shearer, 1996). The ET activities, in conjunction with the MI tests, practically equip counsellors to move beyond assumptions and respond in a more flexible way to clients.

As stated previously the authors’ clinical observations, as well as previous research, suggest improvement in the alliance and overall therapeutic effectiveness when MI theory is a basis for selection of treatment modalities by counsellors working with children. Further research is needed to confirm and illuminate the application of MI theory to counselling with adult clients.

The study of MI theory and practice within counselling may provide several contributions. Future study may identify new ways to understand and enhance the early therapeutic alliance, and may provide a model for extending counsellor training with integrative and multi-cultural approaches. A framework for counsellors to be more flexible and intentionally eclectic in the delivery of service to clients may emerge from future studies, so that new ways emerge to match counselling treatments to clients’ preferences.
The application of MI theory may contribute to best practice in the support of clients. The integration of MI theory and practice may provide new ways to understand and enhance both the personal and interpersonal components of the therapeutic alliance. With further research, a broader, reliable model may emerge for enhancing counsellor training with MI theory. This model could provide a framework for counsellors to be more flexible in the delivery of service to clients, and utilise new ways to match treatment to clients’ abilities and strengths.
Chapter Three

Research Methods and Ethical Issues

The first section of this chapter describes the theoretical underpinnings of interpretative phenomenological analysis (IPA) (which include phenomenology, hermeneutics and idiography) as well as the specific methods employed in the study. The second section discusses the ethical issues involved in the study, and the way these were addressed. Chapter Three has not been prepared for publication, and has been solely authored by the researcher.

Research methods

This study utilises IPA as a qualitative research design (Smith & Osborn, 2008). Qualitative research recognizes individual experiences and seeks to gain the unique perspective of those studied (Langdridge & Hagger-Johnson, 2009). Qualitative methods achieve this by not imposing a pre-determined construct of perception, thus allowing themes, insights and findings that may be unexpected to emerge (Langdridge & Hagger-Johnson).
IPA is an approach to research that explores how people make sense of their life experiences (Smith, Flowers & Larkin, 2009). This approach often involves semi-structured or unstructured interviews which focus on individual participant’s experiences. The interpretation of interview transcripts identifies themes and topics that become the raw material that addresses the research questions.

**Theoretical underpinnings of phenomenology and IPA**

Phenomenology emerged from the work of the philosopher Edmund Husserl (1859-1938), who believed that scientists were likely to impose their own views on an endeavour to support preconceived explanations. Husserl developed his phenomenological method which involves setting aside any pre-conceived ideas and diligently describing how conscious experience appears to individuals (King & Horrocks, 2010). The early phenomenologists, inspired by Husserl and Heidegger, reacted to the rational, scientific approach to research and were committed to a return to a study of the naturalistic world in order to understand the human being’s lived experience (Tuohy, Cooney, Dowling, Murphy, & Sixsmith, 2013). In contrast to descriptive phenomenology, which aims to describe a phenomenon’s general characteristics, interpretive phenomenology (also known as hermeneutics) aims to describe, understand and interpret participants’ experiences, free of assumptions and prejudices (Tuohy et al.).

Phenomenology is based on some fundamental concepts including intentionality, the epoche, essence and lifeworld (King & Horrocks, 2010). Intentionality is the deliberate recognition of both what is going on and how it is being experienced (King & Horrocks). This requires the researcher to focus on what
it is that is experienced and how the phenomenon is experienced. In this study themes of events within counselling sessions, as well as the way these were experienced and understood by participants, were identified. This is important as it has been shown that individual therapist differences are significant contributors to therapeutic outcomes (e.g., Simon, 2012; Westra, Constantino, Arkowitz, & Dozois, 2011).

The epoche involves both the recognition and setting aside of pre-conceived ideas and conventional wisdom surrounding experiences that are being researched (King & Horrocks, 2010). Among the areas to be set aside are previous theories and research, from which common or collective conclusions may have been derived. In addition to this, the researcher’s own assumptions and biases must be, wherever possible, identified and their influence negated. This setting aside of pre-conceived ideas, conventional wisdom and researcher bias is often referred to as “bracketing” (Smith, Flowers & Larkin, 2009). What remains after bracketing is referred to as the essence which is data uncontaminated by existing pre-conceptions. The bracketing process ensures that the data being analysed is the concrete experiences of individuals rather than abstract or theoretical concepts. These real, lived experiences are referred to as the “lifeworld” by Husserl (King & Horrocks, p. 178), and are encapsulated in this study in the use of participants’ phrases for labelling of themes identified from interview transcripts.

While it seems Husserl’s intention was to introduce his ideas to all branches of science, he was most influential in the social sciences (King & Horrocks, 2010). Husserl’s ideas have been expanded by writers such as Heidegger, Merleau-Ponty
and Sartre in such a way as to make them more applicable to psychology and other social sciences (King & Horrocks).

Heidegger’s view was that while each individual is unique, they also live in the world and cannot exist separately from it (Spinelli, 1989). While acknowledging the uniqueness of individuals it is also recognized that the individual’s subjective experience is inexorably connected to the world within which the individual lives. This study draws links and implications for the wider world of counselling from the pooling of individual experiences, which is congruent with trends towards valuing practice-based evidence (e.g., Barkham, Mellor-Clark, Connell, & Cahill, 2006; Brendtro, Mitchell, & Doncaster, 2011; Leeman, & Sandelowski, 2012). Quantitative research, while revealing trends, has also the ability to generalise, exclude differences (variables), although not necessarily providing accurate guidance for supporting individual clients. However, themes of experiences have emerged in this study that are essentially linked and similar, and it is the richness of these themes that underpin the implications and recommendations relevant to the wider field of counselling.

Merleau-Ponty introduced the concept of the embodied nature of experience in the world and the impact this has on an individual’s communication with the world (Smith, Flowers & Larkin, 2009). Whilst other people’s experiences can be observed and empathized with, those experiences can only ever be viewed through the unique embodied relationship with the world. Consequently, the way phenomena are experienced will always differ between individuals (Smith, Flowers & Larkin, 2009).
Sartre (cited in Spinelli, 1989) posited that individuals are defined by their interactions with others and how they perceive those interactions. In the absence of such interactions an individual essentially ceases to exist (Spinelli, 1989). He advanced the idea that not only does this demand an acceptance of the existence of others, but also of the equality of their importance in the world. Sartre concluded that epoche or bracketing can never be fully achieved as it is not possible for an individual to remove themselves entirely from the world or relationships (Spinelli). This means that a phenomenological researcher must identify and reveal the way they interacted with the research data.

The contribution of these three thinkers to the development of Husserl’s initial theories are described by Smith, Flowers and Larkin (2009):

“In developing Husserl’s work further, Heidegger, Merleau-Ponty and Sartre each contribute to a view of the person as embedded and immersed in a world of objects and relationships, language and culture, projects and concerns” (p. 21).

This study sought perspectives on participants’ immersion in the world of therapeutic work with clients, and aimed to capture their use of language and their key concerns with relationships with clients as they trialled a MI approach to counselling.

**Hermeneutics**

Hermeneutics is the science of interpretation and represents another significant theoretical underpinning of IPA. Hermeneutics originally referred to the
interpretation of ancient texts, specifically the Bible, and has come to be associated with an understanding of a text “that is deeper or goes further than the author’s own understanding” (Crotty, 1998, p. 91). “Hermeneutics goes beyond the mere description of core concepts and essences to look for meanings embedded in common life practices” (Lopez & Willis, p. 728). It is the interpretation of the participants’ narratives (perceptions of using MI theory) in relation to their context (counselling practice) that is foundational in interpretive phenomenology. Among the theorists that contribute to the understanding of the role of hermeneutics in phenomenological research are Schleiermacher, Heidegger and Gadamer (Smith, Flowers & Larkin, 2009).

Schleiermacher (1998) believed a comprehensive analysis allows the investigator the opportunity to understand a text more thoroughly than the writer or teller. This is not to discount the participant’s meaning, but to identify the possibilities of further meaning and insights beyond their perspective (Smith, Flowers & Larkin, 2009). This alertness to possible deeper meaning is natural for counsellors who are trained to investigate client narratives, while leaving their own assumptions aside. Hence, hermeneutics is a natural research style in the field of counselling. Heidegger noted that whenever one interprets something, the interpreter’s own biases and assumptions, preconceived ideas and experiences act like a focusing lens. He points out that the epoche or bracketing can only be partially achieved as our existing experiences and perceptions are always with us (Smith, Flowers & Larkin). Indeed, interpersonal therapy deliberately encourages therapists to note and employ this type of lens in responding to clients.
Gadamer (1990) stressed the need for a spirit of continuous openness, as the preconceived ideas of the researcher may only emerge as the text, or experience, is being engaged. He acknowledged that interpretation is not a neutral activity but can influence the experience, causing previously unacknowledged pre-conceived ideas to surface in the researcher. If any such emerging ideas are not adequately accounted for they may introduce a bias into the interpretation process (Moustakas, 1994). In the present study the researcher’s pre-conceived ideas (which may be akin to a pre-existing hypothesis) were noted and highlighted when results in the study differed from pre-conceptions.

The “hermeneutic circle” is a term used to describe the relationship between the parts and the whole, where an understanding of any given part requires the whole to be viewed and visa versa (Moustakas, 1994). This circle can assist in the setting aside of existing biases and pre-conceived assumptions. By engaging an iterative relationship with the text (i.e. repeatedly reading and re-reading) the researcher may be confronted with their own biases which can then be corrected. For example, the researcher, as an experienced counsellor, has established ways of providing service to clients, which are based on assumptions developed over 20 years. One bias the researcher held about counselling was that activities based on MI would be of prime interest to participants. After analysis of transcripts it was clear that this was not the perception of participants, so the researcher was challenged to abandon this assumption. This correction results in a shift of perspective which can allow further biases to be revealed. The researcher’s pre-conceived judgments are thus constantly being re-evaluated and surrendered, which sets up the possibility of continual expansion of understanding (Moustakas). In the present study this process of
identifying biases was most evident when summarising findings, constructing article abstracts, and in responding to questions from supervisors that broadened the vision of the “whole”.

**Idiography**

A further important contribution to the development of IPA is the concept of idiography (Ashworth, 2006), which is defined as an interest in the individual or particular, as opposed to analysis of data leading to the production of generalisation, averages and statistics without recourse to the individual case; namely nomothetic research (Smith, Flowers & Larkin, 2007). In idiography the individual is studied as a unique case, whereas the nomothetic approach assumes behaviours to be the determined by general laws. The idiographic approach, by contrast, recognizes the uniqueness of both the individual and their relationship with the specific environment they occupy (Ashworth). In the present study the particular ways MI theory is incorporated into counselling by the individual participants is of primary interest, and themes are identified where individual’s experiences coincide.

IPA is concerned with trying to understand from the participant’s point of view. Furthermore, this approach also poses critical questions of the participants’ texts (Smith & Osborn, 2008). These questions involve the researcher in asking about underlying participant motives, considering if data is emerging that was not intended by the participant.

IPA is a study of particular cases or groups of individual cases which at times can expose defects in existing orthodoxy and challenge assumptions and pre-
conceived notions and theories (Smith, Flowers & Larkin, 2009). There are also many cases in IPA where the idiographic and nomothetic descriptions concur therefore validating or strengthening existing ideas. This was expressed by Rogers (1967) when he wrote that from his lived experience “what is most personal is most general” (p. 26). An example in the current study would be the major theme that emerged from individual experiences of the alliance as being highly significant. This coincides with descriptions that have emerged from extensive alliance outcome studies.

Research strategy

This qualitative, phenomenological enquiry, investigated counsellors’ perceptions and experiences, and is concerned with how participants understand, experience and manage their world of working with clients (Willig, 2008). The research questions (see p. 23) seek in-depth understanding, illumination, and possible relevance to the wider field of counselling. These are typical goals for qualitative researchers (Hoepfl, 1997).

Phenomenological researchers are concerned with meaning (Willig, 2008), there is concern for the “quality and texture of experience” and the meanings attributed to events by research participants (p. 8). Phenomenological enquiry aims to collect data from people who have experienced a certain phenomena, and develop a composite description of the “essence” of the experience (Creswell, 2007, p. 57), in this case, the core experiences resulting from the introduction of a MI approach in counselling practice.
As the experience of counselling, and the determination of counselling effectiveness are highly subjective phenomena, it is logical to proceed on the basis of gathering “an insider perspective on the object of study, namely experience” (Smith, 2003, p. 35). Structural similarities have also been observed between qualitative research and therapy, in that both involve interviewing, provision of personal information, actively listening and the asking of probing questions (Bordeau, 2000). These similarities suggest that this method will be appropriate for use with participants who are counsellors. Furthermore, both counselling and qualitative research aim to empower participants and researchers (Wolcott, 1994), and participant responses in the present study do indicate that their involvement in the study was empowering.

There are two main philosophical traditions in phenomenology: descriptive and interpretive (Lopez & Willis, 2004). Interpretive phenomenology (which will be used during analysis of the semi-structured interviews), based on the work of Heidegger, is referred to as the hermeneutic research tradition (Lopez & Willis).

As O’Leary (2010) suggests researchers check their interpretation of phenomena with “insiders” (p. 33), and seek out alternative and pluralistic points of view, an effort was made by the researcher to exercise reflexive awareness during data analysis (O’Leary), and to check interpretations with participants and colleagues. To enhance the understanding of the impact of the MI training intervention, this study involved gathering an overview of participant experiences of their counselling practices both before and after the intervention.
This type of hermeneutic phenomenology is oriented to ‘lived experience’, and involves the researchers in levels of interpretation of essential themes to arrive at the meaning of the experiences or ‘phenomena’ (Creswell, 2007). The IPA stance towards data is both empathic and questioning. That is, it both takes into account the perspective of the participant and it tries to make sense of the interview texts to explore any unintended meanings or evidence of aspects that might be less obvious to the participants (Smith & Osborn, 2008).

Research design

The research design designates two main phases, the first before, and the second three months after the MI training intervention, and comprises 21 stages, as outlined in Table 1 below.

Table 1. Summary of Research Strategy

<table>
<thead>
<tr>
<th>PHASE ONE</th>
<th>BEFORE THE MI TRAINING INTERVENTION</th>
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<tr>
<td>Stage 1</td>
<td>Defining and refining research questions, aims and objectives of the study</td>
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<td>Stage 2</td>
<td>On-going review of the literature</td>
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<td>Stage 3</td>
<td>Development of the research proposal</td>
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<td>Stage 4</td>
<td>Integration of proposal reader feedback</td>
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<td>Stage 5</td>
<td>Presentation of the research proposal at a university research conference, and subsequent integration of comments and questions.</td>
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<tr>
<td>Stage 6</td>
<td>Confirmation of candidature</td>
</tr>
<tr>
<td>Stage 7</td>
<td>Development of the first article, based on proposal and reading of the literature, submission, revision in the light of peer-reviewer comments, acceptance of article (see Chapter 1).</td>
</tr>
<tr>
<td>Stage 8</td>
<td>Ethics approval from university HREC</td>
</tr>
<tr>
<td>Stage 9</td>
<td>Development of data gathering tools (e.g., design and trial interview schedules – see Appendix A).</td>
</tr>
<tr>
<td>Stage 10</td>
<td>Recruitment of participants: Individual counsellors ((n = 8)) recruited via Australian Counselling Association and university alumni</td>
</tr>
<tr>
<td>Stage 11</td>
<td>Pre-intervention semi-structured interviews (approx 45 – 60 minutes)</td>
</tr>
<tr>
<td>Stage 12</td>
<td>Development of second article, based on analysis of themes from interviews, submission, revision in the light of peer-reviewer comments, acceptance of article (See Chapter 4)</td>
</tr>
<tr>
<td>Stage 13</td>
<td>Design and conduct MI training intervention one-day program (see Appendix C)</td>
</tr>
<tr>
<td>Stage 14</td>
<td>On-going collection of multiple intelligence profiles from professional counsellors around Australia at conferences and training events ($n = 86$).</td>
</tr>
</tbody>
</table>

Three months later

### PHASE TWO

#### AFTER THE MI TRAINING INTERVENTION

| Stage 15 | Administer questionnaire (see Appendix D) and interview on participants’ experiences of the training intervention. Analysis of responses. |
| Stage 16 | Development of article describing the MI training intervention and participants’ responses to it. Submission of article to a journal (see chapter 5). |
| Stage 17 | Post-intervention semi-structured interviews  
- conduct and record interviews  
- transcribe interviews  
- participants invited to approve transcripts  
- analysis of data – IPA $\rightarrow$ major and minor themes  
- analysis reviewed by researcher colleague |
| Stage 18 | Development of an article describing participants’ post-intervention experiences with integrating an MI approach to counselling. Submission of article to a journal (see chapter 7). |
| Stage 19 | Selection of case stories from one participant’s interview that richly convey the experience of using an MI approach, and develop these in an article, in cooperation with the participant. Submission of article to a journal (See chapter 6). |
| Stage 20 | Compare major themes across the two interviews, for inclusion in final dissertation chapter (see chapter 8) |
| Stage 21 | Development of introductory and concluding dissertation chapters. |
Sample and sampling

Since phenomenology aims for an in-depth understanding of a particular group it is appropriate to seek out groups who can relate to the research questions; random sampling is not required. IPA researchers aim to obtain a fairly homogenous sample of participants, so typically uses purposive sampling (Smith & Osborn, 2008), finding a group for whom the research questions are significant. Participants were sourced with the support of one of the peak Australian counselling bodies, the Australian Counselling Association, which included the researcher’s request for participants in their newsletter. The Alumni Association of the University of Notre Dame Australia likewise supported the study through including the researcher’s request for participants in emails directed to past counselling graduates of the university. Respondents to these requests were emailed the Information Letter and Consent Form.

The participants were qualified and practicing Australian counsellors. Selection criteria for participants were as follows: membership of a professional counselling association (which ensures a uniform minimum level of training, and having supervision contracts in place), experience in a counselling practice for at least two to five years (average was 5.6 years), having flexibility in choice of counselling methods, and having at least several clients with whom they have an established therapeutic alliance (at least over 3 – 4 sessions).

The participants were eight Australian female counsellors. Pseudonyms are used here and in the related articles when referring to the participants.
Jenny conducted a private practice, as well as providing service for a counselling agency part-time. She worked with all categories of clients and had been in practice for over five years. Emily conducted a private practice in a semi-rural area and primarily worked with families, couples and school students. She had been in practice for four years. Alexandra worked for a college supporting indigenous college students and also in private practice, specialising in therapeutic support for migrants and clients mandated to attend for drug use problems. Elaine also worked primarily with newly arrived migrants to Australia, and had been in practice for three years. Genevieve’s practice was within a drug abuse agency, and she had two years of experience. Harriet’s work for a welfare agency focused on bereavement issues, and she had over ten years of experience as a counsellor. Blanche’s work focused on supporting post-natal depression. Her practice was a mix of agency work and private practice, and she had five years of experience. Lorraine provided counselling for adoptive parents within a government agency, where she had worked for 15 years.

Sample Size

Semi-structured interviews with eight counsellors were conducted before and after the intervention. For data gathering interviews Morse (1994) suggested a sample size of six, Kuzel (1992) recommended six to eight participants. While Smith (2008) maintains that there is no exact correct answer, he argues that five or six as a sample size is sufficient in student research. Guest, Bunce and Johnson (2006) found that saturation of themes occurred after twelve interviews, although basic elements for the main themes were present as early as six interviews. Achieving a reliable level of saturation is the ideal (Bowen, 2008), and this was confirmed in the present study during the process of coding themes.
Data collection

Each participant was interviewed twice, resulting in eight pre-intervention interviews and eight post-intervention interviews. Participants were asked to attend two semi-structured interviews of approximately 45 - 60 minutes each. The first was conducted pre-intervention, to seek participants’ current perceptions of their practice and experiences of newly-established therapeutic alliances. The second interviews – three months post-intervention – sought perceptions of experiences with MI and in particular impacts on therapeutic alliances (see Interview Schedules – Appendix A). The location and timing for these interviews was at the participants’ choice.

Interview questions

Semi-structured interviews were used for data gathering as they are considered the most appropriate for IPA, and also emphasise how people interpret their experiences (King & Horrocks, 2010). Each participant was interviewed at a place and time of their choosing and convenience. Interviews were conducted over a two-week period. The purpose of the interview was restated and participants were given an information sheet (Appendix F) and asked to sign a consent form (Appendix E).

Open-ended questions were employed to encourage unlimited responses, allowing participants to clarify and qualify responses and accord time for describing complexity. Open-ended questions also encourage self-expression and richness and often lead to unanticipated discoveries (Neuman, 2006). Questions beginning with “why” were avoided as they often led to speculation and opinion rather than felt
Participants were asked if they had any questions or concerns and rapport building took place before permission was asked to start the interview and activate the recorder. Whilst the prepared schedule were referred to, they were used in a flexible order, and some omitted if the question was answered spontaneously. The interviews were conducted in a responsive and flexible manner. The researcher acted as a guide, with focused attention, and refrained from expressing personal views (Atkinson, 1998). As IPA pays special attention to the importance of embodiment, the researcher attended as closely as possible to his own and the participant’s somatic responses (King & Horrocks, 2010). Each participant was given the opportunity to read the transcript and clarify, however most declined.

**Transcription**

The interviews were recorded using a digital voice recorder. A professional interstate transcribing firm, with a strong confidentiality policy, was chosen for the transcription. All of the participants indicated that they were agreeable to having the interview transcribed via the transcribing service. All interviews were transcribed verbatim with the inclusion of laughs, coughs and pauses.

**Researcher reflexivity**

*Bracketing*

To support the epoche, the greater part of the literature search was conducted after interviews, and was linked with major themes in the discussion stage. What
researchers believe about psychotherapy and counselling has been found to influence research findings, allegiances have been found to correlate substantially with patterns of results (Berman, & Reich, 2010). So, the awareness of possible biases in the researcher, and the desirability to reduce bias as much as possible, is an essential task in IPA. Dahlberg (2006) emphasises the importance of self-reflection in lived experience research: “Researcher self-awareness is methodologically and ethically paramount to valid phenomenological research” (p. 96).

During the literature review the researcher became aware of a professional bias towards valuing therapeutic alliances. This was experienced by recognizing a more enthusiastic engagement with literature relating to this. Other biases that emerged during the study included assumptions of the value of using MI within counselling, and the value of counselling activities over MI theory (as stated on page 76). In an attempt to minimise the possible impact, the researcher’s biases were discussed with supervisors and brought to personal awareness during the interview process to ensure equal attention was given to participant’s experience.

Reanalysis of data by an independent researcher is another way of minimising researcher bias during analysis of data, and in the way conclusions are drawn from the data. For the present study, emerging themes from the transcripts identified by the researcher have been checked against two complete transcripts analysed by an independent researcher, who was able to verify the identified themes.
Data analysis

Interpretation of transcripts transformed participants’ experiences into themes, and common themes were identified across cases, with super-ordinate themes emerging (Chapman & Smith, 2002). Each transcript was re-read several times in an attempt to immerse the researcher in the text and to ensure that the participant experience became the focus of analysis (Smith, Flowers & Larkin, 2009). The initial noting used different coloured pens for each of the three separate focuses (descriptive, linguistic and conceptual) as is recommended by Smith, Flowers and Larkin. Descriptive comments indicate the content of the participant’s experience. Linguistic comments such as metaphor, laughter, repetition, and voice tone reflect how meaning is presented by the participant. Conceptual comments involve a more inquiring and interpretive engagement.

The formal coding of the participant’s lived experience into identifiable themes was then completed for each case. This stage involves both the participant’s content and the analyst’s interpretation, without discounting the participant’s lived experience. At this stage the researcher becomes more involved and, having immersed himself in the participant’s experiences, joins in the process (Smith, Flowers & Larkin, 2009). This leads to a collaborative interaction between the researcher and the text, involving the researcher judiciously introducing his own interpretations without altering the intent of the data. This stage involves bracketing to the best of the researcher’s awareness and the use of the hermeneutic circle approach. Identified themes were then clustered into related issues and those that overlapped closely were merged into one theme. This stage requires a forensic re-reading and refining of the participant’s experience and interpretation (King &
Horrocks, 2010). For most themes, phrases used by participants were selected to summarise and name the themes.

Interpretation of data transformed the counsellors’ comments into themes, and themes were connected across cases, with major and minor themes emerging (Chapman & Smith, 2002). Significant themes were illustrated with statements from participants to generate a full description of their experiences. The stages of IPA are summarised in Table 2.

**Table 2: The Stages of Interpretative Phenomenological Analysis**

The main stages of IPA according to Willig (2008) are:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Activity</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Reading and re-reading the interview transcription</td>
<td>Significant responses from the reader, statements, sentences, or quotes are identified in the transcripts (open coding).</td>
</tr>
<tr>
<td>2</td>
<td>Identifying themes</td>
<td>Identification of and labelling of major and minor themes.</td>
</tr>
<tr>
<td>3</td>
<td>Structuring the analysis</td>
<td>Clusters of themes are labelled in a way that captures their essence.</td>
</tr>
<tr>
<td>4</td>
<td>Production of a summary table of the themes</td>
<td>Quotations selected that illustrate themes. Abandoning of themes that are not well-represented.</td>
</tr>
<tr>
<td>5</td>
<td>Construction of a cohesive narrative</td>
<td>The narrative is based on the summary table; quotes from participants are included to add depth and richness</td>
</tr>
</tbody>
</table>

**Survey of MI preferences**

In order to arrive at a profile of preferred or natural intelligences, counsellors (during the intervention) and some of their selected clients (as part of trialling the MI approach within counselling consultations), used numerical self-scoring on the MI
preference survey (MIS) (Chislett & Chapman, 2005). The MIS is not a validated instrument, but is intended to initiate reflection and conversation, leading to indications of possible intelligence preferences, which were then discussed and confirmed or modified through therapeutic conversations, and used as a basis for treatment selection. For this study the counsellors’ clients MI scores were not collected, but used within the therapy. However, counsellors’ scores were recorded, and this data was significantly extended through MI score feedback from numerous volunteer practicing counsellors, from around Australia, who completed the MIS at conferences and professional trainings over a 12-month period. This resulted in the collection of 86 multiple intelligence profiles, based on 3,537 responses to questions in the MIS (discussed in the Afterword – see p. 225).

Credibility

In order to gain quality data, the researcher has pre-tested the semi-structured interview schedules (see Appendix A). Developing validity standards can be a challenge as rigor, subjectivity and creativity are incorporated into the phenomenological research process (Greenhalgh & Taylor, 1997). Validity was enhanced through having data reviewed by participants, and by having another researcher review the research steps, as well as the emerging themes. The summary of themes from participants was compared to findings in the literature. This process involves “corroborating evidence from different sources to shed light on a theme or perspective” (Creswell, 2007, p. 208).

Two levels of validity have been identified. Primary validity criteria, “credibility, authenticity, criticality and integrity” (Whittemore, Chase, & Mandle,
2001, p. 522), which in this study was supported by the professional standing of the participants, the extraction of data from reliable verbatim transcripts, and the validation of theme coding by an independent researcher. Secondary validity criteria - “explicitness, vividness, creativity, thoroughness, congruence, and sensitivity” (Whittemore, Chase, & Mandle, p. 522) - in this study is supported through inclusion of relevant verbatim comments from participants that provide vividness.

**Ethical issues**

The researcher has a strong interest in the ethical integrity of the research process, and this comprises both the way knowledge is produced, and the way participants involved in the study are treated. The ethics of respect for participants governed the human interactions in this project (National Health & Medical Research Council, 2007), and respect was an overall aim, an orientation that is based on the work of Kant (Dillon, 2010). Feinberg (1975) identifies an aspect of respect (using Kant’s term *observantia*) which involves regarding others as making claims on our conduct, as deserving moral consideration in their own right, “independently of considerations of personal well-being” (p. 2). This respectful stance is parallel to the professional paradigm of person-centred counselling (Rogers, 1951) practiced by the researcher. This stance is not in conflict with the utilitarian claim (Andre & Velasquez, 1989) that the purpose of morality is to make the world a better place. It is intended that this study will – in a small way – make the world of counselling “a better place”, and that the participants felt treated with respect. Ethical issues are summarised in Table 3.
While the areas being researched – counsellors’ professional practices – are ones over which the researcher has no direct control, underlying the intention to offer an intervention is the basic belief that the participants will use good will and their own judicious professional judgement in relation to the application of the training intervention activities. The researcher assumed that the participants would make good decisions. In aiming to conduct the project from a stance of the “virtues of integrity and scholarly rigor” (Fellman, 2010), it is hoped that this may have a positive influence on participants, and the use they make of the intervention with their clients.

Integrity in research includes two broad arenas: the “quest to produce knowledge” or “capturing truth” (O’Leary, 2010, p. 27), and working with others. As part of capturing truth, reflexivity has been identified as an essential ethical resource (Guillemin & Gillam, 2004), that was developed through consultations with the study supervisors. In working with others the rights and wellbeing of participants need to be protected. An ethical research relationship is evident when participants are included in reviewing transcripts, gaining permission for particular quotes, and checking whether identities have been adequately disguised (Riessman, 2008). These were essential steps in this study.

**Potential benefits, risks and protection for participants**

This study provided the means for counsellors to identify their own intelligence preferences, and to ascertain - and respond to - their clients’ preferences, in the hope that this may impact positively on therapeutic endeavours. Research has shown that attending to client preferences does positively impact on treatment outcomes and decreases dropout (Swift, Callahan, Ivanovic, & Komiakin, 2013).
Participants were provided with a training intervention on the recognition and use of MI within a counselling context. It is considered that the welfare of the counselling profession, the participating counsellors and of their clients was enhanced as a result of the study and through publication of the themes that emerged from the research questions.

Benefits

There are four main benefits this study brings for the community in general: the possible increases in outcomes from counselling practice; extension of the counselling literature with practical recommendations; recommendations for the enhancement of counsellor training; and new methods that contribute to the effectiveness of therapeutic treatments.

Benefits for participating counsellors included: gaining a one-day professional training at no charge (value $250); gaining professional skills to enhance practice; gaining professional development points from their professional association; and the development of collegial networking during the training intervention (which feedback revealed to be highly valued).

Clients may have experienced benefits from the participation of their counsellors. These include the possibility of enhanced self-reflection and motivation elicited from completing the MI questionnaire. There may be improvements in the way counselling interventions are selected and applied by their counsellors. Awareness of preferred intelligences may provide unexpected benefits, such as enhanced confidence and therapeutic engagement. It is considered that these actual
and potential benefits for participants and their clients significantly outweigh the very low level of risk involved.

**Potential risks and risk management**

It was considered that there would be minimal psychological risk for participants as interview topics and questions related entirely to professional areas of experience, with no reference to personal concerns. While participants may have experienced a slight economic disadvantage due to the time given to participating in interviews and the training intervention, they are, however, required to undergo regular professional development by their professional association, and have also gained professional extension training at no cost. (The training intervention was recognised by a state counselling association for the award of professional development points.)

In terms of risk management, participants (as members of a professional association) already had supervision agreements established, so that they were in contact with sources of support. Furthermore, the possibility of their withdrawal from participation at any time was made clear on the Consent Form and in pre-interview discussions. Participants were also provided with an opportunity for email, phone or in-person debriefing with the researcher, although this support was not requested.

**Data Storage**

Data storage complies with University policy. The researcher is responsible for the security of data collected, and it was kept in locked facilities in the researcher’s office. Data and codes and all identifying information is kept in separate
locked filing cabinets, and in password-protected digital devises. Access to computer files is available by password only, and only accessible by the researcher. Relevant computer files, questionnaires and paper records, as well as audio recordings of interviews will be kept for five years after submission of the dissertation. Computer and audio records will then be erased by the researcher, and paper records shredded.

Table 3: Ethical Issues in the Research Methodology

The following table summarises the way ethical issues were dealt with in this study.

<table>
<thead>
<tr>
<th>Ethical issue</th>
<th>Components of issue</th>
<th>How dealt with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrity</td>
<td>Has research been conducted with professional integrity?</td>
<td>Researcher participation in ethics training. Researcher consultations with three supervisors. Approval for project by university HREC</td>
</tr>
<tr>
<td>Credibility</td>
<td>1. Has interpretation of data been influenced by culture? 2. Has interpretation been influenced by researcher bias? 3. Do results reflect participants’ experiences? 4. Have participants have a chance to review data?</td>
<td>Having participants review data. Having another researcher review the steps of research. Having another researcher review the analysis of data. Comparing findings to the literature.</td>
</tr>
<tr>
<td>Data collection</td>
<td>1. Have interviews been conducted in a respectful way? 2. Have real or imagined power differentials during interviews been addressed?</td>
<td>Use of semi-structured interviews allows participants to guide the process. Conducting interviews at a time, and in a place, chosen by participants.</td>
</tr>
<tr>
<td>Data analysis</td>
<td>Are researcher-identified categories correctly identified?</td>
<td>Involvement of supervisors and an independent researcher (and some participants) to check data analysis and conclusions.</td>
</tr>
<tr>
<td>Results</td>
<td>Results in qualitative research are interpretations.</td>
<td>Significant themes identified Direct participant statements used</td>
</tr>
<tr>
<td>Conclusions</td>
<td>1. Have conclusions been reached without error or bias?</td>
<td>Careful construction of research steps. Involvement of supervisors and an</td>
</tr>
</tbody>
</table>
| Limits of project | Have limitations been identified? | Limitations to be articulated:  
- practical constraints,  
- the significance of themes identified. |
|------------------|----------------------------------|----------------------------------------------------------------------------------|

This chapter described the theoretical underpinnings of the qualitative research design – IPA – as well as the specific research strategy employed in the study. These methods included participant selection and description, the interview process, the interpretation of transcripts, the identification of themes and topics that became the raw material that addressed the research questions. It also discussed the ethical issues involved in the study, and the way these were addressed.
Chapter Four

Therapeutic alliances in short-term counselling.


Submitted 22/9/13; revised in accord with reviewer comments, and re-submitted 12/10/2013

The third paper, prepared with advice and editorial support from a supervisor, presents the major themes from the pre-intervention interviews, which aimed to capture a base-line of participants’ current practises. This data from the field is compared to the literature, and some unexpected themes are discussed. The paper argues that there are some significant differences in orientation toward alliances between clients engaging in long-term psychotherapy (the field of most alliance research), and clients commencing counselling hoping to resolve immediate short-term issues. American spelling is used as required by the journal.

1 Dr Bulsara is a principle supervisor for this project, and provided overall guidance, and methodology and editorial advice.
Therapeutic alliances in short-term counseling.

There are a number of indicators that counselors may use in terms of deciding on the efficacy and strength of the therapeutic alliance. These might include, knowing when an alliance with clients has formed and defining which signals are recognized as indicating a strong or a weak therapeutic relationship. In relation to these questions, we might ask whether the lived experience of practicing counselors correspond to the psychotherapy research literature. This study presents the alliance experiences of eight practicing counselors and their observations of client signals that indicate an alliance has been formed. Areas of practical interest are highlighted as implications for counseling practice, education and research.

Compared with counseling, psychotherapy utilizes longer-term interventions and counseling is usually conducted over fewer sessions (PACFA, n.d.). Counselors working in social support agencies often find clients attending once, twice or even three times, whereas psychotherapists may be accustomed to clients attending for one or more years. As research on therapeutic alliances has emerged predominantly from the field of long-term psychotherapy, this study investigated alliance formation within short-term counseling.

Client motivation influences alliance formation (Scheel, 2011). It could be argued that clients intending to participate in long-term psychotherapy may bring higher levels of motivation than short-term counseling clients, who were reported by the participants in the present study to attend from approximately one to six sessions.
It is evident that much of the alliance research has been conducted with psychotherapy patients who may bring higher levels of motivation. For example, evaluating the alliance in psychotherapy, Barnicot et al. (2012) noted studies that collected data from between one month and one year from the commencement of therapy. Munder (2010) gathered alliance data after the third, the 10\textsuperscript{th} and the 20\textsuperscript{th} sessions, and noted that validation of alliance measures is built on this long-term therapy work. Hersoug, Høglend, Monsen, and Havik (2001) collected ratings at the third, 12\textsuperscript{th} and 20\textsuperscript{th} sessions, and then after every twenty sessions, and Hersoug, Høglend, Havik, von der Lippe, and Monsen (2009) only used data from beyond the 20\textsuperscript{th} session. Similarly, Langhoff, Baer, Zubraegel, and Linden (2008) used data from sessions two, eight and 20.

Successful professional relating is significant in many branches of the helping professions. The findings of this study, while not intended to be generalizable beyond the experiences of the counseling profession, will be of interest to the wider field.

The therapeutic alliance concept has evolved throughout the development of Western psychotherapy, first appearing in 1912 in Freud’s early work (Elvins & Green, 2008). Over many decades the psychotherapy literature has revealed the influences on, and the value of, strong working alliances. Alliances have been defined broadly as “the collaborative and affective bond between therapist and patient” (Daniel, Garske, & Davis, 2000). Therapeutic alliances have been extensively researched in the context of long-term psychotherapy. This study explored how qualified and experienced counselors, whose work with clients is primarily over short periods, experience and recognize alliance formation. The researchers aimed to
summarize the experiences of practicing counselors, initially without influence from
the literature. Major themes that emerged from analysis of participant interviews were
later compared with the psychotherapy research literature.

There is an on-going movement towards building a body of therapeutic
knowledge that applies more directly to the daily practice of counselors (Silverman,
2000). This movement brings increased research focus on the core ingredients – or
common factors – of therapy, such as the therapeutic alliance.

**Counseling and therapeutic alliance**

It is generally considered conclusive that counseling is effective (e.g.,
Lambert, 2004; Luborsky, Singer, & Luborsky, 1975; Rosenthal, 1990). Meta-
analyses of psychotherapy outcome research in recent years has led to the
identification of common factors that account for positive outcomes (Hubble,
Duncan, & Miller, 1999). Among the most influential common factors is the strength
or depth of the counselor-client relationship. Lambert (1992) found that 30 percent of
successful outcome variables could be attributed to caring, empathy, warmth,
acceptance, mutual affirmation and encouragement of risk taking. Reviewers of the
research are “virtually unanimous in their opinion that the therapist-patient
relationship is crucial to positive outcomes” (Lambert & Ogles, 2004, p. 174).

Therapeutic alliance is an overall term for “the degree to which the patient
experiences the relationship with the therapist as helpful or potentially helpful in
achieving the patient’s goals in psychotherapy” (Luborsky & Luborsky, 2006, p. 63).
Therapeutic alliance is also identified in the literature as the ‘helping alliance’, the
‘working alliance’, the ‘treatment alliance’, and often simply referred to as ‘the alliance’. The terms ‘working alliance’ and ‘therapeutic alliance’ are sometimes used interchangeably (e.g., Munder, 2010). Interest in the importance of alliances to the psychotherapeutic process has recently grown, and in the “robust empirical literature the therapeutic alliance consistently predicts psychotherapeutic outcome” (Arnd-Caddigan, 2012, p. 77).

Early writers (such as Freud, 1912/1958; Rogers, 1951; Zetzel, 1956) claimed that a positive connection with clients was a basic requirement for effective therapy. These claims have been echoed and supported through more recent meta-analytic reviews of the literature (e.g., Daniel, Garske, & Davis, 2000) and neuroscientific findings highlighting that when positive alliances are present increases in the effectiveness of therapy and higher neuro-plasticity (leading to the possibility of change) are observed (e.g., Barletta & Fuller, 2002; Motschnig-Pitrik & Lux, 2008; Schore, 2002; Siegel, 1999; Wright, 2000). In recent decades the exploration of mirror neurons as a biological basis for empathy suggest that humans are ‘hard-wired’ for empathy and connection (Preston & de Waal, 2002).

Client motivation for participating in counseling has been shown to develop through the arising of therapeutic alliances (Emmerling & Whelton, 2009). The quality of the alliance is widely shown to be a reliable predictor of therapy outcomes from a variety of therapy approaches (e.g., Barber, Connolly, Crits-Christoph, Gladis, & Siqueland, 2000; Horvath & Symonds, 1991; Klee, Abeles, & Muller, 1990; Luborsky, 1994; Luborsky, Crits-Christoph, Alexander, Morgolis, & Cohen, 1983; Luborsky, McLellan, Woody, O’Brien, & Auerbach 1985; Marmar, Horowitz, Weiss,
While there is some disagreement about the therapeutic alliance construct, there is widespread agreement that the relationship is crucial (Lambert & Ogles, 2004). There is also a significant correlation between the therapeutic alliance and the level of clients’ improvement (Bottella, et al., 2008). Lower levels of strength of counselor / client relating in early sessions proved a stronger risk factor for client termination of therapy than the seriousness of the client’s problem (Bottella et al.), hence the current study focused on early alliance experiences.

Over thirty-seven years ago Luborsky (1976) identified two types of alliance: Type 1 is typical of the early stages of therapy and is centered on the client’s perception of the support they receive. Type 2 is typical of the later phases of treatment where a feeling of joint work can emerge. For counselors whose work with clients is usually short-term, the establishment of a Type 1 alliance may be a crucial focus. More recently, Knox (2008) found that clients perceive relational depth within counseling as contributing to enduring positive outcomes. The term “working at relational depth” was originally used by Mearns (1996) when discussing the depth and quality of contact between client and therapist. Mearns and Cooper (2005) describe it as “a state of profound contact and engagement between two people” (p. xii), where each is able to be real, and able to understand and value the other’s experiences at a high level. For counselors who work with clients for only a few sessions, development of this relational depth may be crucial to positive outcomes. Hence a study of how counselors recognize this relationship, and how it can form in
the short-term, is of value for practice and counselor education.

There are some differing views in the literature as to exactly when an alliance forms and when it can be reliably measured. This is not surprising given that individual clients attachment styles may have a strong influence on how and when a connection can form (Smith, Msetfi & Golding, 2010). However, Sexton, Littauer, Sexton, and Tømmerås (2005) found that clients in their study considered that good alliance was usually established early in the first session (the Type 1 alliance). This suggests that counselors might make the development of connection, trust, and relationship central aims of early sessions.

Good techniques are associated with a good alliance (Muran & Barber, 2010). However, the manner in which interventions are applied can influence the alliance and both over-structuring and under-structuring therapy predicts a negative alliance. Conversely, the following counselor activities have been found to predict a stronger alliance: facilitating the expression of affect, working on the here and now of the therapeutic relationship, ongoing collaboration in regard to both counselor and client contributions to the alliance, counselor making accurate interpretations, working on client’s relationship problems, exploring interpersonal themes, noting past therapy success, and reducing client self-hatred (Muran & Barber). Compatibility between the personal characteristics of the counselor, the characteristics of the client, and the methods of treatment is important for effective outcomes (Soares, Botella & Corbella, 2010). In fact counselors may develop a better acquaintance with their own characteristics through experiential learning during their training.
There are more than twenty measures for assessing therapeutic alliance (Soares, Botella & Corbella, 2010). However, in this phenomenological study, participants were interviewed and asked to share their lived experiences relating to alliance formation in their daily practice. It is intended that the exploration of counselor’s experiences will provide detail into the process of developing the therapeutic alliance in the vital early stages.

Method

This study utilized a qualitative, phenomenological design, that places individual experiences as central to the process and seeks to gain the unique perspectives of participants (Langdridge & Hagger-Johnson, 2009), rather than gathering findings to generalize to the wider field. Qualitative methods can achieve this capturing of lived experience by not imposing a pre-determined construct of perception, thus allowing themes, insights and findings that may be unexpected to emerge (Langdridge & Hagger-Johnson, 2009). This method was chosen for the current study in order to strengthen practice-based evidence, and to determine the ways alliance building is encouraged by counselors working with short-term clients.

The data obtained from semi-structured interviews with counselor-participants became the raw material that underpins the study. Interpretive phenomenological analysis (IPA) was used as the data analysis method, a qualitative approach that interprets how people make sense of their lived experiences (Smith, Flowers & Larkin, 2009), resulting in the identification of several dominant and sub-dominant themes. As the experience of counseling, and the determination of counseling
effectiveness are highly subjective phenomena, it is logical to proceed on the basis of
gathering data from a group directly involved in the process, “an insider perspective
on the object of study, namely experience” (Smith, 2003, p. 35). Identified themes
were related to, and compared with, the psychotherapy and counseling literature.

Sample and sampling

The participants were eight Australian counselors, with tertiary counseling
and/or psychology qualifications, working in a range of social welfare agencies and in
private practice. Since phenomenology seeks an in-depth understanding of a
particular group it is appropriate to recruit individuals who can relate to the research
questions (O'Reilly & Parker, 2012); random sampling is not required. IPA
researchers aim to find a fairly homogenous sample: “purposive sampling” is used
suggested a sample size of six participants, Kuzel (1992) recommended six to eight
interviews. However, achieving a reliable level of saturation is ideal (Bowen, 2008),
and this was confirmed during the process of coding themes.

The participants were experienced counselors and psychologists (average of
5.6 years in practice), currently in practice, and although counselor licensing is not
yet required in Australia, they were all members of professional counseling
associations, which have ethical and training standards in place. This assured
consistency in regard to levels of training and rigor in the standard of counseling
practice.
Bracketing

In order to “reveal engaged, lived experience” (Ashworth, 1999, p. 707) researcher presuppositions were suspended as much as is possible, or ‘bracketed’. The procedure of bracketing, a practice advised by Husserl (1973) and Moustakas (1994), has the purpose of “allowing the life-world of the participant in the research to emerge in clarity” (Ashworth, 1999, p. 708). In other words, Husserl’s method determined whether the lived experiences of counselors could be studied, without bias or the influence of previous data.

In this study the first author, who conducted the semi-structured interviews, is an experienced counselor, and is familiar with much of the literature on the therapeutic alliance. It is assumed that alliances are an important component in counseling, and that alliance formation will be relevant to the participants. To achieve effective bracketing, the first author was challenged, during interviews, to not make comments or frame questions that revealed his suppositions, attitudes, biases or opinions. A similar approach was maintained during data analysis.

What researchers believe about psychotherapy and counseling has been found to influence research findings, allegiances have been found to correlate substantially with patterns of results (Berman, 2010). Analysis of several transcripts into major themes by an independent researcher was compared with the researchers’ initial analysis, as a way of minimizing researcher bias, and in the way conclusions based on emerging themes were drawn. Analysis by the independent researcher confirmed the themes identified by the authors.
**Data collection**

The counselors were asked to participate in a semi-structured interview of approximately 45 minutes duration. The recommendations of Sexton, et al. (2005) for developing a good therapeutic alliance within the counseling context were consulted in developing an open-ended interview schedule that was designed to gather data on the counselors’ ways of working and their perceptions of the alliance. Nonetheless, care was taken to frame questions and interview prompts in a way that did not make presuppositions, and allowed participants to revisit their responses, extend topics of interest to them, and digress in ways that might enrich the data.

**Data Analysis**

Analysis of interview transcripts was conducted using interpretive phenomenological analysis (IPA) (Smith, 2003). IPA provides a means to understand the perceptions and reflections of participants and the themes that emerge from their common experience. Interpretation of transcripts transformed counselors’ comments into themes, and common themes were identified across cases, with super-ordinate themes emerging (Chapman & Smith, 2002). IPA is concerned with what the participant experiences, thinks or believes about the topic under discussion. The IPA researcher’s own conceptions are required to make sense of the “personal world being studied” (Chapman & Smith, 2002, p. 126).

The stages of IPA according to Willig (2008) are:

Stage One: Reading and re-reading the interview transcription. Significant responses from the reader, statements, sentences, or quotes will be identified in the transcripts (open coding).
Stage Two: Identification of and labeling of themes.

Stage Three: Structuring the analysis: clusters of themes are labeled in a way that captures their essence.

Stage Four: Production of a summary table of the themes (see p. 124), with quotations that illustrate them. Abandoning of themes that are not well-represented.

**Credibility**

In order to gain quality data, the researchers have pre-tested the semi-structured interview schedule by conducting a pilot interview. As subjectivity and creativity are incorporated into the phenomenological research process (Greenhalgh & Taylor, 1997), and as the lived experience of participants is not subjected to validation from outside sources, credibility of the analysis was enhanced through having the themes reviewed by participants, with an invitation to provide feedback, and by having another researcher review the research steps.

**Results**

Major themes relating to the therapeutic alliance that emerged from the interviews are described below. Pseudonyms have been used when quoting participants. The major themes identified highlighted: the perceived need to provide a psychologically comfortable environment for clients, the eclectic style of counselor-participants, the urgency of early rapport development, the way that personal qualities of the counselors contributed to therapeutic alliance development, the timing for alliance development, the impact and signs of weak alliances, emotional signals of positive alliance formation, body language as a major somatic signal of alliance.
formation, and the need for counselors to be real in order to support alliance formation.

**Working eclectically**

The first theme described here is a practical one that illuminates background commonalities in the main methods used by participants in their counseling practice. It became clear that, although only two participants specified this directly, they all worked eclectically, that is, they drew from a range of more than two, and in most cases more than four, methods and theoretical frameworks in response to specific client needs. Commonalities in the methods participants incorporated into their practice included: a person-centered approach, use of visual aids (whiteboards and genograms being the most used), use of cognitive-behavioral therapy, solution-focused therapy, narrative therapy, and some use of somatic approaches. Within an eclectic framework, the use of a person-centered way of being with clients was a theme that emerged in many stages of the interviews.

Jenny explained: “I don’t believe that you can have one approach that fits all - because it just doesn’t”. She then provided more detail: “It's person centred at first, then after that I get on to identifying the issues, working on the issues and then usually use solution-focused or CBT”.

Alexandra provided another insight into use of an eclectic approach: “Well, I use narrative, that seems to be the technique I use a lot because certainly the indigenous population is all about storytelling. Sometimes I bring a Gestalt approach into it. I also do a lot of the emotional focus work.” Harriet also expressly described
her work as eclectic and indicated she worked in a flexible way: “I’m a little bit eclectic. Mostly it’s CBT because that’s how I operate. But once again I let the client lead. For some clients a softer approach works better. I allow them to lead me and I follow them”

Establishing rapport in a safe place

A second major theme to emerge was the intent to support rapport building by creating an environment for the client at the initial meeting that would be experienced as psychologically comfortable and safe. This was needed so that clients could relax and “open up”, in order that rapport could develop. Lorraine put this succinctly: “To me the most important thing is for my client to feel comfortable enough with me and to feel safe enough to disclose part of their experiences”. An effort that was seen to contribute to this was the use of an accepting, non-judgmental way of relating. Harriet says it clearly: “It’s about creating some sort of safe place - it’s safety that’s needed, and an openness and an acceptingness of what they have to say”.

Participants’ narratives showed a strong respect for the therapeutic alliance, and the theme of moving from rapport-building to alliance building emerged. The therapeutic alliance was seen as “vital” and “essential”. In order to develop it a range of suggestions were made, including being indirect at first, showing understanding, helping clients feel “equal and heard”, being warm and showing confidence.

Jenny’s comments could sum up these themes: “Unless you can create an alliance that encourages them to take risks, to do the work, reveal themselves, be vulnerable, it - counseling - doesn’t work”. That the need for early formation of
alliances was important to participants strengthens the relevance of their views to the questions of this study.

**Alliance development through counselor qualities**

The development of the alliance was seen as generated through personal qualities more than methods or activities. As Emily said: “When I have to start that connection, it’s really, way more about who I am than anything I have to offer”.

There was a very high awareness of the value placed on developing alliances, in terms of therapeutic success: “If you have created that alliance and that person for that hour felt that someone validated him, listened to him and made him feel that he is worth being listened to, to me that alone is quite therapeutic” (Lorraine). Jenny’s comments could almost act as a summary of responses: “It’s vital. It’s absolutely crucial. Without it you’ve got nothing. You’re wasting your time.”

In terms of the length of time the alliance takes to develop, a wide range of observations of the timings was reported. Early in the first session was the most often noted time-frame, with several participants suggesting that it began in the first ten minutes. While several participants experienced the time it takes for the alliance to develop as being very variable, depending on the individual client – with variables depending on client differences, gender and generational differences – the major theme was that it should develop in the first or second session.
The comment from Genevieve is representative of several participant views: “If you haven’t built that in that first 10 minutes and seeing them really start to relax, you can guarantee they won’t come back”.

**Perceiving and responding to weak alliances**

The participants’ experiences of weak therapeutic relationships emerged in two distinct themes: the impact on themselves and how they behave in the session, and the client behaviors they have observed that indicate a low alliance. Counselor responses to a weaker connection included seeking supervision, needing to be more respectful of the client, and to repair the alliance, requiring more patience, calming self and slowing down the session.

The main client behaviors that were seen as signs of a weak alliance included “closed” body language, less eye contact, sabotaging behaviors, responding with closed answers, not engaging, an inability to listen, along with subsequent cancellations and non-attendance.

Genevieve described her observations of a weak alliance: “Generally you’ll get that lack of wanting to engage. They may still be quite anxious, possibly uptight. They’ll just not want to engage so they will sometimes just say look, I’ve got nothing to say, this isn’t going to work for me”. Jenny listed common indicators of weak alliance: “Oh non-attendance, cancellations of appointments. If they do come there is clear body language - and they say ‘Yes, but. Yes, but. Yes, but. Yes, but.’”
**Perceiving and forming positive alliances**

Two major themes emerged related to positive alliances: recognition of them via emotional and behavioral signals, and counselor ways of being that contributed to positive alliance development. Client affect that was seen as an indicator of a well-developed alliance included: more frequent expressions of gratitude, liking, trusting, and more warmth. Client behaviors that were interpreted as signs of the positive changes over time included client willingness to return, the client talking more, wanting a ‘friendship’, willingness to deal with more difficult issues, more self-revelation and a stronger sense of self.

A sense of trust developing between client and counselor was well described by Emily:

“. . . it’s just not knowing if you’re safe to challenge or if you’re safe to question, or how I might be around challenge. Then as they get more trust in me and see that I’m actually not too precious, then they’re more free to just say what they really feel. I hope that I encourage that”.

Contributions to forming a positive alliance emerged in two distinct themes: counseling techniques employed, and ways of being – the ways counselors behaved and felt – that had a significant influence. Counseling techniques employed that contributed most to forming the therapeutic alliance were very varied, with only one minor theme emerging: that of providing validation for the client. Other techniques mentioned included the use of paraphrasing, making positive statements, using
weekly session evaluations, helping with small practical steps, being an advocate, 
encouraging eye contact, and use of visual prompts.

The way counselors experienced alliance changes over time with their clients 
included their personal experiences and their observations of client emotions and 
behaviors. A major theme to emerge was that, although the alliance was changeable, 
it generally deepened over time. Indeed, counselors felt more secure as their 
connection with clients developed over time, time (in sessions) seemed to pass more 
quickly, and they looked forward to working with the client. Emily articulated 
observations of well-formed alliance:

“It just feels to be a deep and more real connection and - not even in so 
much of what they talk about but how they talk about things. There is less hesituation, they’re more receptive to hearing things that would be hard to 
hear earlier on. And more ready to talk about things that you know earlier 
on might have been difficult”.

**Body language as an alliance signal**

The way counselors’ used positive body language observations to gauge successful alliance formation was revealed as a major theme. Seven of the eight 
participants directly discussed their observations of body language as an indicator of 
increases – and sometimes a decrease – in the therapeutic alliance. The strength of 
this theme was unexpected. Counselors interpreted signs of the body relaxing, being 
“more open”, being “softer”, “unfolding”, and having a sense of “lifting” as 
indicators that the alliance had developed and that clients felt safe.
Other somatic commonalities in how the participants experienced and observed a developing alliance included: increases in eye contact, warm handshakes initiated by the client, breath deepening and relaxing, and the emergence of smiles and laughing.

“Their body language is the first thing I notice, because they usually come in all closed up. I love to watch them unfold throughout a session” (Harriet). Emily echoed several perceptions of body language relaxing: “Sometime it’s very subtle. Sometime it’s just body language. It’s almost like you see them be more open in their body language. They start to be more relaxed.” Whereas Elaine noted the opposite way body language was seen as communicating: “I can see hands. I can see the eyes and the head dropping down. Clenching fists, maybe even gripping hard on to seats. I can see that.”

Genevieve linked breathing and body language as a combined signal: “It’s like they come in holding their breath and then, over the session, I realize that they’re actually able to breathe and by the end of the session their body language is a lot softer, their facial expression is a lot softer.”

**Being real helps the alliance**

Another theme revealed that the counselor’s ‘way of being’ was perceived to be as significant as their working methods. The main ways of being, considered to contribute most to developing the alliance, were: being non-judgmental, empathic, compassionate, encouraging, honest, and being humorous.
In terms of the counselors’ overall experiences of what helps and what hinders the development of the therapeutic alliance, the theme of “being real” emerged. Participants used the term “being real” to summarize some of the ways of being they displayed in the therapeutic relationship, such as genuineness, congruence and use of self-disclosure.

Genevieve evoked the importance of the counselor’s way of being: “If you’re going to be working with clients then it is about being committed. It’s not just a half-hearted role that you play and to build those alliances you need to really be right in there.” Elaine adds: “Building trust is one of the very, very significant roles that a counselor needs to play – and that has been huge.”

Emily seems to sum up: “I used to always have to have this bag full of tricks because I thought that was what people expected and wanted, and then I just relaxed and started to realize that it’s way, way more about how they feel in this room with you.”

Discussion

Through studying the lived experience of the therapeutic alliance of eight Australian counselors, dominant themes emerged of alliance recognition via somatic signals, and the overall importance of the alliance. In drawing some connections here between the themes from participants’ lived experiences and the research literature, we are not seeking to validate participants’ experience, but aiming to draw some connections that might lead to further areas for research and / or topics and skills that
educators might explore in more depth within counselor training. We are also aiming to identify any differences in the process of alliance formation and maintenance between the long-term psychotherapy literature and the experiences of our participants who regularly work short-term with counseling clients.

**Working eclectically**

Overall, participants worked eclectically and commonalities in methods used included: a person-centered approach, use of visual aids, use of cognitive-behavioral therapy, solution-focused therapy, narrative therapy, and some use of somatic approaches. The term eclecticism has been described as an essential perspective in therapy practice (Larsen, 1999), and is used to describe informal and more systematic ways therapists gather and apply theories and methods into a preferred therapeutic style or an individual approach for specific client needs (Hollanders & McLeod, 1999; Lampropoulos, 2000; Lazarus, Beutler & Norcross, 1992).

The fact that eclectic practices were described by participants is not a surprise given that it correlates with the literature showing that eclectic practice has been growing. Lazarus, Beutler and Norcross (1992) stated that therapists have realized “that one true path to formulating and treating human problems does not exist” (p. 11). However much of the psychotherapy literature investigating alliance development is based on practice with a single therapeutic style. The theme of eclectic styles provides insight into the participants’ flexibility in responding to clients.
Establishing rapport in a safe place

There was strong respect for therapeutic alliances amongst participants and alliances were seen as “vital” and “essential”. The participants’ views that therapeutic alliances are vital, and grew out of establishing early rapport, is in line with the extensive therapeutic alliance literature, as described earlier. The observations of rapport or alliances forming within the first ten minutes of a sessions indicate that the type of alliance most often referred to by participants was what Luborsky (1976) termed a Type 1 alliance, that is typical of the early stages of therapy and is centered on the perception of the support client’s believe they have received.

Early in the first session was the most often noted time-frame for the commencement of alliance formation, with several participants suggesting that it began in the first ten minutes. Although the relationship was defined as changeable, it generally appeared to deepen over time. The claims of early alliance formation may reflect the short-term nature of much of the participants’ professional work, and is slightly different from the literature that suggest alliances can be accurately gauged by the third session (e.g., Munder, 2010).

Alliance development through counselor qualities

Counselor contributions to forming a positive alliance emerged as primarily positive ways of being, and included providing validation for the client. A solid alliance was considered to be generated through human qualities – such as warmth, providing validation, acceptance and helpfulness – more than methods or activities. Client-centered research has indicated that alliances are rated more highly by clients when positive counselor qualities are in evidence, for example, Duff and Bedi (2010)
found that the enactment of warm human qualities accounted for 62% of the variance in alliance scores. Similarly, Littauer, Sexton and Wynn (2005) found that warm, human qualities were the focus of what clients wanted from therapists. Ackerman and Hilsenroth, (2003) maintain that “therapists’ personal attributes such as being flexible, honest, respectful, trustworthy, confident, warm, interested, and open were found to contribute positively to the alliance” (p. 1).

**Perceiving and responding to weak alliances**

Client behaviors that were seen as signs of a weak alliance included “closed” body language, sabotaging behaviors, and not engaging, along with cancellations and non-attendance. Counselor responses to a weaker alliance included seeking supervision, needing to be more respectful of the client, and to repair the alliance.

Participants reported both self-experiences and specific client behaviors in order to address and improve weak alliances. Self-experiences involved seeking supervision and aiming to be more respectful of clients in order to repair that alliance. Interestingly, research has shown that counselors seeking supervision have identified a good supervisor relationship as a central component of satisfactory supervision (Weaks, 2002). Weaks identified several trends in practitioners seeking supervision, two of which were “affirmation seeking” and “knowledge seeking” (p. 38). Participants in the present study sought supervision when they perceived the alliance to be weak primarily for these two reasons.
Client behaviors connected to a weak alliance included somatic signs, described as the opposites of those discussed further on page 119, i.e. postures described as “closed”.

**Perceiving and forming positive alliances**

Counselor contributions to forming a positive alliance emerged in two distinct themes: counseling techniques employed, and ways of being. The positive impact of the provision of validation by the counselor emerged as a major theme.

Counselor activities of noting past therapy success, and reducing client self-hatred predict a stronger alliance (Muran & Barber, 2010). Clients want their therapist to be warm, calm and responsive, and listen attentively and be understanding (Littauer, Sexton, & Wynn, 2005). In terms of techniques, clients have been shown to want their therapists to be prepared, have a plan and also balance their questions and comments with listening (Littauer, Sexton, & Wynn, 2005). Furthermore there is evidence that counselors can be trained to improve their alliances (Crits-Cristoph, et al., 2006).

**Body language as an alliance signal**

Counselors’ awareness of positive somatic signs, primarily body language, as well as positive emotional expressions, such as more frequent expressions of gratitude, mutual liking, and the development of deeper trust, were seen as indicating the alliance had begun to be formed. In the current study the unexpected yet strong theme emerged of body language as an indicator of alliance strength, and as an indicator of weakening alliances. This finding has some confirmatory links with
Aviezer, Trope and Trodorov’s (2012) observations that body language plays an even more significant role in reading strong emotions in others, than facial expressions. The practical relevance of observing nonverbal interactions to gain an awareness of the emotional aspects of the alliance, as noted by De Roten et al. (1999), was highlighted by the current participants. Leijssen (2006) has recommended that therapists add the body perspective to their work, and use body-oriented interventions in response to observations of body language. This may well be an area of interest for future counseling researchers and educators.

Body language is defined as “the conscious and unconscious movements and postures by which attitudes and feelings are communicated” (Oxford English Dictionary, 2005) and has been studied (e.g., Leijssen, 2006; Mehrabian, 1981; Wachtel, 1967) and extensively described in the popular press (e.g., Fast, 1971; James, 2009) over several decades. The study of body language, also known as “kinesics”, has been in and out of favor over this time, and appears again in more recent neuroscientific research (e.g., Aviezer, Tope & Trodorov, 2012; Meeren, Heijnsbergen, & de Gelder, 2005; Van den Stock, Righart, & de Gelder, 2007). As de Gelder (2006) has noted, “Research on emotional body language is rapidly emerging as a new field in cognitive and affective neuroscience” (p. 242). What de Gelder terms “emotional body language” is claimed to be a “less ambiguous signal and a more direct call for attention and action in the observer” than facial expression (de Gelder, p. 248). Apart from focused training in somatic (body) psychotherapy (Evertsen, 2012; Heller, 2012), body language skills have not been widely utilized in counselor education or research.
While research on the recognition of “whole-body expressions” has been sparse, the importance of body expression in communication has been supported (Van den Stock, Righart, & de Gelder, 2007, p. 487). One estimate of the impact of body language on communication is that it contributes up to 93% (Borg, 2009), however, Engleberg (2006) suggested that 60 to 70% was most likely. “The face and the body both normally contribute in conveying the emotional state of the individual”, however, observers are strongly influenced by “emotional body language”; observation is biased toward the emotion expressed by the body (Meeren, Heijnsbergen, & de Gelder, 2005, p. 16518). Furthermore, recognition of emotion from facial and bodily expression does not emerge from elaborate cognitive analysis, but is based on “fast global processing” outside the focus of attention (p. 16521). This suggests that a counselor may gain insight into client emotional states very quickly, and, of course, clients may become aware of counselor emotional states very quickly, at a level just below conscious awareness.

A very early study of body language within therapy (Wachtel, 1967) noted that it took researchers analysing video tapes of clients over 50 observations of the tapes to become familiar with the clients’ patterns of body language. Wachtel noted that it is inevitable that researchers in his project would make observations that might go undetected by therapists, and that there was a need for therapists to be trained in the skills of observing the body signals of clients.

In the area of non-verbal behaviors and communication within counseling and psychotherapy the areas that have been studied include: the distance between bodies as a marker of engagement in couple therapy (Kendon, 1977), and the clinical
relevance of observing nonverbal interactions to gain an awareness of the emotional aspects of the alliance (De Roten et al., 1999). More recently Leijssen (2006) has recommended that therapists add the body perspective to their work, and catalogues ways to use body-oriented interventions in response to observations of body language. Much more recently, Aviezer, Trope and Trodorov (2012) found that body language played an even more significant role in reading strong emotions in others, than facial expressions.

None of the literature includes body language observation within alliance measures, nor suggests using it as an information source for therapists. While not intending to focus specifically on body language, this study revealed that it was frequently used by counselor-participants working short term with clients, as an informal tool to assess alliance strength, and to subsequently guide relating with clients.

**Being real helps the alliance**

The theme of “being real” emerged many times in the participants’ discussions as the main ingredient that helped develop alliances. Gelso (2002) commented on the almost nonexistent literature on the “real relationship” in therapy (p. 35), while affirming that a personal relationship does operate silently as part of the therapy relationship.

In 1939 Rogers referred to his approach as a “relationship therapy”, by 1970 the term “person-centered” was more widely used (Mearns, 1997, p. 1). A key ingredient that emerged from Roger’s research was the need for a therapist to be
congruent, and display a level of presence within the therapeutic relationship (Mearns, 1997). More recently Kolden, Klein, Wang and Austin (2011) conducted a meta-analytic review of the empirical literature showing the relationship between congruence and therapeutic improvement. They describe their findings as providing evidence “for congruence as a noteworthy facet of the psychotherapy relationship” (p. 68). It is probably not accidental that almost all the participants identified that they worked in a person-centered way.

Overall, paying attention to body language, and the need for counselors to ‘be real’ emerged as dominant themes in the quest to develop a solid therapeutic alliance.

**Limitations**

Participant numbers were small and although acceptable within a qualitative methodological framework, render the findings difficult to expand to more broadly generalized conclusions. However, the insight gained through interviews with counselors provides some detailed findings regarding important issues as perceived by this profession in regard to the early establishment of the therapeutic alliance. The current findings are most relevant to a Type 1 alliance (Luborsky, 1976), not alliance development in later stages of therapy (Type 2).

**Implications for Practice and Research**

As observation of body language as a way to gauge the alliance strength stood out as an unexpected theme, and is rarely discussed in the counseling education literature, this might be an area for researching objective markers, so that recognition and interpretation of body language can be included as a basic skill within counselor
education, and utilized more widely within practice. Further research is recommended into ways of developing sensitivity to, and understanding of, body language and other somatic signs, that may indicate increases or decreases in the level of trust, rapport and alliance.

In the light of the experiences of these counselors, other areas of interest for professional helpers, counselor educators and researchers might include: further development of respect for, and understanding of, the development of the therapeutic alliance, the cultivation of the positive human qualities that appear to generate alliance (e.g., providing validation, acceptance and maintaining a non-judgmental attitude towards clients), developing practitioner awareness of alliance formation over time, and exploring the personal development that can lead to “being real” within the counseling relationship. Counselors whose work with clients is typically over short periods may particularly gain direction, support and encouragement from these findings.

**Conclusion**

While many of these themes will be familiar to experienced counselors and counselor educators, in general they provide further practice-based evidence for several foci in education and practice. The themes of the need to “be real” and to cultivate positive human qualities, reinforce the current trend in counselor education to require trainees to undergo personal development and self-awareness training. In particular, the strength of the theme of clients’ body language as an indicator of the level of alliance formation, may signal an area for revived interest and further investigation.
Table 4: Summary of Major Alliance Themes from Participants

(This table was not used in the article due to word limit constraints)

<table>
<thead>
<tr>
<th>Alliance Aspect</th>
<th>Major themes</th>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ideal client environment</td>
<td>Establishing rapport in a safe place</td>
<td>Psychological safety</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-judgmental relating</td>
</tr>
<tr>
<td>Experience of the TA</td>
<td>Respect for the importance of the TA</td>
<td>Start with rapport-building, via showing understanding, help clients feel “equal and heard”, being warm, showing confidence</td>
</tr>
<tr>
<td>Significance of TA</td>
<td>The TA is vital and essential</td>
<td>Developed through human qualities (such as warmth, providing validation, acceptance and helpfulness) rather than methods or activities</td>
</tr>
<tr>
<td>Required time for development of the TA</td>
<td>In the first two sessions, often in the first 10 minutes, but variable</td>
<td>Variables relate to client differences, counselor/client gender and generational differences</td>
</tr>
<tr>
<td>Perceiving and responding to weak alliances</td>
<td>Challenging impact on counselor</td>
<td>Seeking supervision, Aiming for more client respect, Needing to repair TA</td>
</tr>
<tr>
<td></td>
<td>Client behaviors observed</td>
<td>“closed” body language, less eye contact, sabotaging behaviors</td>
</tr>
<tr>
<td>Changes in the TA over time</td>
<td>Although changeable, the TA does develop over time</td>
<td>Counselors feel more secure, time passed (in sessions) more quickly, look forward to seeing clients.</td>
</tr>
<tr>
<td></td>
<td>Client emotions indicate a well-developed TA</td>
<td>Expressions of gratitude, liking of counselor, deeper</td>
</tr>
<tr>
<td>Contributions to developing a TA</td>
<td>Counseling techniques employed</td>
<td>Varied techniques: paraphrasing, positive statements, session evaluations, practical help, being an advocate</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Alliance development through personal qualities</td>
<td>Non-judgmental, empathic, compassionate, encouraging, honest, humorous</td>
</tr>
<tr>
<td>Signs of a productive TA</td>
<td>Body language</td>
<td>Other somatic signs: increases in eye contact, warm handshakes, breath deepening, emergence of smiles</td>
</tr>
<tr>
<td>Overall experiences of helping or hindering the development of the TA</td>
<td>Being real</td>
<td>Building trust, Be committed, Create comfort and safety</td>
</tr>
</tbody>
</table>
Chapter Five

Multiple intelligences training for counselors:

Reflections on a pilot program

Pearson, M. (under review). Multiple intelligences training for counselors:

Reflections on a pilot program. *Journal of Creativity in Mental Health*

Submitted 1/3/2013; revised in accordance with reviewer comments, and re-submitted 24/10/2013

The fourth paper describes the MI training intervention in detail and presents the counsellors’ experiences of the intervention and subsequent use of the training materials and activities provided. Data was gathered three months post-training through interviews and a written questionnaire. American spelling has been used in this chapter as required by the journal. The researcher is the sole author.
Multiple intelligences training for counselors:

Reflections on a pilot program

There is little discussion in the counseling education literature about the teaching of creative arts as an adjunct to counseling (Ziff & Beamish, 2004), the literature tends to focus on traditional verbal counseling or creative arts-based therapy. However there is a growing interest in using multiple intelligences (MI) theory (Gardner, 1983, 2006, 2009) within counseling (e.g., Booth & O’Brien, 2008; Keteyian, 2011; O’Brien & Burnett, 2000a, 2000b; Odeleye, 2010; Author, 2011; Author & O’Brien, 2012), which suggests the use of a range of mediums, including creative arts.

Responses to a pilot training program for counselors, that introduces MI theory and practice, are described here. This program utilized a form of creative arts therapies – expressive therapies (ET) – to apply Gardner’s theory of MI. ET is a synthesis of a wide range of creative arts mediums used therapeutically in counseling practice. The MI training provided several contributions to knowledge in the field of counseling: a model for extending counselor training with MI theory, a framework for counselors to be more flexible in the delivery of service to clients, and new ways of matching treatment to client preferences and strengths. Participant feedback on the training indicated positive responses, and the visual-spatial and musical-rhythmic intelligences and activities were found to be particularly helpful for the counselors, who were newly acquainted with creative arts approaches.
In his MI theory Gardner (2006) delineates eight distinct intelligences, each one representing a different ability through which clients can communicate, process their difficulties, implement new behaviors, and learn. The implications for MI theory, as applied to counseling with young clients, have been described by Booth and O’Brien (2008) and O’Brien and Burnett (2000a, 2000b). In this study MI theory and the practical activities of ET were brought together to form a MI approach to adult counseling. The MI training intervention described and investigated here has an aim to introduce counselors to the use of the MI approach for use in their daily practice.

While a small study (eight participants), the findings describe positive outcomes from the training that were considered to be supportive of practice. There is a growing trend in the counseling, psychotherapy and psychology literature towards drawing on practice-based evidence, and using professional expertise as part of the evidence trail (e.g., Barkham, Mellor-Clark, Connell & Cahill, 2006; Brendtro & Mitchell, 2012; Brendtro, Mitchell & Doncaster, 2011; Fox, 2011; Hanley, Sefi & Lennie, 2011; Leeman & Sandelowski, 2012). For this study data was gathered from participants, with counseling expertise, three months post-training, allowing sufficient time for training outcomes to be integrated into daily practice, and for them to become aware of clients’ individual learning / processing styles, and plan treatment accordingly.

The use of individual learning styles is not new in the field of education. In his Experiential Learning Model, Kolb states that learning depends on individual styles, and that individuals develop preferences for specific modes (Kolb & Kolb,
For more effective learning there must be awareness of individual learning styles, within a suitable learning space (Kolb & Kolb). Recommendations for creating more effective learning spaces within higher education institutions (Kolb & Kolb), include several of the ingredients that have been identified as valuable within creative arts therapies trainings, and are an integral part of the person-centered ethos of creative arts group work (Rogers, 1993). For example, “respect for learners and their experience” (p. 207), “creating and holding a hospitable space for learning” (p. 207), “making spaces for feeling and thinking” (p. 208), and “making space for inside-out learning” (p. 208). This last recommendation includes the concept of initially focusing on individual experience and the individual metaphors, interests and goals that underlie that experience. Kolb states that linking educational experiences to a learner’s interests activates intrinsic motivation and increases learning effectiveness (Kolb & Kolb). Manolis, Burns, Assudani, and Chinta (2013), highlight the way learning styles are of concern to educators, and there is some evidence that individual communication/learning/therapeutic styles may be becoming of concern to counselors (e.g., Geller, 2005; Keteyian, 2011).

The refined Kolb 17-item self-rated learning inventory (Manolis, Burns, Assudani, & Chinta, 2013) displays several close similarities to MI preference self-rated surveys, which would help an educator or counselor identify student/client intelligence strengths. For example, Item 6 [“When I am learning I have strong feelings and reactions”] and item 8 [“I learn by feeling.”] would help indicate a preference for use of the intrapersonal, or emotional, intelligence; whereas item 5 [“I learn best when I rely on logical thinking”] and item 12 [“When I am learning I am a logical person.”] would both point to a logical-mathematical preference (Manolis, Burns, Assudani, & Chinta, p. 51).
Multiple Intelligences Theory

From his background in developmental and cognitive psychology, and influenced by his work with brain-damaged patients and his study of the development of children’s skills in several art forms, Gardner developed the theory of MI, which was first published in 1983 (Gardner, 2009). This theory challenged the psychological orthodoxy of a single factor intelligence. While he could have used the terminology of “faculties” or “talents”, Gardner chose to use the word intelligences; describing an intelligence as a “biopsychological potential to process information in a certain way in order to solve problems or create products that are valued in at least one culture or community” (Gardner, p. 5). MI theory became very popular, very quickly in educational settings, offering the possibility to take seriously differences between students, and to expand the effectiveness of teaching by activating several intelligences (Gardner).

Gardner found that students had individual combinations of preferred, or natural, intelligences. “An intelligence profile developed using multiple intelligences (MI) theory is as unique as a fingerprint; each profile comprising a set of relative strengths and limitations” (Sellars, 2008, p. 79). Individual profiles are also made complex due to cultural and personal experiences (Gardner, 1999), in addition one intelligence is not usually developed independently from the other (Sellars).

Hironaka-Juteau (2006) found that introducing MI infused teaching, sensitive to students’ MI profiles, resulted in greater student self-awareness and a realization by students that they had their own way of being clever. Increases in learner self-esteem and perceived self-competence as a result of utilizing students’ MI profiles
has contributed to increases in learning (Lumsden, 1997). Academic improvements have been widely reported, attributed to increases in student engagement, as a result of introducing MI-based instruction methods (e.g., Al-Balhan, 2006 [reading]; Douglas, Burton & Reese-Durham, 2008 [math]; Ozdemir, Guneysu & Tekkaya, 2006 [science]).

While there has been some academic debate about the multiple or single factor basis of intelligence, and the basis of identifying individual intelligences (e.g., Lohman, 2001; Morgan, 1996), there is extensive evidence that utilizing students’ intelligence profiles in teaching results in significant improvements in learning (e.g., Gardner, 2006; Greenhawk, 1997; Hironaka-Juteau, 2006; Hopper & Hurry, 2000; Kezar, 2001; Vialle, 1997). For counselors this can raise the question of possible improvement in treatment outcomes if MI is used. If MI theory helps students engage, could it help clients engage?

Gardner’s descriptions of the eight intelligences (Nolen, 2003) can be summarized as verbal-linguistic (strong ability to use words), mathematical-logical (ability with deductive reasoning), visual-spatial (ability to use images and graphic designs), musical-rhythmic (ability to express through music and rhythm), bodily-kinesthetic (ability with movement and use of the body), intrapersonal (awareness of internal moods and thoughts), interpersonal (ability to learn and express through relating to others), and naturalist-environmental (affinity with nature and living things). In this study the first seven intelligences are explored as the naturalist-environmental intelligence is more challenging to incorporate into office-based counseling practice.
Interpersonal intelligence

People who have a particular capacity with the interpersonal intelligence are characterized by abilities to cooperate in groups, be sensitive to the feelings of others, and have good communication skills (Sellars, 2008). Some writers refer to the combination of the interpersonal and the intrapersonal intelligences as the ‘personal intelligences’ (Sellars), some writers refer to the interpersonal intelligence as the ‘social intelligence’ (Holekamp, 2006; Wawra, 2009). Almost all approaches to counseling utilize interpersonal connections. An important ingredient in developing rapport with a client will be the strengths of the counselor’s and the clients’ interpersonal intelligences. The person-centered approach to therapy, developed by Rogers (1951) and others, focuses on creating an extremely positive interpersonal connection.

Intrapersonal intelligence

Gardner suggested that his perception of the intrapersonal intelligence was “the most important construct for 21st century learners” (Sellars, 2008, p.79). In Gardner’s most recent definition of the intrapersonal intelligence he describes it as: “a cognitive capacity that processes self-relevant information. It analyses and provides coherence to abilities, emotions, beliefs, aspirations, bodily sensations and self-related representations. . .” (Moran & Gardner, 2007, p. 21). The intrapersonal and the interpersonal intelligences are interwoven, and are the basis for forming a sense of self, what Gardner called a working model of self (Gardener, 1999). Activities that turn attention towards self-reflection and raise questions relating to the nature of ‘self’ have been reported to strengthen this domain (Lazear, 2003), and underlie a number of counseling approaches (e.g., existential and psychodynamic approaches).
A client with a preference for the intrapersonal might enjoy and learn through self-reflection, participate in meta-cognition and like working alone. Clients in this category may have an enhanced awareness of inner spiritual realities. One reason that ET was chosen for this pilot project is that it makes regular use of the intrapersonal intelligence. In developing and conducting a support group approach to helping secondary students with social and emotional difficulties, Mowat (2011) found that it was possible to create conditions and activities that increased a majority of students’ intrapersonal intelligences, enabling them to develop a greater understanding of their behavior.

Emotional intelligence is a term that may be more popularly known, a construct originally developed by Salovey and Mayer (1990) to focus on a subset of a combination of Gardner’s intrapersonal and interpersonal intelligences, but being closer to the intrapersonal (Sellars, 2008). Emotional intelligence has been found to be closely connected with successful interpersonal relationships (Schutte et al., 2001), especially correlated with empathic perspective taking, self-monitoring, social skills, and marital satisfaction.

**Verbal-linguistic intelligence**

The verbal-linguistic intelligence has been at the core of western psychotherapy since Freud adopted the term ‘the talking cure’ to describe psychoanalysis (Freud, 1910). This intelligence is utilized in verbal therapy, therapeutic writing (Author & Wilson, 2009; Wright & Chung, 2001), the use of journals (Progoft, 1992), bibliotherapy (Pardeck & Markward, 1995), and poetry.
The verbal-linguistic intelligence is utilized extensively in verbal therapy, and it is ideal for clients who think and learn through written and spoken words, and have the ability to memorize facts, fill in workbooks, respond to written tasks, and enjoy reading. However, for clients with a low verbal-linguistic ability other modalities and intelligences may be essential.

Therapeutic writing can enable clients to explore narratives from various perspectives; to reflect on values, feelings, identity; to use metaphors for issues that may be too distressing to articulate directly; and to enable acute observations to be described and reflected on (Bolton & Ihanus, 2011). The aim of using poetry in the psychological healing process is to bring forward a response from the client that will help them become more involved in the therapeutic process (Koppman, 2001). In general, writing has been found to make events and emotions more manageable when put into words and it provides an element of control for the client (Connolly Baker & Mazza, 2004).

**Mathematical-logical intelligence**

This intelligence is involved in problem-solving while using mathematical functions, critical thinking, logic, use of abstract symbols and pattern recognition (Armstrong, 1994). This intelligence is utilized to a large extent in cognitive behavioral therapy and behavior modification programs. These approaches may be
most helpful for clients who emphasize the logical and cognitive aspect of their lives, who can think deductively, deal with logical consequences.

**Visual-spatial intelligence**

Art therapy and the use of graphics, images (collage), drawing, sandplay therapy and symbol work primarily use the visual/spatial intelligence. While a very wide range of clients are able to express and communicate via these modalities, they are particularly useful for clients who can think in and visualize images and pictures, and have the ability to create graphic designs and communicate with diagrams, images and symbols. Extensive practice-based researchers, over many decades, have illuminated the ways images and image-making can support therapy (e.g., Hass-Cohen & Carr, 2008; McNiff, 2004; Ulman & Dachinger, 1996).

**Musical-rhythmic intelligence**

This intelligence is utilized in music therapy and whenever spontaneous music-making or recorded music is used as part of therapy (Bonny, 1973; Brey, 2006; McIntyre, 2007). It can be connected with the kinesthetic intelligence through dancing to rhythms, and to the verbal/linguistic intelligence through the rhythms of poetry in therapy.

Use of the musical-rhythmic intelligence is ideal for clients who can recognize tonal patterns, and environmental sounds, and who learn through rhyme, rhythm and repetition. As music has been shown to evoke intense emotional experiences, accompanied by dopamine release, (Salimpoor, Benovoy, Larcher, Dagher & Zatorre, 2011), and pleasurable experiences with music activate the reward and
emotion regions of the brain (Blood & Zatorre, 2001), as well as have a significant impact on individual’s management of pain (Bernatzky, Presch, Anderson & Panksepp, 2011), there are many intelligence-based and neuroscientific reasons for using music both in counseling sessions, and as a suggested extra-therapeutic activity.

**Bodily-kinesthetic intelligence**

Gardner (1983) described the bodily-kinesthetic intelligence as: “the ability to use one’s own body in highly differentiated and skilled ways, for expressive as well as goal-directed purposes” (p. 206). Blumenfeld-Jones (2009) identifies dance as the premier example of this intelligence, along with skilled-athleticism. This intelligence is also utilized in somatically focused therapies (Diamond, 2001; Levine, 2004; Roberts, 2004), dance therapy (Levy, 1992), bioenergetics (Lowen, 2006), and relaxation. A perspective on this intelligence that is most useful for counselors, describes it as the ability to be aware of one’s motion, “sensing of one’s motion”, and “knowing what you are doing with your body” (Blumenfeld-Jones, p. 66).

Strength in this intelligence suggests ability with sensory awareness and movement, and an ability to learn through physical movement and body wisdom, as well as having a sense of knowing through body memory. Enhancing clients’ ability with body awareness has become part of the evolving cognitive behavioral treatments, utilizing the relaxation response, and has also been an aim in somatic therapy. Improving body awareness has been suggested as an approach for treating patients with conditions such as chronic pain, obesity and post-traumatic stress disorder (Mehling et al., 2009).
Creative Arts Based Training Programs

A combination of creative arts therapies, ET has been selected as a practical basis for actualizing MI theory in practice. Expressive therapies have been recognized as enabling the use of all the intelligences (Booth & O’Brien, 2008). Specialists with post-graduate training in their creative arts field (e.g., art therapists, music therapists, dance therapists, sandplay therapists, etc.) may predominantly use their preferred modality. What is described here is the use of a wide range of modalities, drawn from the creative arts, with the basis for modality choice emerging, not from therapists preferences, but from an understanding of the client’s individual MI profile.

There is much evidence to support the inclusion of creative arts therapies within the counseling process. Dahlman (2007) found that science students participating in an arts program reported an increased ability to solve problems, new ways to observe the environment, greater self-confidence, and an enhanced understanding and valuing of the working process. Her participants reported that the artistic activities affected their academic courses since the exercises were experienced as creative and meaningful. The artistic activities developed an ability to concentrate, which was found to be very helpful in problem solving.

After teaching a post-graduate course on using a multi-modal approach to the arts in counseling, Ziff and Beamish (2004) report intern counselors’ feedback as positive, specifically noting that they appreciated the opportunity for experiential work that induced relaxation and enjoyment. In other words, students were able to experience some of the benefits that counseling clients might experience. A highlight of feedback was the counseling interns valuing of the “trust and support created
through the experiential work” (Ziff & Beamish, p. 156). Many of these trainee counselors were able to immediately introduce the creative arts techniques into their internship practices.

The use of imagery has been shown to be highly effective in helping people change (Hass-Cohen & Carr, 2008; Lazarus, 1982; McNiff, 2004; Rogers, 1993; Skovholt, Morgan & Negron-Cunningham, 1989). Art therapy has been used in a wide variety of ways, in a wide variety of contexts, with extensive research indicating a wide variety of positive outcomes. For example, creative arts processes have been used successfully in debriefing professional hospice workers (van Westrhenena & Fritz, 2013); these processes produced therapeutic effects in that they facilitated communication, promoted self-care and improved wellbeing among participants. Expressive arts therapies are described as valuable with adolescents dealing with cancer (Baerg, 2003). Baerg notes that the use of a range of expressive arts, particularly visual art and poetry, support adolescents to deal with the additional existential challenges of dealing with life-threatening illness.

Art therapy has been utilized to address “the non-verbal core of traumatic memory” (Talwar, 2007), with drawing combining the cognitive and reflective domains with the affective, expressive domain. In trauma work art has been shown to support a reduction in acute stress symptoms (Talwar). It can help a client tap into the non-verbal realm of imagery (Cohen & Riley, 2000), and can integrate left and right hemisphere functioning that contributes to integration of difficult experiences (McNamee, 2006). It involves both hemispheres in accessing memories and working
through emotions, bringing forward trauma that may have been locked in the somatic memory (Talwar).

A three-day expressive arts training using a strength-focused approach (for teachers in China impacted on by the 2008 earthquake in Sichuan), provided significant support in increasing self-efficacy and teaching efficacy (Ho et al., 2012). A useful (therapeutic) feature of creative arts lies in the foundation of a non-judgmental therapeutic relationship, which has been shown to increase motivation (within education) (Zhao & Kuh, 2004). Rogers (1993) also describes the importance of the non-judgmental approach in arts therapies group work for achieving optimal outcomes. Including a positive focus in treatment using the arts, as opposed to having clients focus on their negative experiences, resulted in a significant decrease in stress (Curl, 2008). Stress reduction was also attributed to the cathartic qualities of art-making (Curl).

There are many reasons to encourage counselors to utilize creative art therapies, via a MI framework. For example, there is evidence that programs or methods that use non-verbal means – such as arts-based practices – may better access trauma than traditional verbal means (Gantt & Tinnin, 2009). Art making, in a positive strength-focused atmosphere can lead to immediate stress reduction (Curl, 2008). In an educational setting, multi-sensory and active involvement has been shown to stimulate the ability to receive information (Laird, Naquin & Holton, 2003). Creative arts activities can involve problem solving, decision making, along with opportunities for self-exploration and, in a group setting, awareness of others (Foster, 1992). These skills are generally used in expressive arts therapies, and these abilities
are developed, most particularly with those affected by trauma (Ahmed & Siddiqi, 2006). Furthermore, additional benefits from the use of art-based activities include the enhancement of mental-wellbeing, overall stress reduction and an increase in positive emotions (Walsh, Chang, Schmidt, & Yoepp, 2005).

Children, who had been affected by a strong earthquake in Kashmir and north western Pakistan, were observed to exhibit increased resilience after using art in a group setting over a period of time (Ahmed & Siddiqi, 2006). A common finding from the use of art in therapy with survivors of disasters, is that it helps expression, provides a medium for communication, and appears to facilitate the healing of emotional scars (Ahmed & Siddiqi).

“Working with and through art in the context of mental health has become popular and quite well known” write Kalmanowitz and Potash (2010, p. 20). Their expressive arts training model specifically addresses the ethical and practical challenges of introducing complex skills in short periods. They describe the aim of teaching the use of art in a therapeutic setting as a set of skills for participants to use within their own professional boundaries. Similarly, the MI training intervention does not aim to transform counselors into art therapists, somatic therapists, music therapists, or therapeutic writing experts within a short training, it aims to provide a solid theoretical framework, experiential leaning and engender reflection on application within participants’ professional settings and boundaries.

Sources of Multiple Intelligences Counseling Activities

Activities drawn from ET, an integrative approach to the use of creative arts
therapies within counseling, were used in the intervention, as a way to concretize MI therapy in counseling practice. ET is a synthesis of client-centered expressive counseling principles, modalities and practical, experiential activities for supporting counseling clients. ET has been developed since 1987 (Author, 1997, 2004; Author & Nolan, 1991, 2004; Author & Wilson, 2001, 2008, 2009), and provides many experiential activities that utilize the full range of intelligences. As well as traditional verbal exchange, ET incorporates art, imagery, music, movement, emotional expression, and therapeutic writing into counseling sessions (Author & Wilson). ET provides a smorgasbord of practical counseling activities from which counselors can select appropriate interventions that correspond to clients’ preferred intelligences.

The purpose of trialing this MI pilot program was to gain feedback from experienced counselors on its effectiveness, impact, value, and the possible improvements that might strengthen its usefulness. In particular, it was hoped to gain insight into the experience of counselors attempting to integrate MI theory and a range of creative arts-based counseling activities into their professional work with clients.

**Method**

In this study a qualitative, phenomenological design was utilized, to explore participant’s experiences and gain insight into their perspectives (Langdridge & Hagger-Johnson, 2009). Participants were selected as expert representatives of the field of counseling. While not aiming to gather generalisable findings, we sought to determine if outcomes from the pilot program lend support for conducting a larger study.
The data obtained from experienced counselors via questionnaires and open-ended interviews became the raw material that underpins the study. Participant experience gathered from the questionnaires was analyzed through a simple frequency count that indicated commonalities in participants’ experiences. Interpretative phenomenological analysis (IPA) was used for the analysis of interviews, a qualitative approach that interprets how people make sense of their lived experiences (Smith, Flowers & Larkin, 2009). IPA is concerned with what the participant thinks or believes about the topic under discussion, and the IPA researcher’s own conceptions are required to make sense of the personal world being studied (Chapman & Smith, 2002). The stages of IPA according to Willig (2008) are:

1. Reading and re-reading the interview transcription. Significant responses from the reader, statements, sentences, or quotes will be identified in the transcripts (open coding).

2. Identification of and labeling of themes.

3. Structuring the analysis, clusters of themes are labeled in a way that captures their essence.

4. Production of a summary table of the themes, with quotations that illustrate them. Abandoning of themes that are not well-represented.

**Participants**

Eight counselors – from the Perth metropolitan area – (sourced through a professional counseling association and a university alumni association) volunteered to participate in the study. This number is considered suitable for phenomenological research (e.g., Kuzel, 1992; Morse, 1994). They were all female, and members of a
professional counseling association, which ensures a uniform minimum level of training, and having supervision contracts in place. They had experience in a counseling practice for at least three years (mean = 5.9 years), and had flexibility in choice of counseling methods. Three participants conducted private practices and five worked for government or social welfare agencies. Participants worked primarily with adult clients attending personal counseling, dealing with a range of issues, such as bereavement, relationship difficulties, foster parenting, drug and alcohol dependence, and adjustment to relocation. They attended a one-day training in the use of MI within counseling with adult clients, and agreed to report on their experience of the training and the implementation of MI within their practices, three months after the training.

The intervention

A one-day MI training intervention, was developed by the researcher, to introduce participants to: (1) an overview of MI theory, (2) means for assessing their own and clients’ preferred or natural intelligences, (3) practical counseling activities that utilize each of the intelligences, and (4) session-planning in the light of a clients’ intelligence profiles, i.e. matching MI activities to the client’s profile. The practical counseling activities presented during the MI training were previously designed by the researcher and colleagues, and have been tested and published (Author, 2003; Author & Nolan, 2004; Author & Wilson, 2001, 2009). The intervention included use of an experimental survey (Chislett & Chapman, 2005) to inform participants about their preferred intelligences and to assess their clients’ intelligence preferences. While as yet not a validated survey, it is widely used and freely available via the internet. Participants were encouraged to include the intervention framework and activities in
their professional work according to their own assessment of client needs and readiness. A detailed program for the training is provided in Appendix I.

Data Gathering and Analysis

A 15-item questionnaire was devised by the researcher - “Reflecting on your experience of using the MI training” - to assist participants to reflect and report on each aspect of the training and their experience of the MI approaches. The questionnaire was reviewed by two senior researchers who were experienced in qualitative data gathering, and revised in the light of their recommendations. The questionnaire included a 5-stage Likert-style response table, allowing for evaluations of the intervention components (the 15 items), ranging from “very useful” to “not at all useful”. The questionnaire included a column for the MI activities to note whether it had been used yet within counseling sessions. A section was provided for participants to respond to the question: “Any other comments?” Frequency counts were used to identify commonalities in the participants’ perception of the training components.

An opportunity was provided for questionnaire responses to be amplified through a short open-ended interview. Interview transcripts were analyzed using IPA, resulting in the identification of major and minor themes. All eight participants completed the questionnaire and attended an interview, approximately three months post-training. The data was collected three months post training, in order to provide time for the participating counselors to integrate the MI approach into their daily professional work.
Results

The Questionnaire

Participant comments on the questionnaire indicated that the MI training was considered helpful and had a positive impact on their professional work. Indicators of a positive impact were supported via general comments such as: “I wish I had this tool previously”. “I was very impressed with the entire program – all the tools were great”. “This was an opportunity to expand the way I work.”

The most often used components of the program were: the overview of MI theory, the concept of applying MI theory through using ET, use of the MI preference survey, and use of the interpersonal intelligence in encouraging clients’ communication. The MI preference survey was considered by some participants to have a positive impact on client self-esteem.

The MI activity that was considered the most useful was the visual-spatial intelligence drawing and reflection activity “My Family at Dinner” (clients recall a scene of their family at dinner during childhood, sketch the scene and discuss the relationships). The three components that rated equally as second most useful were: use of the MI survey, use of the musical-rhythmic intelligence through the “Feeling Responses to Music” activity (recording responses to four tracks of music, using color and line, sketching, metaphor and choice of feeling words), and the range of ways to utilize the interpersonal intelligence in strengthening the therapeutic alliance. This range of ways included recommendations from Muran and Barber (2010) such as facilitating the expression of affect, working on the here and now of the therapeutic
relationship, ongoing collaboration about both counselor and client contributions to the alliance, and exploring interpersonal themes.

The least used component was the logical-mathematical inspired activity “Life Review Map” (a worksheet activity that calls for sequencing of life events), although half the group noted that they wished to use it in the future. Two other components rated highly in the ‘future use’ category: use of the verbal-linguistic intelligence with the “Sentence Starters”, and the bodily-kinesthetic bioenergetics activity “Using Tension for Self-Awareness” (a series of physical movements and postures derived from bioenergetic theory [Lowen, 2006] designed to induce self-awareness and relaxation).

Responses to the question “Is there any one component that stood out to you as most useful?” included:
- the MI survey helped clients to “understand themselves”;
- “visual-spatial intelligence and music”;
- “using of music”;
- “music and drawing helped child clients engage, when they had previously not engaged”;
- “The information helped me identify approaches I was trying that weren’t working, and steered me into finding more suitable interventions”.

**Themes and Comments from Participant Interviews**

It became clear from the interviews that the participating counselors had described to their clients that MI preferences were actually their “strengths”. This was
described as enhancing client interest in the survey and resulted in some positive impact on client self-esteem.

The two major themes that emerged from the post-questionnaire interviews indicated that participants’ responses to the MI training day were highly positive (with no negative responses); and that there was a positive impact from MI training day on their professional work. These themes also reflected comments on the questionnaire.

“What I found was really useful is it opened up all sorts of different possibilities as well. I found that it became maybe more user friendly. . . It was almost like softer. It was colorful”. Participant 1.

“But then you’re open to all these other possibilities where they can express their emotions, not just by talking but by tapping into that part of their inner self that suits them better. I found that that was really useful”. Participant 4

One minor theme indicated that participants found the use the MI preference survey itself as valuable (this stood out over the other components of the training).

“The resources that we got on the day were absolutely excellent, because there were things there that I thought - for example, that multiple intelligence questionnaire, I've never had one of those before, and that's actually given me the opportunity to bring it to my counseling”. Participant 6.
“But having the questionnaire to give to the clients really brought my awareness to what their strengths are and what they need to do”. Participant 4.

The experiential engagement with of the MI activities was highly valued and lead to confidence in presenting the activities to clients. Peer interactions during the training day were also highly valued.

“When doing some of exercises made - I think for me, made me feel more comfortable in presenting some of those things to the clients, so I found that really useful”. Participant 2.

“. . . doing it ourselves showed our own skills, which sometimes we forget. So that was really good for me”. Participant 3

Additionally several participants noted that they were able to use the MI activities with ease with young clients.

Discussion
Participants all expressed positive responses to the MI training intervention, and indicated that it had a positive impact on their professional work, and for some it enhanced their professional creativity. While being introduced to the theory of MI rated highly as a valuable training component, the actual use of the MI preference survey stood out as particularly useful in practice. The survey was seen as helpful for understanding clients, for supporting informed treatment choices, and for both counselor and client self-awareness. Participants attributed therapeutic value to the
use of the survey, independent to the value of understanding client profiles. For example, several participants considered the MI survey has a positive impact on client self-esteem, and the experience of completing the survey appeared to encourage clients to engage in some extra-therapeutic activities that contributed to their overall wellbeing.

From among the MI activities, those that primarily incorporated the visual-spatial and musical-rhythmic intelligences were rated as most useful. Participants also valued the opportunity for experiential learning and for helpful peer interactions throughout the training day. Overall, introduction to MI theory seemed more impactful than the introduction to MI-based activities. This suggests that the acquaintance with theory that both integrates a basis for treatment choices and suggests relevant therapeutic activities was welcomed and useful.

**Implications for Practice**

MI theory may be a valuable addition to counselor training, particularly supporting the use of integrative and multi-modal approaches. MI theory and practice, and especially the use of the MI preference survey, may contribute to a framework for counselors to be more flexible and intentionally eclectic in the delivery of service to clients, as well as providing a basis for reflecting on personal methodological biases. MI provides a new way to match counseling treatments to clients’ preferences and strengths. Incorporating MI theory and practice into counseling may also make a contribution to enhancing the early therapeutic alliance. Participants valuing of the use of the visual-spatial and musical-rhythmic intelligences suggests that introducing art and music activities into counselor training may contribute to overall professional
effectiveness. The MI training program used in this study could be a valuable addition within both pre-service and in-service professional development for counselors.

Limitations

The number of participants was considered suitable for phenomenological research (e.g., Kuzel, 1992; Morse, 1994), however a study with a larger number of participants, may achieve more generalizable results.

Recommendations for Future Research

A study with a larger number of participants, surveying both counselor and client perceptions of the impact of MI training may achieve results that are more generalizable to the counseling profession. A longer-term study that gathered implementation data both three months and six months post-training might indicate if benefits from the MI training are sustained, and whether they have a long-term impact on practice. A survey of counselors’ treatment selection procedures pre-MI training may allow for post-treatment comparisons, and further investigation is needed to confirm the value of the MI approach with a wider range of specific client populations.

Conclusion

In this study MI theory and the practical activities of ET were brought together to form a MI approach to adult counseling. The MI training provided several contributions to knowledge in the field of counseling: a model for extending counselor training with MI theory, a framework for counselors to be more flexible
in the delivery of service to clients, and new ways of matching treatment to client preferences and strengths. Participants responded positively to the training, and indicated enhancement of their professional work. The MI preference survey was considered particularly helpful in informing treatment choices. Activities that primarily used the visual-spatial and musical-rhythmic intelligences were found to be most useful.

The participants’ positive experiences of the MI training, and its value within their counseling practices, suggest that a larger scale study is warranted. It is hoped that training in MI theory and practices within counseling with adult clients may be integrated into pre-service and in-service counselor education, and that MI theory may become a useful foundation for counselor and client self-awareness and for treatment selection.

The integration of MI theory and practice into counseling may provide new ways to understand and enhance both the personal and interpersonal components of the therapeutic alliance. With further research, a broader, reliable model may emerge for enhancing counselor training with MI theory and practice. This model could provide a framework for counselors to be more flexible in the delivery of service to clients, and utilize new ways to match treatment to clients’ abilities and strengths. The MI approach can provide a framework for counselors wanting to introduce creative arts-based therapeutic activities.
Chapter Six

Using multiple intelligences to complement meaning reconstruction with bereaved parents: An analysis of three case reports.


Submitted 22/3/2013

The fifth paper is built on case stories contributed by a participant within an extended post-intervention interview, where MI has been applied to the specialised area of bereavement support. It illuminates the way the MI approach was integrated into practice, and shares some outcomes from this way of working.

\(^1\) Ms. Hamilton participated in the study and volunteered to provide more extensive case stories from her professional work, that constitute the core of the article in chapter six, as well as some suggestions for the article.
Using multiple intelligences to complement meaning reconstruction with bereaved parents: an analysis of three case reports.

Introduction

This study analysed an interview, in which three case reports were embedded, that explored the experiences and observations of a senior counsellor who specialized in supporting clients working through traumatic bereavement. The counsellor had been a participant in a larger study designed to explore the impact of introducing Gardner’s (1983, 2006) theory of multiple intelligences (MI) into counselling with adult clients (Pearson, 2011; Pearson & O’Brien, 2012), and had participated in a multiple intelligences training intervention designed for counselling professionals.

The study aimed to explore the counsellor’s experiences of introducing MI theory and practices in meaning reconstruction for bereaved parents through analysis of the emerging themes across the three cases. It also aims to preserve the counsellor’s voice in communicating these experiences. This is achieved through the use of extended extracts from her cases, as well as phenomenological analysis of the interview. The authors hope to illuminate areas of particular interest for counselling practice, counselling education and future counselling research.

Literature review

Multiple intelligences theory

Multiple intelligences theory (MI) (Gardner, 1983, 2006) is an updated view of intelligence, describing it as having a number of separate components, rather than being based on a singularly calculated intelligence quotient. Gardner’s theory
delineates eight intelligences or cognitive styles, each one representing a different ability through which people can communicate, process their difficulties, and learn. The implications for MI theory applied to counselling have been described by Booth and O’Brien (2008), O’Brien and Burnett (2000a, 2000b), Pearson (2011) and Pearson & O’Brien (2012).

The eight intelligences can be summarized as verbal linguistic (strong ability to use words), mathematical logical (ability with deductive reasoning), visual spatial (ability to use images and graphic designs), musical rhythmic (ability to express through music and rhythm), bodily kinaesthetic (ability with movement and awareness of the body), intrapersonal (awareness of internal moods and thoughts - also termed “emotional intelligence” [Mayer & Salovey, 1995, p. 197]), interpersonal (ability to learn and express through relating to others), and naturalist environmental (affinity with nature and living things) (Nolen, 2003).

It may be that counselling clients draw on a range of largely separate information-processing devices, memory and intelligence-specific language systems in order to make meaning of the world around them, and to participate in therapy (O’Brien & Burnett, 2000a, 2000b). Using the MI approach to counselling may be more effective and lead to more positive outcomes for clients whose preferred intelligences during counselling differ from the traditional verbal linguistic and logical mathematical intelligence (Booth & O’Brien, 2008). It is recommended that counsellors draw on a combination of the clients’ preferred intelligences, to strengthen the therapeutic relationship (Booth & O’Brien, 2008; Pearson & O’Brien, 2012).
Over many years, pre-school to tertiary educators have found improvements in learning when MI methods have been introduced (e.g., Gardner, 2006; Greenhawk, 1997; Hopper & Hurry, 2000; Kezar, 2001; Vialle, 1997), and within the field of education curriculum planning and new methods of teaching have been developed based on MI theory. MI interventions, where students have been enabled to identify their own dominant intelligences, have been shown to have a positive impact on their study skills and habits, and attitudes towards educators (John, Rajalakshmi & Suresh, 2011). This finding suggests a new field of counselling research, exploring whether a client’s ability to identify their own intelligence preference or ‘strength’ might have a positive effect on their therapy as well as their attitudes towards their counsellor and themselves.

Several intelligences may operate at the same time and usually complement each other (Brualdi, 1996). Each person is different, “we have here a distinctive, and possibly changing, profile of intelligences, and there can never be a formula for reaching each individual” (Gardner, 1997, p. 21). In other words, while counselling theory, methods and research may be based on data from large groups, clients present for counselling with an individual sense of self, meaning systems, language and intelligences.

The theory of MI can be used to understand both a client’s and counsellor’s preferred communication style, and this may guide the way counselling is applied and enhance creativity within counselling (Keteyian, 2011). As counsellors are able to
more clearly understand their own style and discern client abilities or preferences, they will make fewer assumptions about others (Keteyian, 2011).

There have been some critiques of Gardner’s work, with Morgan (1996) suggesting that what Gardner labelled as intelligences are more accurately “cognitive styles”. Eysenck (1998) criticized the lack of empirical research behind Gardner’s formulation of MI theory. White (2004, 2008) presented several challenges to the way Gardner originally identified the intelligences. Nonetheless, White acknowledged that the implementation of MI theory in educational settings may have increased students’ self-esteem and motivation for learning.

These criticisms have been strongly rebuffed by Kornhaber (2004), describing the solid sources of Gardner’s data in cognitive developmental psychology. In responding to critics, Gardner (2006) has outlined his own criticisms of the methods used in an attempt to empirically test his theory, and has expressed willingness to change terminology if necessary and adapt to new research outcomes emerging in the future.

Counselling in western countries has focused primarily on the use of the verbal / linguistic and the logical / mathematical intelligences, with the interpersonal intelligence utilized in the development of the therapeutic alliance. With the exception of creative arts-based approaches and somatic therapies, western counselling and counselling education has been conducted on the assumption that everyone communicates and processes information in a similar way.
There is some evidence that people with higher linguistic and mathematical abilities are presumed to be more intelligent, in other words there may be a widespread assumption of hierarchy among the intelligences. For example Viren, Furnham & Kannan (2006) found that the adults in their extensive study regarded the verbal intelligence, and to a lesser extent, the logical/mathematical intelligence, as predictors of overall IQ. Similar, cross-cultural findings emerged for Furnham, Wytykowska, and Petrides (2005) and for Furnham, and Chamorro-Premuzic (2005).

Seeing clients’ abilities – or intelligence preferences – as beyond hierarchy, and hence beyond judgment, may have a liberating and esteem-building impact on clients (as it does within education, for example Mettetal, Jordan & Harper, 1997). It could be reasonable to theorize that helping counselling clients find a range of ways that enable them to communicate and understand their challenges more effectively, through use of their intelligence strengths, may enhance self-esteem, build confidence, and may strengthen the connection between counsellor and client.

**Bereavement counselling**

Contemporary grief theories and models focus on movement between attending to loss and attending to restoration of life (e.g., the Dual Process Model [Stroebe & Schut, 2010]), meaning making, (e.g., Attig, 2001; Neimeyer, 2001), helping clients feel they can maintain a connection with the deceased (Heidtke & Winslade, 2004; Silverman & Klass, 1996; White, 1988), and post-traumatic growth (Tedeschi & Calhoun, 2004).
These approaches are particularly suited to work with bereaved parents who instinctively reject notions of severing attachments and seemingly linear prescriptions for their grieving which are often contrary to their lived experiences. The death of a child is considered to be the worst loss of all, confronting parents with the most difficult form of bereavement (e.g., Klass, 1996; Neimeyer, 2006; Talbot, 2002). The experience of this loss will likely lead to a profound existential crisis (Bugental, in Yalom, 1980, p. 207).

In addition to the loss, parents find that previously constructed ways of coping no longer apply to the new situation (Attig, 2001; Neimeyer, 2001). There are many dimensions involved in grieving for a child: parents have to adjust to the absence of their child; they also lose a much anticipated future life, including their dreams and hopes for the family (Talbot, 2002). It is not surprising then, that bereaved parents feel as though they have not only lost their parental role, but they have lost their very identity (Attig, 2001; Klass, 1996; Talbot, 2002).

**Multi-modal grief therapy techniques**

There are many useful techniques and multi-modal activities that have been employed to assist clients to work through grief and rebuild a sense of self in later stages of treatment. These have included using evocative language, using symbols (e.g., photos, letters, DVDs of the deceased, personal belongings), writing, drawing, role-playing, creating memory books, using directed imagery and metaphor (Worden, 2009).
Many writers have recommended the use of music listening and music-making as effective in the exploration and recovery from grief (Bright, 1999; Gladding, Newsome, Binkley & Henderson, 2008; McFerran, 2011; Magill, 2011; Popkin, et al., 2011), and creative arts in general have been advocated as useful in grief work (Gunn, 2012; Rogers, 1993; Seftel, 2006).

The number of techniques recommended as useful by a range of writers suggests that many intelligences can be utilized in the grieving process, but the selection and application of techniques has not had the benefit of an integrating framework.

**Meaning reconstruction after loss**

There is a range of ways people grieve. Among the variables in the way grieving takes place, the client’s intelligence strengths or preferences may be utilized, even if they are unaware of these. Martin and Doka (2000) conceptualized adaptive grieving styles, which are reflections of individuals’ idiosyncratic use of cognitive, behavioural and affective strategies in adapting to loss. These strategies have been described as flowing from diverse variables including personality and culture.

The Dual Process Model of bereavement (Stroebe & Schut, 2010), which describes the journey of oscillation between a focus on loss and a focus on restoration, has been shown to be highly effective (Neimeyer & Currier, 2009). It has a focus on better describing coping, and predicting what might contribute to “good versus poor adaptation” to the stress of loss (Stroebe & Schut, 2010, p. 274). This model encompasses processes of “orientation to the loss” and also of “restoration of
contact with a changed world (as through re-engaging relationships and work and experimenting with new life roles)” (Neimeyer & Currier, 2009, p. 335).

The case reports presented here involve three parents who have achieved, for the most part, a balance of attention to loss-oriented coping and attention to restoration-oriented coping. This balance is considered appropriate for each client in light of the time since their loss. The clients are continuing or reconnecting with therapy to build on meaning reconstruction and utilization of post-traumatic growth.

**Method**

This study utilized a qualitative approach, which recognizes individual experiences and seeks to gain the unique perspective of those studied (Langdrige & Hagger-Johnson, 2009). Qualitative methods achieve this by not imposing a pre-determined construct of perception, thus allowing themes, insights and findings that may potentially be unexpected to emerge (Langdrige & Hagger-Johnson, 2009).

The three cases reported here by an experienced participant are both the “objects of study” as well as “the product of inquiry” (Creswell, 2007). The reports are based on the counsellor’s experiences and reflections with, and observations of, three clients and the artefacts created within counselling sessions. The reports describe sessions that took place in an agency setting, and in the weeks after the participant trained in the application of Gardner’s theory of multiple intelligences to counselling.
The participant was among a group of counsellors who received a training intervention (conducted by the first author) on the application of MI theory and practice, as part of a larger study (Pearson, 2011). The semi-structured interview took place three months after the training intervention. The transcript from the recorded interview became the raw data that contained the three case reports. Interpretive phenomenological analysis (IPA) was used as the data analysis method, a qualitative approach that explores how people make sense of their lived experience (Smith, Flowers & Larkin, 2009). From the counsellor’s experiences with the three clients several major themes emerged.

The participant is a senior counsellor with post-graduate qualifications, who is also engaged as a tertiary educator. She specializes in the support of clients dealing with traumatic bereavement. The clients, whose stories are reported, were adult volunteers, who were fully aware that their stories might be used for research.

**The case study approach**

Case studies generally include a description of a problem to be studied, the context, the main issues, and the lessons learned (Lincoln & Guba, 1985). The three cases reported here all involved adult counselling clients who were recovering from traumatic loss of a child. According to the participant they had integrated their loss and had requested further therapy to explore life reconstruction and restoration. The participant’s own words are quoted at length, with her full agreement, and after she had reviewed and revised the transcripts. The counsellor’s ‘voice’ was included to present the richness and depth of her shared data.
**Data collection**

The participant was invited to report both observations of the impact from including MI theory within counselling sessions and to describe several cases during a semi-structured interview of approximately 50 minutes. She was also invited to complete a short questionnaire that sought reflections on her experience and the subsequent application, of the MI training intervention. The design of interview questions, according to Moustakas (1994), should allow a participant to follow their particular views of the phenomenon, and should include two broad areas related to what the participant has experienced and the contexts that have influenced these experiences, as well as other open-ended questions.

**Data Analysis**

Analysis of the interview transcript was conducted using interpretive phenomenological analysis (IPA) (Smith, 2003). IPA provides a means to understand the perceptions and reflections of participants and the themes that emerge from their experience. Interpretation of data illuminated themes within the interview and was used to extract the case information. As IPA is concerned with what the participant thinks or believes about the topic under discussion, transcripts were returned to the participant with an invitation to expand, clarify and correct the text.

As researchers’ beliefs about psychotherapy and counselling have been found to influence findings, and allegiances have been found to correlate substantially with patterns of results (Berman & Reich, 2010), reanalysis of the interview transcript by an independent researcher was used as a way of minimizing bias during the analysis, and in the way conclusions were drawn.
The MI training intervention

A one-day MI training intervention, developed and presented by the first author, was part of a larger study. The training program introduced four main areas: (1) MI theory, (2) means for assessing counsellors’ and clients’ preferred intelligences, (3) practical counselling activities that utilize each of the intelligences, and (4) session-planning in the light of clients’ intelligence profiles.

The practical counselling activities presented during the MI training were drawn from expressive therapies and have been tested and published (Pearson, 2003; Pearson & Nolan, 2004; Pearson & Wilson, 2001, 2009). The intervention included use of an experimental (as yet un-validated, yet widely used) MI survey (Chislett & Chapman, 2005) to inform counsellors about their own preferred intelligences and to use with their clients. Participants were encouraged to include the MI framework and activities in their future counselling, in the light of their own assessment of client needs.

Findings

The counsellor’s learning experiences

Application of MI theory, and the discerning of clients’ intelligence preferences, had a positive effect on therapy in that it enhanced the therapeutic alliance, and contributed to therapeutic renewal. The participant reported using eight of the ten components of the MI training, and rated 11 of 12 components as “very useful”: 
“The information helped identify (for me) approaches I was trying that weren’t working, and steered me into finding more suitable interventions”.

“I was aware of my own preference for language and to counteract that I have used art, drawing or painting to open other pathways for the client. I think MI added to the work that I already do … sort of adding more to the toolbox… but in a way that is tailored to client strengths, not my preferences.”

The participant described the context of the cases as a second phase of therapy for three adult clients, after working through traumatic bereavement (they had each lost a child), when they appear ready to focus more on “exploration of their way of being” and the resolution of “historical issues”. The agency she worked in offers monthly sessions for clients who are further on in their grief and wish to continue with therapy.

The counsellor reported that over the years she had adapted her approach to integrate the encouragement of continuing bonds, as recommended by Klass (1996), and use Neimeyer’s meaning reconstruction, (Neimeyer, 2001), narrative therapy (White & Epston, 1990), and the dual process model (Stroebe & Schut, 2010), which is especially helpful in assessment and psycho-education of clients. She reports further:
Most of my clients come to me after a traumatic bereavement. The death of a child and subsequent shattering of the assumptive world and existential crisis will often lead to a need or desire for the bereaved parent to reassess their life values, goals, beliefs and purpose. The MI theory and questionnaire has provided a further, creative way of continuing work with bereaved clients beyond their trauma and into their reconstructing self in their ‘new world.’ Using the MI questionnaire gave a clear sense of therapeutic mode shift from the traumatic loss toward ongoing making sense of historical life events and family of origin issues, towards further development of meaning reconstruction and recognition and integration of post traumatic growth into the present and new sense of self (identity).

Before using the MI preference questionnaire, my tendency was to introduce to my clients activities that I had experienced myself in the MI training workshop. In other words, I introduced the ways of working that were most comfortable for me. Having the MI preference questionnaire to work through with my clients really brought my awareness to how to tailor therapy around their unique combinations of strengths.

I feel that the MI theory and activities have enabled me to work with my clients in a different way, a way that feels innovative for them as well. It's brought a new energy to their therapy and a sense of purpose.

The MI Survey, finding out the client’s intelligence profile, can override or correct the assumptions that we develop about clients based on our
observations and assessment interview. For all three clients, that's really been a theme that has emerged for me, it's about exploring more with the client what it is that interests them, what their strengths are; rather than making assumptions based on their occupation or educational background.

Integrating MI findings with meaning reconstruction exercises brings clarity that helps individualize therapy, in other words, the therapeutic ingredients are adapted to suit the present moment with the present client.

*Extracts from case reports*

**Client One - Noelle**

Noelle is a former professional athlete who now works as an accountant. It is 20 months since her loss. Her third daughter died unexpectedly at the age of 13 months.

As Noelle is a former professional athlete, in thinking about working with her, I was sure that everything would be about the body and movements – the bodily/kinaesthetic intelligence. In fact, when she completed the MI questionnaire, it came out that she scored well on the verbal/linguistic and logical/mathematical intelligences. I had thought more of her athletic abilities and didn’t fully recognize other aspects of her that were also her strengths. She's also very visual/spatial. I would have picked out activities relating to body/kinaesthetic and art therapies if she hadn't done the MI questionnaire. Interestingly, Noelle is aware people think of her primarily as an athlete, she
has a belief that people think she ‘isn’t very clever,’ she felt validated by the MI results.

So I was quite pleased to have the results, because we worked through the *Life Review Map* exercise (an extended time-line activity that also uses images and primarily used the logical/mathematical intelligence) and she found it the most powerful way of working. Reflecting on the activity opened a window into Noelle’s growing up, for example, the pressures for her to perform athletically and the pressure she placed on herself to achieve at school. Noelle embraced the imagery of the exercise and found it opened up a vocabulary for writing about life. This exercise also helped her in expressing aspects of restoration such as ‘I’ll always have two girls on earth and one in heaven’. Other future-oriented work covered her decision to return to study an arts degree, and remain in accounting to help with the bills. The activity brought forward rich material that we have identified as being important to work on in an ongoing way.

Noelle is also very much a writer, which I don't think I would have realized without the questionnaire. She is very organized in her writing, rather than it being a cathartic experience, which it was when we were working specifically in grief. Her journaling now is around the choices she can make now that she felt she didn’t have the power to make as a child. Her journaling is reconstructive in approach and informs the therapy sessions.
Client Two – Clare

Clare is a teacher, it is 18 months since her loss. Clare became pregnant after ten rounds of IVF treatment, however her baby girl died in utero at 29 weeks gestation. Following delivery Clare had a post-partum haemorrhage and a life-saving hysterectomy was performed.

Clare is a client I've worked a bit longer with, before introducing MI approaches. I felt the reason I wanted to introduce the MI work was that I have tried quite a few approaches with her in the past and believe she very much wants to please me. I have tried a lot of visual activities, such as whiteboard work and drawing. I've even tried, in the past, to play throw catch with her and just try to get her more into movement, to bring some energy into the room and take her out of a sense of being stuck.

When we did the MI questionnaire, her bodily/kinaesthetic intelligence and visual/spatial intelligence registered as a low preference. I was confronted that I hadn’t picked this up.

Some of the work we did together was around drawing - she was describing ongoing difficulties at work and working longer hours than she wanted to and not having enough time for her relationship. So I invited her to draw what it was like now, and how would she like it to be.

She actually took the drawing very seriously and pinned the finished work on her fridge at home. So I was a bit surprised when the visual/spatial did
not score very highly, in terms of her strengths. I wondered if she was doing the activity just to please the therapist. This reflected her everyday life of wanting to please everyone. She kept coming back with the same problems.

Her inter- and intra-personal and linguistic intelligences were stronger. So I offered the *Emotional Mapping* activity to her (identifying and illustrating internal experiences on a large body outline drawing). This made sense and was familiar to Clare, as we often use a physical slowing down relaxation exercise. Clare found many emotions and expressed space within for the deep loss of her fertility, this built on earlier work using metaphor. Being fully aware of the ‘body holding emotions’ provided a richer way of expression for her in subsequent therapy sessions.

The *Sentence Starters* (reflection and writing activity) worked for her (and I wonder if it's because she's a teacher), she liked that activity. It's hard to tell, except that she wrote a bit, and brought her focus back into the session and she talked about some of the writing that came up – it was deeper than what we had done before.

In the session I felt that her involvement may have been more like a classroom exercise. It felt - to me – as if she was trying to perform or do the right thing. But when she was at home and she had the space, her writing showed more insight and honesty with herself, especially around the realization she had choices. There is now more of a relatedness between what goes on in the counselling room and how Clare is processing her issues at home.
She is now gradually being more self-directed with a stronger sense of self-advocacy. There seems to be more knowledge that she has some control over her life and the ability to live the life that she really wants.

On earlier assessment, Clare had previously lacked oscillation and was more loss-oriented in her coping. The MI work helped her into that deeper space, in a way that my attempts at working with her before – that may have been more superficial or more interventionist – did not achieve. Using the MI approach enabled Clare to more fully engage with the therapist. There is now more oscillation towards restorative coping in addition to taking time out from grief. Clare is, to some extent, now embracing her role as aunty, and sharing with friends and family her need to be a fully involved aunty. This has been exquisitely bittersweet.

**Client Three – Michael**

Michael is the manager of an accountancy practice, it is 14 months since his loss. His son was born prematurely at 27 weeks and had an inoperable heart condition, and died when six hours old. Michael and his wife have had a subsequent, healthy child.

Michael’s MI scores were high across the board except for intrapersonal; that was his lowest score. He has a very strong personality and a strong sense of self. He is very articulate and creative. He comes from a family of all boys, he
played rugby – he is a ‘real man’. He is also very articulate in terms of his ability to communicate and his ability to do the therapeutic work.

Michael came to me knowing what he calls his weaknesses. His ‘weaknesses’ are being able to explore his emotions. In my view he is not really weak in that area compared to many clients. His ability to reflect and his insight are quite powerful.

When I started some MI work with him I wanted to offer the *Life Review Map* with him, but he didn’t want to do it. He said he wanted to focus on the problems he has in the present and he wanted to really focus on just those. He had a strong sense that the past is the past and he couldn’t change it. His present problems related mostly to a sense of meaninglessness in his work. The death of his baby had highlighted the preciousness of life, and he didn’t want to waste time in a job that wasn’t reflecting his ‘true self.’

Michael scored highly on the musical/rhythmic intelligence, and this strength developed as we used the *Feelings in Music* activity (a worksheet for recording responses to several tracks of music, using colour and images, and writing down feeling and memory responses). During his engagement with the activity he spoke at times, and communicated what he felt and what he was doing.

It appeared to be safe for him to explore the way music could be a thread from his loss and grief into his newly evolving self. Afterwards he
shared his love of music, and how this changed at different times of his life. He remembered how powerful music had been following the death of his son. Although we had worked with music before, this activity was building on that experience – for both of us.

After the first music activity session, he started emailing me lyrics that were meaningful to him, that went with his experience of the grieving process. He also sent YouTube links, and invited me to watch and listen to them. It's another doorway for him to work with his feelings and to communicate them. Significantly, his attention to music has developed and he is connecting songs and lyrics to his growing sense of self, his new identity evolves along with his musicality.

Michael’s need for more purposeful work is being partly satisfied by his newly found capacity for supporting other bereaved families. He shares song lyrics with other parents (via a newsletter) and connects with others, encouraging them to share their stories and songs together. Michael’s long-term aim is to support other fathers in their grieving.

Michael is now organizing a sponsored sport activity just for bereaved fathers. The plan is to have a course of preparation and training in which he believes fathers will support each other ‘shoulder to shoulder’. As his therapist, I am in awe of his capacity to grow through grief into this strengthened man with willingness to help others.
I think this MI way of working was effective to help create that connection in the therapy session, especially around the music. It made his everyday life more relevant to me, and hopefully what we did in the session, more relevant to him.

**Discussion**

Five dominant themes, and five closely associated sub-dominant these, emerged from analysis of the interview and case reports. The themes are summarized in Table 5.

**Table 5: Summary of Themes from Bereavement Work**

<table>
<thead>
<tr>
<th>Dominant themes</th>
<th>Minor themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Using the MI approach supported meaning reconstruction</td>
<td>Increased restoration-focus in clients’ extra-therapeutic activities</td>
</tr>
<tr>
<td>2 MI as a basis for selecting treatment options</td>
<td>Supports increased use of client abilities as a basis for choice in modalities used</td>
</tr>
<tr>
<td>3 Counsellor assumptions about client abilities can limit treatment options</td>
<td>Mi survey helps counsellors challenge / correct their assumptions</td>
</tr>
<tr>
<td>4 MI can support a focus on client strengths</td>
<td>Treatment can be tailored to client strengths</td>
</tr>
<tr>
<td>5 MI-based activities “took clients deeper”</td>
<td>Client ability with their strengths can develop</td>
</tr>
</tbody>
</table>

Central to the first dominant theme is the indication that the use of an MI approach to understanding client strengths and making treatment choices, did indeed support meaning reconstruction. It also appears that clients’ healthy oscillation
between a loss-oriented focus and a restoration-oriented focus - that is at the heart of the Dual Process Model (Stroebe & Shut, 2010) - was supported. A closely linked, minor theme indicated clients displayed a readiness to increase a restoration-focus and consolidate their process of meaning reconstruction through life (extra-therapeutic) activities which used their identified MI strengths.

The second major theme to emerge from the case reports was the way an MI approach increased focus on client abilities, as a basis for considering treatment options. The MI approach increased the counsellor’s success in selecting session activities that the client had an affinity and ability with.

The third theme clustered around the counsellor’s observation that her assumptions about client abilities, even though carefully considered, may have limited treatment. The MI survey provided a helpful challenge to these assumptions and a basis to correct them and offer clients alternative routes to explore and process their issues.

Use of the MI framework to assist the counsellor to focus on client strengths was the fourth theme. The MI framework also guided implementation of treatment options in line with client strengths. It is assumed from the transcript that a strengths-focused orientation is important to the counsellor. A strengths focus is a foundation in narrative practice, which was identified as one of the approaches integrated into counsellor’s style of working. It was also noted that when the in-session activities chosen utilize client strengths, those strengths could develop.
The counsellor reported a few times her perception that the appropriate choice of MI activities “took clients deeper”. This fifth theme is closely linked to the fourth, that of utilizing client strengths, in that helping clients find the best means for reflection and communication, appeared to enhance client willingness or ability to explore their narratives more fully with the counsellor.

That the counsellor made treatment choices, or changed treatment choices, as a direct result of clients’ responses on the MI survey, was an additional minor theme to emerge. This suggests that the client’s MI survey results became a useful tool and a reference point for the counsellor.

Major themes indicated that an MI approach supported meaning reconstruction, was a useful basis for selecting treatment options, challenged counsellor assumptions about client abilities, and supported a focus on client strengths and enhanced the level of depth exploration in sessions.

**New possibilities for treatment and counsellor education**

MI theory has been applied and found to be effective in many areas of education and more recently in counselling with young clients (e.g., Booth & O’Brien, 2008; Gardner, 1999, 2006; Longo, 2004; O’Brien & Burnett, 2000a, 2000b; Pearson & Wilson, 2009; Waterhouse, 2006). A large number of counselling activities that utilize MI theory have been trialled and described as part of expressive therapies (Pearson, 2003; Pearson, 2004; Pearson & Nolan, 2004; Pearson & Wilson, 2001, 2009). Expressive therapies and the wider field of creative arts therapies offer a large number of practical ways to respond to clients’ MI preferences.
Analysis of the experience of one counsellor indicates that a multiple intelligences approach can support bereavement counselling in that it is highly flexible and can support clients’ individual patterns of both working through grief and achieving meaning and identity reconstruction. MI activities also appear to support exploration of existential challenges, and provide therapeutic freedom for post-traumatic growth. Larger studies will be needed to confirm these observations.

The use of multi-modal activities and creative arts therapies have been used successfully to process grief (e.g., Gunn, 2012; Seftel, 2006; Worden, 2009), and music listening and music making in particular have been found to support recovery (Bright, 1999; Gladding, Newsome, Binkley & Henderson, 2008; McFerran, 2011; Magill, 2011; Popkin, et al., 2011). The choice of modalities may previously have had more to do with counsellors’ interests; the MI approach allows treatment to be based on the client’s interests and strengths.

In the light of the emerging themes, counselling educators may wish to conduct further research and to consider implementing several additions to established counselling curricula, for example: training in MI theory; Provision of an overview of therapeutic approaches that utilize specific intelligences (e.g., O’Brien & Burnett, 2000b); the use of survey instruments to help identify educators’ natural or preferred intelligences (e.g., Chislett & Chapman, 2005) and any associated biases; the use of survey instruments to help identify counselling students’ preferred intelligences and any associated biases; training to assess and engage clients in conversations about their intelligence ‘strengths’; training to assess and provide
clients with therapeutic and extra-therapeutic activity suggestions that correspond to their natural or stronger intelligences; training counselling students to use experiential interventions as part of a flexible response to clients (e.g., introduce multi-modal therapeutic activities, such as expressive therapies and creative arts therapies).

**Conclusion**

The authors’ clinical and research observations, as well as previous research (e.g., Booth & O’Brien, 2008; O’Brien & Burnett, 2000a, 2000b; Pearson, 2003), suggest improvement in overall therapeutic effectiveness when MI theory is a basis for selection of treatment modalities. Further research is needed to confirm and illuminate the application of MI theory in a wider range of settings, and with a wide range of client concerns and counsellor styles.

The study of MI theory and practice within the counselling profession may provide several contributions: it may identify new ways to understand and enhance the early therapeutic alliance, it could provide a model for extending counsellors’ understanding of eclectic practice, it could provide a framework for counsellors to be more flexible and accurate in the delivery of service to clients, and to utilize new ways of matching treatment and extra-therapeutic activity recommendations to client preferences, abilities and strengths.
Chapter Seven

A multiple intelligences approach to counseling:
Enhancing alliances with a focus on strengths.


The sixth paper presents the themes analysed from the post-intervention interviews, and captures the participants’ experiences of integrating a MI approach to counselling into their daily therapy practices. It communicates the participants’ views that the MI approach provides a strengths-based way of providing counselling, and illustrates some of the benefits of this. Again the two supervisors have contributed advice and editorial support. American spelling has been used as required by the journal.

¹ Dr O’Brien is a principle supervisor of this study, and provided advice on multiple intelligences theory and its applications, and editorial advice for this article.
² Dr Bulsara is a principle supervisor for this project, and provided overall guidance, and methodology and editorial advice.
A multiple intelligences approach to counseling:

Enhancing alliances with a focus on strengths.

This qualitative study used interpretative phenomenological analysis (IPA) to investigate the experiences of counselors as they introduce multiple intelligences (MI) theory (Gardner, 1983, 1995, 1999, 2006) and activities into their work with adult clients. As therapeutic alliance formation has been found to be crucial in achieving positive outcomes, participants’ experiences of alliance formation after training in a MI approach to counseling was a key focus. A MI approach to counseling (Booth & O’Brien, 2008; Pearson, 2011; Pearson & O’Brien, 2012) is where counselors are trained in the application of Gardner’s theory of MI, and in ways to assess clients’ MI profiles, and offer treatment choices informed by clients’ MI preferences.

A pilot training intervention was used in this study to introduce counselors to MI theory and practice (Pearson, in press). This training utilizes Expressive Therapies (ET) modalities to provide a range of treatment choices. The training includes use of an experimental (and as yet not validated) survey to identify clients’ preferred intelligences, or strengths, from which therapeutic modalities most likely to be suitable can be offered. Major themes from interviews with eight Australian counselors, conducted three months after the MI training, are described.

The use of MI theory as a support for, and within, counseling has been suggested by Bowles (2013), Pearson and O’Brien (2012), Pearson (2011), and Booth and O’Brien (2008). To date a single qualitative study by O’Brien and Burnett (2000)
has examined the effectiveness of implementing a MI approach to counseling, and this was in a school setting with elementary school students. A single quantitative study (Bowles, 2013) investigated adult therapy clients’ perceptions of their MI strengths or talents as they began therapy, although MI was not used as part of treatment. Further to this, Chan (2001) suggests that applying MI in student counseling could achieve an integration of talent development and personal growth, and that MI can be used by integrating creative arts into counseling. To date no studies have explored the integration of MI into therapy with adult clients.

There are many implications for counseling practice, and particularly for therapeutic alliance formation and client engagement, that can be drawn from the extensive educational literature on MI. Links between learning styles, multiple intelligence preferences and the subsequent offering of individualized therapeutic treatment will also be highlighted in this paper.

Learning styles

Individuals have diverse attributes that lead to preferred styles of learning (Rolfe & Cheek, 2012). Over 70 different types of learning styles have been identified (Coffield, Moseley, Hall & Ecclestone, 2004). Learning depends on individual styles, and individuals develop preferences for specific modes (Kolb & Kolb, 2005). In the field of education, teaching is seen to be improved by matching an individual’s learning style with teaching methods, and a student’s awareness of their own learning style has been shown to improve the techniques they employ in learning (Rolfe & Cheek). The importance of learning styles to educators has been highlighted (Manolis, Burns, Assudani & Chinta, 2013), and individual
communication/learning/therapeutic styles are becoming of interest to counselors (Bowles, 2013; Geller, 2005; Keteyian, 2011).

“Learning characteristics, as informed by research, vary for each individual learner” (Kelly & Tangney, 2006, p. 385). Kelly and Tangney investigated ways to use students’ MI profiles to contribute to building what they call an “adaptive educational system” (p. 386). Thus, the question remains as to whether MI might help therapists build more adaptive learning environments and therapeutic systems.

**Multiple intelligences theory**

Harvard Professor, Howard Gardner, researched cognition from the perspectives of several different disciplines, including anthropology, the arts and humanities, biology, neurology, psychology, and sociology (Gardner, 1999). He proposed that the “human mind is better thought of as a series of relatively separate faculties, with only loose and non-predictable relations with one another” (p. 34). He emphasized that the *multiple intelligences* he identified were useful constructs, rather than physically verifiable entities (and was just as content to identify them as cognitive abilities). Other writers have referred to the multiple aspects of intelligence as clusters of cognitive ability, skills, talents, mental capacities, dispositions, strengths, preferences, and have indicated that individuals have “sensitivity to”, “inclination for” and “ability to” in relation to each intelligence (Silver, Strong, & Perini, 2000, p. 11).

Gardner defines intelligence as the ability to solve problems that are encountered in real life, the ability to generate new problems to solve, and the ability
to make something or offer a service that is valued within one’s culture (Silver, Strong, & Perini, 2000). Originally Gardner identified seven intelligences (Gardner, 1983) and subsequently added an eighth (Gardner, 1995). Furthermore, he conceded that there might also be a ninth, although this was not fully identified through all inclusion criteria (Gardner, 1999). Gardner’s intelligences are verbal-linguistic, logical-mathematical, visual-spatial, bodily-kinesthetic, musical-rhythmic, interpersonal, intrapersonal and naturalist (Silver, Strong, & Perini), with a possible existential intelligence.

MI has been applied widely in educational settings (e.g., Hoerr, 1992; Kelly & Tangney, 2006; Quiñones & Cornwell, 1999; Smagorinsky, 1995), particularly in the teaching of health sciences (Lane, 2010), law education (Hyams, 2011), and economics education (Farnan, 2009). Further areas where MI has been applied include sports education (Martin & Morris, 2013), nursing education (Amerson, 2006; Denny et al., 2008), pre-service teacher education (Dixon, White & Smerdon, 2003) and in adult literacy (Kallenbach, 1999; Kallenbach & Viens, 2001). MI has also been utilized to enhance inclusivity in community development projects (Hollander, 2012), applied to the development of technology enhanced learning (Kelly & Tangney, 2006) and in the support of struggling adult learners (Doyle, 2011).

Griggs et al. (2009) surveyed the preferred intelligences of college students, and postulated that if instructors knew the strengths of their students they could plan more suitable instruction methods. They noted that students found a MI survey to be helpful in allowing them to change their study strategies.
MI theory has been successfully applied in career counseling (Mantzaris, 1999; Odeleye, 2010; Shearer, 2009; Shearer & Luzzo, 2009). Shearer (2009) argues for the use of individual intelligence profiles in providing what he calls “MI-inspired career assessment” (p. 59) and academic, as well as counseling, support for career confused university students.

Social work educators considered that the interpersonal, the intrapersonal and linguistic intelligences were the most important for social work practice, and named the bodily-kinesthetic, musical and visual-spatial as important for culturally competent social work practice (Matto et al, 2006).

According to Gardner (2006), each person has an individual intelligence profile, which includes intelligences with which they may be most comfortable, or most able, and those that they tend to use less and may consequently have less ability in using. For counselors these findings raise the question: Can understanding how information is personally processed, and the use of preferred intelligences, increase confidence and therapeutic efficacy for counseling clients?

MI profiles are being assessed and used more widely in education, and there are many assessment surveys, primarily self-reports. Bowles (2013) investigated the self-perceptions of client talents or strengths, using a MI questionnaire, at the start of psychological therapy, and compared these self-ratings with a non-clinical population. He found that “those entering therapy perceived themselves to be consistently less talented in comparison with the non-therapeutic respondents” (p.
24). He argued that strength-based approaches to therapy should enhance a client’s strengths, and that a focus on strengths as well as on presenting problems is more effective than a focus on problems alone. While MI was not used within the therapy sessions, Bowles’ findings lend weight to the value of incorporating clients’ MI strengths into therapy.

Booth and O’Brien (2008) have used the concept of matching intelligence profile to activity, in a counseling context, noting that for young clients with good visual-spatial abilities it might initially be appropriate to offer art therapy activities, or sandplay therapy. For clients who score well on the bodily-kinesthetic intelligence perhaps drama therapy, emotional release activities, and possibly use breathing exercises or mime could be offered.

The positive outcomes from introducing MI approaches, in a range of fields, provides a rationale for exploring MI within therapy. For example, a student who understands how they learn can reduce some of the anxiety associated with the pressures of learning (Doyle, 2011), and MI theory offers learners the opportunity to understand how information is personally processed. This increases confidence, and hence leads to enhanced success (Doyle, 2011). This same outcome of increased confidence may be relevant to counseling clients, who often begin the therapeutic journey with strong doubts about their own abilities be successful.

The use of MI in educational settings been used to personalize training, to enhance inclusion, to increase the range of learning experiences, to generate more student engagement, and has contributed to the reduction in anxiety associated with
learning, to increased confidence and self-esteem, to facilitate effective
communication, to support critical thinking, and to build on student strengths. What
emerges of significance for counselors from the MI educational literature is the
concept of building on student strengths for more effective outcomes. In this way,
there is applicability of MI theory in counseling, where helping clients find and use
their strengths has been championed (e.g., Kaczmarek, 2006; Smith, 2006).
Improvement in overall therapeutic effectiveness when MI theory was used as a basis
for selection of treatment modalities has been explored in counseling children
(O’Brien & Burnett, 2000; Pearson, 2003). However, previous to the current study,
the applicability of MI theory has not been explored in counseling with adult clients.

**A multiple intelligences approach to counseling**

Counseling styles and the different therapies bare some correlations with
Gardner’s multiple intelligences (Booth & O’Brien, 2008). For example, many
counseling treatments generate a focus on, and use, the intrapersonal intelligence,
such as emotion-focused therapy, some psychodynamic treatments, and the use of
journals for self-reflection. This intelligence processes information related to the self,
identity, and directing oneself in life (Moran & Gardner, 2007). Using and
developing the intrapersonal intelligence can contribute to developing a sense of
purpose (Moran, 2009), and a sense of purpose has been recognized as contributing to
wellbeing (Harlow & Newcomb, 1990). An inverse relationship has been found
between purpose in life and depression (Hedberg, Gustafson, Alex, & Brulin, 2010),
and purpose in life and suicidal ideation (Heisel & Flett, 2004). Therefore, there are
several clear factors, such as building on client strengths and developing a sense of
purpose, that contribute to an argument for introducing MI into the practice of counseling.

**Therapeutic alliances**

Freud (1912/1958), Rogers (1951) and Zetzel (1956) made early claims that a positive connection with clients was a basic requirement for effective treatment. Therapeutic alliances are also termed in the literature the ‘helping alliance’, the ‘working alliance’, and the ‘treatment alliance’, and are described as “the degree to which the patient experiences the relationship with the therapist as helpful or potentially helpful in achieving the patient’s goals in psychotherapy” (Luborsky & Luborsky, 2006, p. 63). While there is some disagreement about the exact components of alliances, there is broad agreement that the relationship in counseling is crucial (Lambert & Ogles, 2004).

The psychotherapy and counseling literature identifies the therapeutic alliance as one of the reliable ways to predict positive outcome (Luborsky & Luborsky, 2006), and as contributing to up to 30% of positive outcomes (Lambert, 1992). In the “robust empirical literature the therapeutic alliance consistently predicts psychotherapeutic outcome” (Arnd-Caddigan, 2012, p. 77).

Ceberio (as cited in Soares, Botella & Corbella, 2010) suggested that a priority in applying interventions to support the alliance, is the ability to “sense the most appropriate moment and introduce the best type of intervention together by evaluating which one best suits that particular client” (p. 177). In other words, Ceberio seems to be recommending eclecticism, although this author points out that
the ability to match the treatment to the client might require more extensive training than other counseling skills. As therapeutic alliances have been shown to bring a crucial contribution to positive therapeutic outcomes, this study welcomed participant experiences of the impact of MI on alliances.

The MI training intervention

A one-day MI training intervention was developed by the first author, to introduce participants to: (1) an overview of MI theory, (2) means for assessing their own and clients’ preferred or natural intelligences, (3) practical counseling activities that utilize each of the intelligences, and (4) session-planning in the light of a clients’ intelligence profiles, i.e. matching MI activities to the client’s profile (Pearson, under review). The experiential counseling activities presented during the MI training have been tested and published over many years (Pearson, 2003; Pearson & Nolan, 2004; Pearson & Wilson, 2001, 2009).

During the MI intervention participants familiarized themselves with a self-report MI preference survey the “Multiple Intelligences Test - Based on Howard Gardner's MI Model” (Chislett & Chapman, 2005) (MIS). The MIS was selected for the current study as a starting point for counselors and their clients to reflect on their preferences or natural strengths. The MIS produces indicators of intelligence preferences, and has been found by the researchers to be easy to use, and non-threatening, for clients. While called a ‘test’, it consists of 70 questions that invite reflection on the individual’s lifestyle, preferred leisure activities, and to a lesser extent, abilities. The MIS does not ask for a judgment about skills, it is freely
available on the internet, has attracted positive responses from counselors and clients when used by the researchers, and is therefore considered to be client-friendly.

Participants were encouraged to include the MI intervention framework and activities in their professional work according to their own assessment of client needs and readiness.

**Using expressive therapies to implement MI in counseling**

Expressive Therapies (ET), an integrative approach to creative arts therapies, is a way to concretize MI theory within counseling practice. ET is a synthesis of client-centered expressive counseling principles and arts-based activities. ET has been developing since 1987 (Pearson, 1997, 2004; Pearson & Nolan, 1991, 2004; Pearson & Wilson, 2001, 2008, 2009), and provides many activities that utilize the full range of intelligences. As well as traditional verbal exchange, ET incorporates art, imagery, music, movement, emotional expression, and therapeutic writing into counseling sessions, from which counselors can select appropriate interventions that correspond to clients’ preferred intelligences.

**Method**

This study utilized qualitative enquiry through the methodology of Interpretative Phenomenological Analysis (IPA) (Smith & Osborn, 2008) to illuminate the participants’ experiences of introducing a MI approach to counseling into their daily work. Phenomenological enquiry was selected as the gathering of direct experiences of practitioners, initially un-influenced by prevailing theories,
provides the possibility for new meanings to emerge (Crotty, 1998). The interpretive phenomenology used to analyze the semi-structured interviews with counselor-participants is based on the work of Heidegger, and is referred to as the hermeneutic research tradition (Lopez & Willis, 2004).

**Sample and sampling**

Since phenomenology aims for an in-depth understanding of a particular group it is appropriate to seek out groups who can relate to the research questions, so “purposive sampling” is used (Chapman & Smith, 2002, p. 127). The participants in this study were eight Australian counselors sharing their experiences through semi-structured interviews three months after participation in a one-day MI training intervention.

Selection criteria for participants included: membership of a professional counseling association (which ensures a uniform minimum level of training, and having supervision contracts in place), experience in a counseling practice for at least three to five years (average was 5.6 years).

For data gathering interviews Morse (1994) suggested a sample size of six participants, Kuzel (1992) recommended six to eight interviews. Achieving a reliable level of saturation is the ideal (Bowen, 2008), and this was confirmed in the present study during the process of coding themes.
Data collection

The study utilized qualitative semi-structured interviews of approximately 45 – 60 minutes to gather data, three months post intervention. The interviews were audio-recorded and transcribed.

Bracketing

In order to “reveal engaged, lived experience” (Ashworth, 1999, p. 707) researcher presuppositions were suspended as much as is possible, or ‘bracketed’. In other words, an effort was made to gain knowledge of participants’ experiences, without researcher bias or the influence of previous data. This was achieved through using open-ended interview questions, and catalysts to extend discussions, so that responses were not limited by interviewer questions.

To achieve effective bracketing, the first author, who conducted the interviews, was challenged to refrain from making leading comments or frame questions based on his suppositions, attitudes, biases or opinions. A similar approach was maintained during data analysis. Analysis of several transcripts into major themes by an independent researcher was compared with the initial analysis, as a way of further minimizing bias.

Data Analysis

Interpretation of transcripts transformed participants’ experiences into themes, and common themes were identified across cases, with super-ordinate themes emerging (Chapman & Smith, 2002). The first stage of IPA analysis (Willig, 2008) involves reading and re-reading of transcripts. Significant responses from the reader,
statements, sentences, or quotes will be identified in the transcripts (open coding). Stage two involves the identification and labeling of themes. In stage three the analysis is structured, and clusters of themes are labeled in a way that aims to capture their essence. In stage four a summary table of the themes is constructed (see Table 6, p. 210), with quotations from participants that illustrate them (using pseudonyms). Themes that are not well-represented are then abandoned. Finally an expanded narrative is written, based on the summary table.

Results

From analysis of the interviews conducted three months after the MI training intervention, when participants had trialed the MI approach, seven major themes and a number of minor themes were identified. Direct quotes from participants, that act as both summaries and provide the flavor of their experiences, are included. Emerging themes are summarized in Table Six.

The major themes included enhancement of therapeutic alliances (*MI helped us get closer*), more effective practice (*MI led to better professional work*), clients responding to a strength-based approach (*Clients thrive on rediscovering their strengths and talents*), positive client responses to the MI preference survey (MIS) (*Clients love the natural strengths survey*), increased professional comfort (*I felt comfortable with MI*), positive outcomes from the use of music (*People love music*), and the emergence of new therapeutic options (*MI training opened up all sorts of different possibilities*).
While interview responses primarily focused on perceptions of work with clients, participants’ own positive responses to trialing the MI approach and to the MI training intervention emerged as sub themes.

**MI helped us get closer**

Counselors experienced the MI approach as contributing to strengthening alliances. Increased psychological comfort for counselor and client, as a result of introducing the MI approach, was seen as a major factor in alliance enhancement. Genevieve comments on the mutual influence of counselors being more at ease:

“I think that's grown for me, that sense of being able to feel comfortable just sitting and building that alliance, that just comes, it happens. If you're comfortable and you're real, they feel real and comfortable and safe too. So that's grown lots for me.”

Alexandra shares her positive experience with mandated clients:

“After introducing MI, my mandated clients actually were more open, because I think they identified within themselves what their communication skills were, what their strengths were”.

Signs of alliance increases included counselors experiencing more ‘connection’ with their clients, clients being more comfortable to speak up, being more
forthcoming with information, as well as clients appearing less suspicious. Alexandra sums up the impact of this decrease in suspicion in working with indigenous clients:

“When they're more open, they're actually telling me what they need to tell me, not what they think I need to hear, because with indigenous people, there's always the shame issue. So they tend to hold onto information . . . However, with this multiple intelligence now, it's different”.

**MI led to better professional work**

Incorporating MI theory and practice was perceived by counselors to enhance their professional effectiveness. The MI approach lead to increases in treatment options as Jenny explained: “I had more tools to choose from”. Furthermore, after the MI training intervention, counselors experienced enhanced confidence and comfort in working with their clients. Alexandra shares the links she noticed between the MI approach and enhanced counselor-client connection:

“I have used this (MIS) with some of my drug addiction clients, and immediately after that, we connected much better. I think because it wasn't about information I'm trying to get. It's about validating some of those strengths from the multiple intelligences. I think that definitely made me connect better with the client.”

Flexibility in responding to clients was one way the MI approach supported professional work, as Genevieve reported:
“I think the impact on me has been feeling more comfortable and more confident that when people come in, you're not always going to get the same response from each person and therefore you need to be able to have other ways of tuning into where they're coming from.”

**Clients thrive on re-discovering their strengths and talents**

The MI approach appeared to support a strengths-based therapy style, and the MIS helped counselors and clients recognize strengths and talents. Genevieve draws the link to using the MI approach and enhancing a client’s sense of strength in a session:

“All of the MI stuff is really being able to enhance that (sense of strength), because you're able to tap into where they're comfortable and what fits for them.”

She takes it further in a comment on how the MI approach contributes to renewed identity building:

“There's a real level of boosting their own sense of self, especially those that come in really broken.”

Elaine observed increases in client creativity and growth in the use of extra-therapeutic activities:
“I think I worked in a way that encouraged the client’s creativity and his abilities outside of the therapy room.”

**Clients love the natural strengths survey**

The MIS was the most-used component of the training intervention, leading to the most positive outcomes. Use of the MIS stood out as even more useful than the range of MI counseling activities. The MIS (essentially an assessment tool) appeared to also have therapeutic value, it became a catalyst for client self-reflection, and a catalyst for clients reconnection with their strengths (in particular their ability with music). Jenny sums up the appreciation of this tool, appreciation that was widely reported:

> “Having the questionnaire (MIS) to give to the clients really brought my awareness to what their strengths are and what they need to do. . . . every single time that I’ve used it, they have loved it”.

In introducing the survey to clients, counselors had described MI preferences as natural “strengths”. This supported it becoming a therapeutic tool, not just an assessment tool. The MIS also became a basis for treatment decisions, it enhanced client reflexivity and self-awareness, and proved to be a catalyst for client self-reflection. The MIS results lead to the use of assigned “homework”. In several cases, completing the MIS proved to be a catalyst for client’s spontaneous, extra-therapeutic, use of music for personal wellbeing. In her comment on the MIS leading to homework, Jenny revealed:
“Well it promotes homework. So for them we come up with something and they'll say ‘Oh you know actually I do love music and I didn't realize’. I say ‘Well why aren’t you using it?’ ‘Well I didn't even think about it’.

Use of the MIS was seen by Emily as initiating new useful information:

“To be honest we would not have talked about music if we had not done that survey. I had no idea about his interest. He'd completely forgotten about it. So I could imagine that facet would never have been looked at. It (MIS) opened a doorway”.

**I felt comfortable with MI**

During interviews the participants primarily focused on their professional experiences, what they had done, observed, heard back from clients, and the meaning they had made of these. While their enthusiasm for the MI approach to counseling and its impact on them personally appeared evident through their body language and voice tone during interviews, it was not made explicit by many direct comments. The words ‘comfortable’ and ‘confident’ were frequently used. The researchers presume this may be partly due to participants’ assumptions that the project aimed primarily for professional insights.

**People love music**

In-session and extra-therapeutic use of music, offered as a result of using the MIS, was reported to make significant contributions to client wellbeing. While a range of the expressive therapies activities were described as effective, music use stood out as a major theme. There was an increase in using music in sessions, and this supported some clients to access emotion. Extra-therapeutic use of music was
important and impactful for some clients. The following client story from Jenny provides a clear account of the way engagement with music reduced depression and enhanced interpersonal connections:

“I had one client who did the thing (MIS) and it came back that music was massive. I said ‘You've never mentioned music before’, and she said ‘Oh that was when I was a kid’. I said ‘Well why don't you do it now?’ She came back to me a month later and she said she bought a keyboard and she said ‘I'm playing music’. She said that with her teenage son, who is into music as well, ‘We're writing songs together.’ She said it's brought them closer together. She said ‘Now we're having the best time.”

**MI training opened up all sorts of different possibilities**

Counselors’ responses to the MI training program were highly positive, with no negative responses reported. There was a positive impact from the MI training on counselors’ professional work. This was supported by comments such as: “I wish I had this tool previously”. “I was very impressed with the entire program – all the tools were great”. “This was an opportunity to expand the way I work.”

Peer interactions during the training program were highly valued. Experiential engagement with the MI activities within the training was also highly valued and led to confidence in presenting the activities to clients. Several participants indicated that it would be preferable to participate in a training program that was longer than one day. Lorraine shared her experiences of the MI training:
“What I found was really useful is it opened up all sorts of different possibilities as well. I found that it (counseling) became maybe more user-friendly. It was almost like softer. It was colorful”.

Jenny’s experience of both personal and professional benefits from the training in the following comments, echo the general participant sentiments:

“The training day changed the way I think. It's opened me up. So it's made me more inclined to explore than I did before and it gave me confidence.”

Genevieve spoke of enhanced professional comfort:

“Then doing some of the exercises made me feel more comfortable in presenting those activities to the clients, so I found that really useful”.

The idea of introducing visual-spatial activities into work with clients was found to be effective by several participants, as Alexandra reports:

“We were talking about dealing with conflict. So I said, what would conflict look like to you, if you had to put it in art? We had (images of) needles, syringes, black clouds, a personal black eye. I can see a lot of opportunity to expand on using the art in my therapy, and I will use more of it.”

Jenny sums up the sense of professional flexibility the MI approach provides that was reported by participants:
“It would suit so many different types of therapists, it's not just one size fits all. Well no, it is a one size fits all because MI is going to suit everybody”.

Discussion

From analysis of the interviews conducted three months after the MI training intervention, when participants had had opportunities to trial the MI approach, seven major themes were identified, and many had links with the literature.

MI helped us get closer

Alliance enhancement was experienced as a result of using the MI approach. Counselor comfort was highlighted as a major contributor to this. The literature on client’s perceptions of alliances suggests that the experience of increased counselor comfort may make a significant contribution to the alliance. For example, the ‘being’ qualities of the counselor were found to contribute to the development of client self-esteem (Law, 2009), and counselor attending behaviors of smiling, making eye contact, sitting with an open body posture and remaining relaxed were found to be appreciated by clients and seen as making a significant contribution to alliance development (Bedi, Davis & Arvay, 2005). Clients appeared to appreciate the matching of their styles to treatment activities, and the education literature reveals similar positive responses from students.

MI led to better professional work

Clear parallels emerged between the positive findings of educational research on the application of MI in schools, and the positive experiences of the current
participants applying MI in counseling. Participants found the MI approach provided a wider range of interventions to use, which contributed to providing flexible responses to clients. Clients were reported to feel more included and were often perceived to be more engaged in the therapeutic process. Active engagement of clients in the therapy process is considered a large part of successful therapy (Bohart & Tallman, 1999).

### Clients thrive on re-discovering their strengths and talents

In the light of participants’ perceptions of the positive impact of their client’s discovery and re-connection with strengths, it is not surprising to find parallels in the literature (e.g., Bowles, 2013; Smith, 2006; Wong, 2006). Smith (2006) describes strength-based counseling as representing a paradigm shift in psychology, from the deficit model to one that stresses clients’ strengths. She points out the importance of identifying cultural strengths that allow members of various ethnic groups to survive and flourish. This parallels comments from several of the current participants who found the use of the MIS particularly powerful with clients from ethnic minorities, who may be accustomed to viewing themselves as low on strengths.

Participants noted that the identification and labeling of client strengths through using the MIS brought a positive response. Bowles (2013) found that a client group consistently rated themselves as less talented than a non-therapeutic group, and emphasized that a focus on clients’ talents is an appropriate addition to therapy, as it can support the maintenance and expansion of their skills and competence. Smith (2000) suggests that the strength-based counseling model needs to specify additional strength interventions. Perhaps a MI approach can make a contribution to these developments.
Clients love the natural strengths survey

That the MIS initially appeared to clients to be an assessment survey, and was then quickly re-conceptualized as a support to focus on their abilities, generated a very positive orientation to it. The MIS was cited as being a conversation starter, and a catalyst for clients to reflect on and share more of their life story with the counselors. In this sense it was seen as a therapeutic tool, and particularly a foundation for eclectic choices.

In the Hollanders and McLeod (1999) study of therapists’ styles, the participants based their combination of approaches on personal choice, on “intuitive or idiosyncratic criteria” (p. 413), not on an organized or theoretically coherent foundation. Lazarus, Beutler and Norcross (1992) suggest that the blending of concepts and methods from the various psychotherapy schools has been conducted in “an arbitrary, subjective, if not capricious manner” (p. 11). They argue that haphazard eclecticism should be replaced by particular organizing principles that are needed to guide therapists. MI may be an ideal theoretical foundation, or meta-theory, for eclecticism, and it was used this way by the current participants.

I felt comfortable with MI

The confidence and comfort that participants experienced with applying the MI approach could bring benefits in terms of reduced risk of burn-out, increased job satisfaction, and particularly in contributing to alliances. The understanding of MI theory supported counselor confidence and flexibility, and these qualities were found by Ackerman and Hilsenroth (2003) to contribute significantly to alliance building.
Confident, calm and responsive attitudes are seen by clients as desirable in therapists and are perceived by clients to contribute to alliance formation (Littauer, Sexton & Wynn, 2005).

*People love music*

The use of music in therapy has been found over many years to be highly effective (e.g., Cheek, Bradley, Parr & Lan, 2003; Slyter, 2012). Listening to music can reduce blood pressure (Sutoo & Akiyama, 2004), contribute to the recovery in neuro-rehabilitation (Baker & Roth, 2004), and listening to and producing music can activate brain structures involved in cognitive, sensorimotor and emotional processing (Koelsch, 2009). Engagement with music has also been shown to have a beneficial effect on psychological and physiological health.

Participants found their clients responding positively to the use of music in sessions and wanting to use it for personal growth in daily life. A theme of clients having forgotten their previous strong love of music was evident in the interviews, and using the MIS was perceived to be an ideal catalyst for clients to recognize if musicality was a strength, and perhaps a talent.

*MI training opened up all sorts of different possibilities*

Participants responses to the MI training were entirely positive, and they considered the training has a positive impact on their work. Experiential engagement with the MI activities was reported to enhance participant’s confidence, and this confidence may have added to the positive impact of the MI activities. Use of MI
appeared to expand counselors’ range of skills and experiential activities to offer clients.

**Implications for research and counselor education**

Further investigation is needed to confirm the value of, and means for applying, a MI approach with a range of specific client populations. For example, participants indicated that the MI approach was particularly useful in their work with children, with clients from Australian aboriginal communities, in group-work and in couples counseling. Furthermore, a longer term study may be able to shed light on the ideal duration and content of counselor education in MI theory and practice that produces optimal long-term MI use.

For counseling educators, implications from this study would include instructing counseling interns in the ways of assessing and making central client strengths, perhaps through the use of the MIS and ways to respond to client scores. The early introduction of MI theory and practice could allow students to use it as a meta-theory integrating the study of a range of counseling approaches and theories. Familiarizing students with experiential interventions that could be applied on the basis of Gardner’s eight intelligences would be recommended. Finally, while not attempting to train counseling students to become music therapists, it would be recommended to acquaint them with simple and safe ways to use music as a therapeutic support, and (where indicated by the MIS) make suggestions regarding the possible use of music as homework.
Limitations

A possible limitation within the study may be the inevitable consequences related to self-selection of participants. Participant numbers were relevant to phenomenological research, however the experiences reported should not be interpreted as broadly generalizable conclusions.

Conclusion

The aim of this study was to gather and present the experiences and perceptions of counselors that emerge from being introduced to a MI approach to counseling, and applying this approach in their daily therapy work with adult clients. The insights gained through interviews with counselors provides some detailed findings regarding important issues as perceived by this profession in regard to the impact of an MI approach on establishment of therapeutic alliances. Participants experienced a MI approach to counseling as supporting therapeutic alliances, enhancing professional counseling, contributing to strengths-based practice, contributing to professional confidence and comfort, and highlighting new therapeutic options. The inclusion of a MI approach in counselor education is recommended, along with further research to gauge optimal levels of MI training as well as the long-term impacts.
Table 6: Themes on Using a MI Approach to Counselling

This table was not used in the article due to word limit restrictions.

<table>
<thead>
<tr>
<th>Major Themes</th>
<th>Minor Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MI helped us get closer:</strong> Counsellors perceived the MI approach as enhancing the therapeutic alliance (TA)</td>
<td>Increased client (psychological) comfort, due to the MI approach, seen as a major factor in alliance enhancement</td>
</tr>
<tr>
<td></td>
<td>Signs of TA increases: clients less suspicious, speaking up, more connection with clients, clients more forthcoming.</td>
</tr>
<tr>
<td><strong>MI lead to better professional work</strong></td>
<td>I had more tools to choose from: MI led to increased treatment options</td>
</tr>
<tr>
<td></td>
<td>Counsellors experienced enhanced confidence and comfort in their work</td>
</tr>
<tr>
<td><strong>Clients thrive on re-discovering their strengths and talents:</strong> The MI approach perceived as strengths-based therapy</td>
<td>MIS helped counsellors and clients recognise client strengths and talents.</td>
</tr>
<tr>
<td></td>
<td>MIS a basis for treatment decisions</td>
</tr>
<tr>
<td></td>
<td>MIS enhanced client reflexivity and self-awareness; proved to be a catalyst for client self-reflection.</td>
</tr>
<tr>
<td></td>
<td>MIS promoted the use of “homework” – extra-therapeutic activities</td>
</tr>
<tr>
<td></td>
<td>MIS was recognised as a therapeutic intervention, not just a survey.</td>
</tr>
<tr>
<td></td>
<td>Completing the survey was a catalyst for client’s spontaneous, extra-therapeutic, use of music for personal wellbeing.</td>
</tr>
<tr>
<td></td>
<td>When introducing the MIS, counsellors had described MI preferences as “strengths”.</td>
</tr>
<tr>
<td><strong>I felt comfortable with MI</strong></td>
<td>Comfort and confidence generated by using the MI approach</td>
</tr>
<tr>
<td><strong>People love music:</strong> In-session and extra-therapeutic use of music made significant contributions to client wellbeing</td>
<td>Increase in using music in sessions, and this supported clients to access emotion.</td>
</tr>
<tr>
<td></td>
<td>Extra-therapeutic use of music was important and impactful for some clients</td>
</tr>
<tr>
<td>The MI training opened up all sorts of different possibilities</td>
<td>Counsellors’ responses to the MI training program were highly positive.</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Positive impact from MI training on counsellors’ professional work.</td>
</tr>
<tr>
<td></td>
<td>Experiential engagement with MI activities in the training was highly valued, lead to confidence in presenting activities to clients.</td>
</tr>
</tbody>
</table>
Chapter Eight

Pre- and post-intervention theme comparisons

Implications for counsellor education

Further research

Limitations

Conclusions
Pre- and post-intervention theme comparisons

The aim of this study has been to present insights into the perceptions of a group of eight Australian counsellors who participated in trialling a MI approach to counselling. A final step was the comparison of major themes identified in the analysis of transcripts of counsellor interviews, conducted both before the MI training intervention and three months later. The themes, and the comparison of pre and post intervention themes, provide a practice-based view of the impact of introducing MI into daily counselling practice.

IPA is concerned with what the participant experiences, thinks or believes about the topic under discussion. Analysis of interview transcripts aimed at understanding the ‘lifeworld’ of participants, as recommended by Smith and Osborne (2008), what participants experienced, thought and believed about the introduction of a MI approach to counselling. Interpretation of transcripts transformed counsellors’ comments into themes, and major and minor themes were identified across cases (Chapman & Smith, 2002). The researcher’s analytical abilities are required to make sense of the “personal world being studied” (Chapman & Smith, p. 126).

The comparison of the pre and post intervention theme summaries was undertaken, through reading and re-reading of the relevant texts and tables. While several major themes were exclusive to either the pre or post intervention interviews, some theme clusters and connections across the two sets were identified. A final comparison of the pre and post intervention themes is provided, leading into a discussion of these.
Summary of pre-intervention counsellor experiences

The first round of interviews with the eight counsellor participants, conducted before the MI training intervention, revealed their experiences with, and views of, therapeutic alliance formation, and provided some background to their counselling styles. The pre-intervention themes are described and discussed in full in Chapter Four.

Major themes of alliance recognition and the overall importance of the alliance emerged. Participants worked eclectically, with an underlying intent to create an environment that they hoped would be experienced by their clients as psychologically comfortable, accepting, and non-judgmental. There was respect for the value of therapeutic alliances, which were seen as ‘vital’ and ‘essential’. Overall, the themes were identified as: working eclectically, establishing rapport in a safe place, alliance development through counsellor qualities, perceiving and responding to weak alliances, perceiving and forming positive alliances, body language as an alliance signal, and ‘being real’ helps the alliance.

Although the therapeutic relationship was defined as changeable, it was perceived overall as ‘deepening’ over time, which appeared to mean it became stronger, more reliable and involved higher levels of trust. Two areas of experience indicated that alliances had begun to be formed: positive somatic signs (particularly body language) and positive emotional expressions, for example, more frequent expressions of gratitude, mutual liking, and the development of deeper trust. Client behaviours that were interpreted as signs of a weak alliance included ‘closed’ body language, sabotaging behaviours, and non-engagement, along with cancellations and non-attendance. Counsellor responses to a weaker alliance included seeking
supervision and needing to be more respectful of the client including taking steps to repair the alliance.

Counsellor contributions to forming a positive alliance emerged in two distinct themes: counselling techniques employed, and positive ways of being. A solid alliance was considered to be generated through human qualities more than through methods or activities. Overall, paying attention to body language, and the need for counsellors to ‘be real’ emerged as dominant themes.

Summary of post-intervention counsellor experiences

From analysis of the interviews conducted three months after the MI training intervention, when participants had had opportunities to trial the MI approach, several major and a number of minor themes were identified. These themes are described and discussed in detail in Chapter Seven.

The major themes included perceptions that therapeutic alliances had been enhanced, professional work had become more effective, participants’ experiences of increased professional comfort, perceptions of clients responding to a strength-based approach, positive client responses to the MI preference survey (MIS), and positive outcomes from the use of music (in sessions and as an extra-therapeutic activity). The major themes have been characterised as: MI ‘helped us get closer’, MI led to better professional work, clients thrive on re-discovering their strengths and talents, clients ‘love’ the natural strengths survey, feeling comfortable with MI, and ‘people love music’.
While responses during interviews primarily focused on participant perceptions of client work, participants’ own positive responses to trialling the MI approach and to the MI training intervention formed a sub theme (explored in detail in Chapter Five). Within the major themes, the strongest sub themes related to observations of stronger therapeutic alliances due to clients increased psychological comfort within sessions, and the various signs of alliance increases. Other sub-themes described the way the MI approach increased treatment options, enhanced counsellor confidence, supported counsellors’ and clients’ recognition of client strengths and talents, and how MI became a basis for treatment decisions. The MIS (essentially an assessment tool) appeared to also have therapeutic value, in that it became a catalyst for client self-reflection and for clients’ reconnection with their strengths (often with their ability with music).

Connections across pre and post intervention themes

In order to identify any changes in participants’ perceptions that emerged from trialling a MI approach to counselling, this section provides a comparison of the pre and post themes. The major connected themes emerging from these comparisons were: respect for and enhancement of therapeutic alliances, respect for clients, recognition of client strengths, counsellors and clients feeling comfortable with MI, and music as a self-help strategy.

Respect for and enhancement of therapeutic alliances

The significance and enhancement of therapeutic alliances emerged as the predominant theme. The pre-intervention themes indicated respect for early establishment of alliances, and the ways participants recognised productive or weak
alliances. Post-intervention themes identified ways the participants experienced a MI approach to counselling as enhancing alliances; for example, through increased psychological comfort for clients, provision of wider treatment options, increased counsellor confidence, and use of the MIS. This was encapsulated in the post intervention theme ‘MI helps us get closer’.

In pre-intervention themes alliances were seen to be developed through counsellor qualities, for example ‘being real’. In post-intervention themes counsellor ways of being were highlighted, for example, counsellor confidence, increased professional comfort and skill. While displaying a confident attitude to clients was stated as an ideal in several pre-intervention interviews, the post-intervention interviews conversely revealed recognition of counsellors’ growth in confidence.

In pre-intervention interviews counsellors reported that positive somatic signs (particularly body language), positive emotional expression, more frequent expressions of gratitude, mutual liking, and the development of deeper trust, were seen as indicating the alliance had begun to be formed. Signs of alliance increases post-intervention included clients appearing: less suspicious, more comfortable to speak up, and more forthcoming with information.

The signs considered to indicate a firm alliance in the pre-intervention interviews (primarily ‘positive emotional expression’ and ‘deeper trust’) correlated with the observed indicators that reinforced participants’ perceptions that alliance had increased (primarily clients being ‘less suspicious’, and ‘more comfortable to speak up’).
Respect for clients

The need for respect of clients was explicitly defined in the pre-intervention interviews, for example, through ‘showing understanding’, helping clients feel ‘equal and heard’, being non-judgmental and honest, being compassionate, and also through seeking supervision (when alliances seemed weak) to enhance respect for clients. In post-intervention reports respect for clients is implied through the way participants worked with clients, for example, not blaming clients for weaker alliances, recognition of client strengths as a collaborative process (via use of the MIS), and the value of exploring MI activities personally before offering them to clients. The welcoming of clients ‘speaking up’ in sessions also indicated this respect.

Recognition of client strengths

Although implied in the pre-intervention themes (e.g., through aiming for non-judgmental relating), in the post-intervention themes recognition of client strengths was made quite explicit. An assumption of the value of working from a strengths-based therapeutic style seemed to underlie participants’ appreciation of using the MIS to help clients identify their strengths and talents.

A combination of the participant stance of valuing a strengths-based approach and the use of the MI theory and tools, lead to enhancing strengths. Client strengths were perceived in two main categories. The first were revealed through high scores on the MIS, such as talents, abilities and skills (e.g., abilities with art or music). The second category of strengths included therapeutically growthful ways of being, such
as reflexivity, self-awareness, recognition of communication skills, and spontaneous engagement in extra-therapeutic activities.

**I felt comfortable with MI**

Participants’ personal experiences of the MI training and of trialling the MI approach to counselling, emerged in the post-intervention interviews, and seemed to elicit positive responses that were closely linked to the support MI provided to their professional work. For example, the expansion in treatment options generated confidence and comfort as they worked with clients, and discovering their own MI strengths was also satisfying. There were no negative experiences reported. Some participants indicated a positive and enthusiastic response to MI, implied through their animated dialogue in the interviews and through their willingness to share clinical anecdotes demonstrating situations where MI had been helpful.

**Music as a self-help strategy**

Within the major theme of enhanced professional work, a sub-theme of the therapeutic use of music emerged across the post-intervention interviews. Clients’ high scores for the musical-rhythmical intelligence on the MIS led to the introduction of music into the counselling process. When music was identified as a strength for clients it was used both within sessions and by clients at home. Within sessions counsellor use of music opened access to emotions for clients. The extra-therapeutic use led to lifting of depression, working through bereavement, generating improved family connections, and enhancing a sense of wellbeing. This was achieved through musical performance, receptive musical experiences, song writing, and searching for resonant song lyrics as a support for grieving.
Discussion of connections across pre and post interviews

The five major themes to be discussed here are those that were connected across the pre and the post-intervention interviews, and include those unique to the post-intervention themes. They were: respect for and enhancement of therapeutic alliances, respect for clients, recognition of client strengths, participants’ comfort with the MI approach, and the use of music as a self-help strategy.

The first theme of respect for and enhancement of therapeutic alliances will be familiar to therapists, who face daily challenges in alliance formation and maintenance. The majority of the therapeutic alliance literature has focused on the alliance in long-term psychotherapy (e.g., Barnicot et al., 2012; Hersoug, Høglend, Havik, von der Lippe & Monsen, 2009; Munder, 2010), so the current themes that have emerged from counsellors working short-term with clients offer insight into counsellor rather than psychotherapist experience. Respect for the alliance was clear among the participants from the pre-intervention interviews, and it appears that this interest was supported through the introduction of the MI approach to counselling, an interest from which the theme of ‘MI helps us get closer’ emerged post intervention.

The second major theme of respect for clients was explicit in the first round interview themes and was implicit in the post-intervention themes. The post-intervention theme showed this respect through practical ways of working, and in particular the interest to learn about client’s preferred intelligences and adapt treatment accordingly. Participants showed a particular interest in applying this respect through the MI approach.
The third theme identified from pre and post comparisons was the recognition of client strengths. This theme was implied in the first interviews and made explicit among the post-intervention experiences. Again, the introduction of a MI approach provided means to act on this recognition of strengths. An emerging strengths-based movement in therapy and social work (Bowles, 2013; Smith, 2006; Wong, 2006) has primarily focused on support of young clients (e.g., Dixon & Tucker, 2008; Park & Peterson, 2008). However, the current participants valued and worked with an intent to utilise client strengths with their adult clients.

The fourth theme of participants’ comfort with the MI approach being linked to enhancement of their professional work, might provide some encouragement for counsellors to explore Gardner’s theory of MI and develop ways to utilise it in practice. With the continuing movement towards eclecticism in counselling practice (e.g., Lampropoulos, 2000; Larsen, 1999), and the empirical support for responding to client preferences (Swift, Callahan, Ivanovic, & Kominiak, 2013), the participants’ experiences of having their treatment options expanded may prove of wider interest in the profession.

The final, and least anticipated, theme of music emerging as a valuable strategy, both within sessions and beyond, was unique to the post-intervention themes, and the extent of its relevance may be implied by the theme name ‘people love music’. Support for the therapeutic use of music has been discussed in Chapter Seven. Music therapy is a specialist profession, with education provided at a Masters level. There are, however, many simple ways listening to and performing music can
be incorporated safely into counselling sessions (e.g., Gladding, 1998; Malchiodi, 2005; Pearson & Wilson, 2009). The evidence for the positive impact of music on wellbeing is growing (e.g., Baker & Roth, 2004; Grocke, 2009; Koelsch, 2009; Sutoo & Akiyama, 2004). Participants’ positive experiences of clients being helped by engagement with music, the ease with which music can be incorporated into counselling, and the neuroscience findings on music and wellbeing, together strengthen a recommendation for counselling.

**Implications for counsellor education**

For counselling educators, the indicators from the experiences of this group of counsellor participants would be firstly to focus on teaching ways alliances can best be formed and maintained with clients. Although the therapeutic alliance is an evidence-based element of therapy, there is little literature on best practice for alliance-focused training (Constantino, Boswell, Morrison, & MacEwan, 2013). The way the current participants valued, observed and attended to alliances is in accord with much of the alliance literature. The current findings also suggest concurrence with Constantino, Boswell, Morrison, and MacEwan, in that more time should be given to alliance training within counsellor curricula.

In the light of the experiences of these counsellors, other areas for inclusion in counsellor training curricula might include: the cultivation of the positive human qualities that appear to generate alliance (e.g., providing validation, acceptance and maintaining a non-judgmental attitude towards clients), developing practitioner
awareness of alliance formation over time, and exploring the personal development that can lead to ‘being real’ within the counselling relationship. Counsellors whose work with clients is typically over short periods may particularly gain direction, support and encouragement from these findings.

As MI provides a new way to match counselling treatments to clients’ preferences and strengths, and can be integrated into established strengths-based approaches, it should be included among the theoretic and skills training in counsellor pre-service courses.

Maintaining respect for clients and their central role in the therapeutic process, and instructing counselling interns in the ways of assessing and bringing to the centre of therapy client strengths (perhaps through the use of the MIS and ways to respond to the scores) would be indicated. The inclusion of MI in counsellor training could be linked with the study of both person-centred therapy and strengths-based approaches.

The introduction of MI theory and practice could begin early in counsellor training. This would allow students to use MI as an underlying meta-theory as they study specific counselling approaches. Familiarising students with interventions that could be applied on the basis of Gardner’s eight intelligences would be recommended as a way to support the use of integrative and multi-modal approaches, as well as providing a basis for reflecting on personal methodological biases. As was the experience of the current participants, the essential experiential learning and resultant personal growth would also contribute to professional confidence.
Given that observation of body language as a way to gauge the alliance strength stood out as an unexpected theme early in the study, and is rarely discussed in the counselling education literature, this might be an area for researching objective markers, so that recognition and interpretation of body language can be included as a basic skill within counsellor education, and utilized more widely within practice.

Participants’ valuing of the use of the visual-spatial and musical-rhythmic intelligences suggests that introducing art and music activities into counsellor training may contribute to overall professional effectiveness. While it is recognised that to become a music therapist or art therapist requires extensive post-graduate training, it would be recommended to acquaint counselling students with simple and safe ways to use music and/or art as part of therapeutic support. Receptive methods, using music that corresponds to clients’ musical preferences, can support relaxation, reminiscence, and discussion (Grocke & Wigram, 2006). It can be recommended that these methods be studied as part of the students’ post-graduate education. In addition, where indicated by the MIS, suggestions could be made regarding the possible enjoyment of music as homework.

The themes from participants suggest there would be value in including in counsellor training ways to assess and engage clients in conversations about their intelligence ‘strengths’; training to assess and provide clients with therapeutic and extra-therapeutic activity suggestions that correspond to their natural or stronger intelligences; training counselling students to use experiential interventions as part of
a flexible response to clients (e.g., introduce multi-modal therapeutic activities, such as expressive therapies and creative arts therapies).

Finally, the MI training program used in this study could be a valuable addition within both pre-service and in-service professional development for counsellors.

**Further research**

This study has focused on the concept of matching client preferences to therapeutic treatment via a MI approach to counselling, which utilises client’s natural or preferred intelligences. A further study could examine the effect of attempting to expand a client’s use of their less-preferred intelligences. Such a study might gather data on impacts of providing clients with a challenge to broaden their range of ways of understanding, communicating and processing their concerns.

Although further investigation is needed to confirm the value of, and means for applying, a MI approach with a range of specific client populations, there was some indication from participants that the MI approach was particularly useful in their work with children, with clients from Australian aboriginal communities, in group work, and in couples counselling. Further research on implementing a MI approach with each of these client groups is recommended. Furthermore, a longer-term study may be able to shed light on the ideal duration and content of counsellor education in MI theory and practice that produces the optimal long-term use of MI.
Further research is recommended into ways of developing sensitivity to, and understanding of, body language and other somatic signs, that may indicate increases or decreases in the level of trust, rapport and alliance.

A longer-term study that gathered data on MI implementation both three months and six months post-training might indicate if benefits from the MI training are sustained, and whether they have a long-term impact on practice. A survey of counsellors’ treatment selection procedures pre-MI training may allow for post-treatment comparisons. A study with a larger number of participants, surveying both counsellor and client perceptions of the impact of MI training may achieve results that are more generalisable to the counselling profession.

A MI framework for counsellors to be more flexible and intentionally eclectic in the delivery of service to clients may emerge from future studies, so that new ways emerge to match therapeutic treatments to clients’ preferences.

Limitations

A possible limitation within the study may be the inevitable consequences related to self-selection of participants. It is conceivable that they may have had a bias of an established interest in the research topics, although this was not evident to the researcher. Participant numbers were relevant to phenomenological research, however the experiences reported should not be interpreted as broadly generalizable conclusions. A purposive sample was used, conducted in one area of Australia.
Limits also included practical constraints on the conducting of the research over an extended time period, in that it was not possible to study the impact of the MI intervention long-term. In the light of time limitations, the insights gained have particular relevance to the early establishment of therapeutic alliances. However, the insights gained through interviews with counsellors provides some detailed findings regarding important issues as perceived by this profession in regard to the impact of an MI approach on establishment of therapeutic alliances.

Conclusions

Applications for MI theory have been widely reported from many professional fields. The aim of this study was to gather and present the experiences and perceptions of counsellors that emerged before and after being introduced to a MI approach to counselling and applying it in their daily work with adult clients. Useful surveys are available to inform counsellors about their own preferred intelligences and to assess their clients’ intelligence preferences. Responding to client preferences and strengths has been shown to improve outcomes. Many counselling activities that utilise MI theory have been trialled and published as part of Expressive Therapies (ET). The ET activities, in conjunction with the surveys, practically equip counsellors to respond in a flexible way to clients’ preferred intelligences. The MI approach can also provide a framework for counsellors wanting to introduce creative arts-based therapeutic activities.
While many of the themes that emerged from the counsellor interviews will be familiar to experienced counsellors and counsellor educators, in general they provide further practice-based evidence for several foci in both education and practice. The integration of MI theory and practice in the fields of counselling and psychotherapy will provide several contributions to existing fields of knowledge. This integration may provide new ways to understand and enhance the therapeutic alliance. With further research, a clearer model may emerge for extending counsellor training with MI theory. This model could provide a framework for counsellors to incorporate greater flexibility in the delivery of service to clients. These steps may impact on client motivation to relate to the counsellor, participate, give feedback and seek change. The application of MI theory may contribute to best practice in the support of clients. The integration of MI theory and practice may provide new ways to understand and enhance both the personal and interpersonal components of therapeutic alliances.

The themes of the need to ‘be real’ and to cultivate positive human qualities, reinforce the current trend in counsellor education to require trainees to undergo personal development and self-awareness training. In particular, the strength of the theme of clients’ body language as an indicator of the level of alliance formation, may signal an area for revived interest and further investigation. Participants responded positively to the MI training, and indicated that it contributed to the enhancement of their professional work. Furthermore, the MI preference survey was considered particularly helpful in informing treatment choices. Activities that primarily used the musical-rhythmic and visual-spatial intelligences were found to be most useful.
The participants’ experienced a MI approach to counselling as supporting therapeutic alliances, enhancing professional counselling, contributing to strengths-based practice, contributing to professional confidence and comfort, and highlighting new therapeutic options. The inclusion of a MI approach in counsellor education is recommended, along with further research to gauge optimal levels of MI training, as well as the long-term impacts.
Afterword

Is there an intelligence profile for the counselling profession?

In discussing this study with participants and colleagues, a question repeatedly emerged as to whether there might be a typical ‘counsellor intelligence profile’. The question was followed by suppositions about the likely ranking of preferred intelligences within a ‘typical counsellor’. To investigate this speculation, the researcher began gathering intelligence profiles from colleagues, participants of this study, and at counselling training events and conferences, using the MIS, and searching the literature for similar projects.

Thinking styles and personality types overlap to a degree (Zhang, 2000). Thinking styles, as an individual-difference variable in human performance, have long been investigated. Between the late 1950s and 1970s, many theories and models of styles were constructed (Zhang). Sternberg (1997) argued that existing models and theories can be classified into three approaches to the study of styles: cognition-centred, personality-centred and activity-centred. Styles in the cognition-centred tradition most closely correspond to abilities. Thinking styles are defined by Sternberg as preferred ways of using the abilities that we have. The theory applies to both academic and non-academic settings.
Since, in the field of education, quality teaching can be seen as using all the intelligences, it is recommended that teachers become aware of, not only their students’, but their own intelligences range and how that background impacts on their teaching styles and the learning environment (Yenice & Aktamis 2010a). The results of the present study suggest that quality counselling could be seen as utilising all the intelligences. It could be recommended that counsellors also become aware of their own (as well as clients’) intelligence range and preferences.

There have been many studies investigating trends or commonalities in thinking styles or multiple intelligences within specific demographic groups, primarily in the field of education. For example Yenice and Aktamis (2010b) compared the intelligences strengths of pre-teachers and teachers at the point of graduation (total 250), to explore possible changes. They found that the logical / mathematical intelligence was, and remained, high. Surprisingly, they found a decrease in results for the musical / rhythmical intelligence over the four years of teacher training. Not surprisingly, they found that science teacher candidates had highly developed logical/mathematical intelligence domains. These surveys suggest that specific groups have some commonalities in their intelligence strengths and profiles.

Multiple intelligence profiles of 908 trainee teachers were gathered by Sözen, Sözen, and Tekat (2009). They were exploring a possible correlation between teachers’ intelligence profiles and areas of study when they were in high school. They found there was a strong link, and they also found that students undertaking social and music studies had the highest verbal/linguistic rating in their profiles. Students
who had studied mathematics had the lowest verbal-linguistic scores, but the highest mathematical/logical scores. Arts students were found to have stronger visual / spatial intelligence scores, music students had the highest musical/rhythmic scores and, not surprisingly, physical education and sports students had the highest bodily/kinesthetic scores. Overall students who had studied mathematics had the lowest scores in all intelligences, except mathematical/logical.

The intelligence profiles of 245 primary school teachers were gathered (Serin, Serin, Yavuz & Muhammedzade, 2009), and correlated to their teaching strategies. It was found that higher scores on the visual/spatial, naturalistic, and interpersonal intelligences were significantly predictive of teaching styles used in the classroom.

These studies suggest the possibility of identifying a typical MI profile for various fields within the education profession, although differences that emerge from cross-cultural comparisons in the education field do not lead to clear conclusions. The question remains as to whether there could there also be a typical MI profile for counsellors.

To progress from speculation to assembling useful data, intelligence preference profiles provided by participants of this study were augmented with what became a national survey of counsellors. The MI scores from the eight participants were supplemented by 78, giving a total of 86 scores (see Table 7, p. 238). These were gathered from practising counsellors over a 12-month period, at conferences and professional training events, in order to illuminate any trends in intelligences profiles within the counselling profession. In general, there was widespread interest to
complete the MIS and a willingness to provide the researcher with scores (which were not linked to individuals). It was hoped that these scores could provide a glimpse into a possible intelligence profile for the Australian counselling profession.

Counsellors’ scores on the MIS indicated that the interpersonal intelligence was the most preferred, with the gap between the lesser intrapersonal score being statistically insignificant. As counselling is essentially an interpersonal and intrapersonal endeavour, this is not surprising. The differences in scores between most of the intelligences was minimal, with the logical – mathematical being the least preferred, almost 6% less preferred than the interpersonal.

**Table 7: Intelligence preference scores for 86 Australian counsellors**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Intelligence Domain</th>
<th>Total Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Interpersonal</td>
<td>604</td>
</tr>
<tr>
<td>2</td>
<td>Intrapersonal</td>
<td>593</td>
</tr>
<tr>
<td>3</td>
<td>Linguistic</td>
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<tr>
<td>4</td>
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<tr>
<td>5</td>
<td>Spatial – Visual</td>
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<tr>
<td>6</td>
<td>Bodily – Kinesthetic</td>
<td>441</td>
</tr>
<tr>
<td>7</td>
<td>Logical – Mathematical</td>
<td>397</td>
</tr>
<tr>
<td></td>
<td><strong>Total Number of Scores</strong></td>
<td><strong>3,537</strong></td>
</tr>
</tbody>
</table>
However, the results can be interpreted with the caveat that approximately 90% of the counsellors who submitted their intelligence profiles were female. Studies on self-estimates of intelligence strengths found that males believed they rated more highly on the logical-mathematical intelligence than females (Bowles, 2008; Furnham & Chamorro-Premuzic, 2005; Neto, Furnham, & Pinto, 2009). Therefore the finding that the logical-mathematical was the most consistently lowest preferred intelligence may prove to be more indicative of the gender of participants, than the fact that they were practicing counsellors. So, while the data gathering evoked some interest and reflection, the scores cannot provide a clear profile for the profession.
Appendices

A: Semi-structured interview schedules 232
B: Multiple intelligences preference survey 234
C: MI training intervention program 237
D: Reflecting on your experience of the MI training 239
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Appendix A

Semi-structured interview schedules

1. The semi-structured interview schedule - Pre-intervention

1 Could you say a little about the type of environment you try to establish in the counselling room?
2 What can you tell me about your experience of the therapeutic alliance?
3 Could you tell me about the significance you ascribe to developing the therapeutic alliance?
4 What are some of the signs you notice when an alliance has formed productively?
5 What have you observed when you feel the alliance seems to be distant?
6 What have you found contributes most to developing a productive alliance with clients?
7 In general, could you sum up your observations on the way alliances have developed with your current clients?
8 Could you briefly describe some of your ways of working with clients?

POSSIBLE ADDITIONAL PROBING QUESTIONS

A. What in your experience are specific indicators of a strong constructive alliance?
B. Is there anything specific you have found to be effective in positively influencing the alliance?
C. What methods of working with clients do you prefer?
2. The semi-structured interview schedule - Post-intervention

1. Could you say a little about your experience of your professional work over the last 8 weeks?
2. What can you tell me about your experience of the alliance with clients over the last 8 weeks?
3. Have there been any specific signs of changes in the alliance over the last 8 weeks?
4. How do you feel about the opportunities to include MI activities in your work?
5. Do you feel there has been any impact on your work from the introduction to Multiple Intelligence theory and practice?
6. What have you found contributes most to developing a productive alliance with clients?
7. In general, could you sum up your observations on the way alliances have developed with your clients over the last eight weeks?
8. Could you describe any changes in your ways of working with clients?
9. What have you noticed about client-creations as part of session work?

POSSIBLE ADDITIONAL PROBING QUESTIONS

A. What has been the impact on you of learning more about MI theory?
B. Is there anything specific that came out of your awareness of your own MI preferences?
C. Is there anything specific that came out of your awareness of your clients MI preferences?
## Appendix B

### Multiple intelligences preference survey (MIS)

Chislett and Chapman’s (2005) *Multiple intelligences test - Based on Howard Gardner's MI Model.*

*What are your natural strengths?*

Tick the pale green box if the statement is more true for you than not. Do not tick anything if you feel the statement does not apply to you.

<p>| 1. I like to learn more about myself       |       |       |       |
| 2. I can play a musical instrument       |       |       |       |
| 3. I find it easiest to solve problems when I am doing something physical |       |       |       |
| 4. I often have a song or piece of music in my head |       |       |       |
| 5. I find budgeting and managing my money easy |       |       |       |
| 6. I find it easy to make up stories     |       |       |       |
| 7. I have always been physically well co-ordinated |       |       |       |
| 8. When talking to someone, I tend to listen to the words they use not just what they mean |       |       |       |
| 9. I enjoy crosswords, word searches or other word puzzles |       |       |       |
| 10. I don’t like ambiguity, I like things to be clear |       |       |       |
| 11. I enjoy logic puzzles such as 'sudoku' |       |       |       |
| 12. I like to meditate                   |       |       |       |
| 13. Music is very important to me        |       |       |       |
| 14. I am a convincing liar (if I want to be) |       |       |       |
| 15. I play a sport or dance             |       |       |       |
| 16. I am very interested in psychometrics (personality testing) and IQ tests |       |       |       |
| 17. People behaving irrationally annoy me |       |       |       |
| 18. I find that the music that appeals to me is often based on how I feel emotionally |       |       |       |
| 19. I am a very social person and like being with other people |       |       |       |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>20.</td>
<td>I like to be systematic and thorough</td>
</tr>
<tr>
<td>21.</td>
<td>I find graphs and charts easy to understand</td>
</tr>
<tr>
<td>22.</td>
<td>I can throw things well - darts, skimming pebbles, frisbees, etc</td>
</tr>
<tr>
<td>23.</td>
<td>I find it easy to remember quotes or phrases</td>
</tr>
<tr>
<td>24.</td>
<td>I can always recognise places that I have been before, even when I was very young</td>
</tr>
<tr>
<td>25.</td>
<td>I enjoy a wide variety of musical styles</td>
</tr>
<tr>
<td>26.</td>
<td>When I am concentrating I tend to doodle</td>
</tr>
<tr>
<td>27.</td>
<td>I could manipulate people if I choose to</td>
</tr>
<tr>
<td>28.</td>
<td>I can predict my feelings and behaviours in certain situations fairly accurately</td>
</tr>
<tr>
<td>29.</td>
<td>I find mental arithmetic easy</td>
</tr>
<tr>
<td>30.</td>
<td>I can identify most sounds without seeing what causes them</td>
</tr>
<tr>
<td>31.</td>
<td>At school one of my favourite subjects was English</td>
</tr>
<tr>
<td>32.</td>
<td>I like to think through a problem carefully, considering all the consequences</td>
</tr>
<tr>
<td>33.</td>
<td>I enjoy debates and discussions</td>
</tr>
<tr>
<td>34.</td>
<td>I love adrenaline sports and scary rides</td>
</tr>
<tr>
<td>35.</td>
<td>I enjoy individual sports best</td>
</tr>
<tr>
<td>36.</td>
<td>I care about how those around me feel</td>
</tr>
<tr>
<td>37.</td>
<td>My house is full of pictures and photographs</td>
</tr>
<tr>
<td>38.</td>
<td>I enjoy and am good at making things - I'm good with my hands</td>
</tr>
<tr>
<td>39.</td>
<td>I like having music on in the background</td>
</tr>
<tr>
<td>40.</td>
<td>I find it easy to remember telephone numbers</td>
</tr>
<tr>
<td>41.</td>
<td>I set myself goals and plans for the future</td>
</tr>
<tr>
<td>42.</td>
<td>I am a very tactile person</td>
</tr>
<tr>
<td>43.</td>
<td>I can tell easily whether someone likes me or dislikes me</td>
</tr>
<tr>
<td>44.</td>
<td>I can easily imagine how an object would look from another perspective</td>
</tr>
<tr>
<td>45.</td>
<td>I never use instructions for flat-pack furniture</td>
</tr>
<tr>
<td>46.</td>
<td>I find it easy to talk to new people</td>
</tr>
<tr>
<td>47.</td>
<td>To learn something new, I need to just get on and try it</td>
</tr>
<tr>
<td>48.</td>
<td>I often see clear images when I close my eyes</td>
</tr>
</tbody>
</table>
49. I don’t use my fingers when I count
50. I often talk to myself – out loud or in my head
51. At school I loved / love music lessons
52. When I am abroad, I find it easy to pick up the basics of another language
53. I find ball games easy and enjoyable
54. My favourite subject at school is / was maths
55. I always know how I am feeling
56. I am realistic about my strengths and weaknesses
57. I keep a diary
58. I am very aware of other people’s body language
59. My favourite subject at school was / is art
60. I find pleasure in reading
61. I can read a map easily
62. It upsets me to see someone cry and not be able to help
63. I am good at solving disputes between others
64. I have always dreamed of being a musician or singer
65. I prefer team sports
66. Singing makes me feel happy
67. I never get lost when I am on my own in a new place
68. If I am learning how to do something, I like to see drawings and diagrams of how it works
69. I am happy spending time alone
70. My friends always come to me for emotional support and advice

<table>
<thead>
<tr>
<th>Intelligence type</th>
<th>Total Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrapersonal</td>
<td></td>
</tr>
<tr>
<td>Linguistic</td>
<td></td>
</tr>
<tr>
<td>Logical - Mathematical</td>
<td></td>
</tr>
<tr>
<td>Musical</td>
<td></td>
</tr>
<tr>
<td>Bodily - Kinesthetic</td>
<td></td>
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<tr>
<td>Spatial - Visual</td>
<td></td>
</tr>
<tr>
<td>Interpersonal</td>
<td></td>
</tr>
</tbody>
</table>

Your highest scores indicate your natural strengths and potential - your natural intelligences.
Appendix C

The MI Training Intervention Program

A training day presented by the researcher for participants at the University of Notre Dame, Fremantle, in 19 August, 2011, 9am to 4.30pm.

Title of training intervention:

*Applying multiple intelligences theory and practice in counselling with adult clients.*

Program:

- Introduction of the researcher / trainer
- Overview and aims of the program, framework for experiential learning
- Overview of MI theory (Gardner, 1999, 2006)
- Application of MI theory to counselling: the use of expressive therapies (O’Brien & Burnett, 2000; Pearson & Wilson, 2009)
- Participants complete MI preference survey (MIS) (Chislett & Chapman, 2005, Appendix B)
- Interpersonal intelligence: ways of enhancing client communication and strengthening therapeutic alliances.
- Intrapersonal intelligence: Task - emotional mapping activity - *Emotional Mapping*
- Verbal-linguistic intelligence: Review a range of therapeutic writing strategies. Task - therapeutic and expressive writing activity – *Sentence Starters*
Visual-spatial intelligence, use of art and imagery: Task - completing family of origin drawing activity – *My Family at Dinner*.

Musical-rhythmic intelligence – Overview of a range of ways to incorporate music in therapy. Task – use of recorded music, listening to four tracks of music and responding with colours, images and words, using the worksheet *Feeling Responses to Music*.

Bodily-kinaesthetic intelligence: Task - exploration of movement through participating in a bioenergetic sequence – Activity: *Using Tension for Self-Awareness*

Brain-storming MI counselling activities for session planning

Review of the program and informal feedback

End of program - 4.30pm
Appendix D - Reflecting on your experience of the MI training

In order to further understand your experience of the Multiple Intelligences training, could you take a moment to reflect on each of the components of the training day. Last November, could you take a moment to reflect on each of the training components - Please tick

<table>
<thead>
<tr>
<th>Training Components</th>
<th>Very useful</th>
<th>Mostly useful</th>
<th>Moderately useful</th>
<th>Mostly not useful</th>
<th>Not at all useful</th>
<th>Any further comments on your training experience?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview of Multiple Intelligences</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Logical / Mathematical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal / Linguistic</td>
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<td></td>
</tr>
<tr>
<td>Bodily / Kinesthetic</td>
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<td></td>
<td></td>
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<tr>
<td>Musical</td>
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<tr>
<td>Interpersonal</td>
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<td></td>
</tr>
<tr>
<td>Intrapersonal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any Further Comments on Your Training Component - Please tick
### Reflecting on Your Experience of the Multiple Intelligences Training

<table>
<thead>
<tr>
<th>Component of Training</th>
<th>Training Day</th>
<th>Experience of the MI Training Day</th>
<th>Are there any ways this program could have been more helpful?</th>
<th>Visual / Spatial intelligence: Art and imagery activity – <em>My Family at Dinner</em></th>
<th>Musical / Rhythmic intelligence: Use of recorded music – <em>Feeling Responses to Music (worksheet)</em></th>
<th>Bodily / Kinaesthetic intelligence: Bioenergetics – <em>Using Tension for Self-Awareness</em></th>
<th>Brain-storming other MI counselling activities for session planning</th>
<th>Interactions with peers</th>
<th>Any further comments on your training experience?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very useful</td>
<td>I have used this in the future</td>
<td></td>
<td>Visual / Spatial intelligence: Art and imagery activity – <em>My Family at Dinner</em></td>
<td>Musical / Rhythmic intelligence: Use of recorded music – <em>Feeling Responses to Music (worksheet)</em></td>
<td>Bodily / Kinaesthetic intelligence: Bioenergetics – <em>Using Tension for Self-Awareness</em></td>
<td>Brain-storming other MI counselling activities for session planning</td>
<td>Interactions with peers</td>
<td>Any further comments on your training experience?</td>
</tr>
</tbody>
</table>

- Visual / Spatial intelligence: Art and imagery activity – *My Family at Dinner*
- Musical / Rhythmic intelligence: Use of recorded music – *Feeling Responses to Music (worksheet)*
- Bodily / Kinaesthetic intelligence: Bioenergetics – *Using Tension for Self-Awareness*
- Brain-storming other MI counselling activities for session planning
- Interactions with peers

Any further comments on your training experience?
Appendix E  Consent Form

Multiple intelligence and the therapeutic alliance: Counsellors’ perceptions of the effect of incorporating multiple intelligence theory into counselling practice.

INFORMED CONSENT FORM

I, (participant’s name) ________________________________________ hereby agree to being a participant in the above research project.

• I have read and understood the Information Sheet about this project and any questions have been answered to my satisfaction.

• I understand that I may withdraw from participating in the project at any time without prejudice.

• I understand that all information gathered by the researcher will be treated as strictly confidential, except in instances of legal requirements such as court subpoenas, freedom of information requests, or mandated reporting by some professionals.

• Whilst the research involves small sample sizes I understand that a code will be ascribed to all participants to ensure that the risk of identification is minimised.

• I understand that the protocol adopted by the University Of Notre Dame Australia Human Research Ethics Committee for the protection of privacy will be adhered to and relevant sections of the Privacy Act are available at http://www.nhmrc.gov.au/.

• I agree that any research data gathered for the study may be published provided my name or other identifying information is not disclosed.

<table>
<thead>
<tr>
<th>PARTICIPANT’S NAME</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESEARCHER’S FULL NAME:</th>
<th>MARK PEARSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESEARCHER’S SIGNATURE:</td>
<td>DATE:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If participants have any complaint regarding the manner in which a research project is conducted, it should be directed to the Executive Officer of the Human Research Ethics Committee, Research Office, The University of Notre Dame Australia, PO Box 1225 Fremantle WA 6959, phone (08) 9433 0943.
Appendix F: Information Letter

Dear potential participant,

My name is Mark Pearson. I am a student researcher at The University of Notre Dame Australia, Fremantle and am enrolled in a Doctor of Philosophy degree. As part of my course I need to complete a research project.

The working title of the project is *Counsellors’ experience of the impact on the therapeutic alliance of incorporating into practice interventions based on multiple intelligence theory.*

My research concerns whether it is possible to strengthen the counsellor / client connection through introducing counsellors to multiple intelligence theory and practical activities.

The purpose of the study is to investigate counsellors’ perceptions of the impact of multiple intelligence theory and practice on the counsellor / client connection, and to propose some new possibilities for extending the theoretical framework, practice and training of counsellors working with adult clients.

The participants in this project are counsellors providing professional observations of the client-counsellor connection within their practice, before and twelve weeks after participating in a 1-day training intervention.

All information collected will be strictly confidential.

The protocol adopted by the University of Notre Dame Australia Human Research Ethics Committee for the protection of privacy will be adhered to and relevant sections of the *Privacy Act* are available at [http://www.nhmrc.gov.au/](http://www.nhmrc.gov.au/)

By agreeing to be interviewed and signing the Consent Form you would be consenting to participate. Interviews will be coded, then transcribed by an interstate transcription service. You will be offered the chance to review the written transcript of your interview, and corrections and feedback will be welcomed.

There are some possible benefits to you for participating, for example, your reflection process with the interview questions may support development your counselling
skills; you may benefit from gaining some new activities to offer clients from the one-day training intervention; you will also learn more about your own learning style through using a short checklist to help you identify your preferred ways of learning (using multiple intelligences).

Data collected will be stored securely in the University’s School of Arts and Sciences for five years. No identifying information will be used and the results from the study will be made freely available to all participants.

The Human Research Ethics Committee of the University of Notre Dame Australia has approved the study.

Professor Martin Philpott, Head of Counselling, in the School of Arts and Sciences is a principal supervisor of the project. If you have any queries regarding the research, you are welcome to contact me directly or Professor Philpott by phone (08) 9433 0218 or by email at mphilpott@nd.edu.au

I thank you for your consideration and hope you will agree to participate in this research project, which may contribute to the effectiveness of counselling in general and hopefully reveal some implications for enhancing the training of counsellors.

Yours sincerely,

Mr Mark Pearson
Tel: 0419 492 713
Email: mark.pearson@nd.edu.au

If participants have any complaint regarding the manner in which a research project is conducted, it should be directed to the Executive Officer of the Human Research Ethics Committee, Research Office, The University of Notre Dame Australia, PO Box 1225 Fremantle WA 6959, phone (08) 9433 0943.
Appendix G:

Statement of Contribution by Others

Dr Bulsara was a principle supervisor, providing constant guidance, and research methodology expertise. Dr Bulsara contributed content advice, editorial advice and proof-reading on all articles, as well as advice and corrections for non-article sections of the thesis.

Dr O’Brien is a principle supervisor, providing constant guidance, expertise on multiple intelligences theory and its applications. Dr O’Brien contributed content advice, editorial advice and proof-reading on all articles, as well as advice and corrections for non-article sections of the thesis.

Ms. Hamilton participated in the study and volunteered to provide more extensive case stories from her professional work, that constitute the core of the article in Chapter Six, as well as suggestions for the article.
Appendix H: Permissions from Publishers
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