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BeyondSCAPE:

Possibility & necessity in counselling & psychotherapy education

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Multiple intelligences, eclecticism and the therapeutic alliance: New possibilities in integrative counsellor education.

Mark Pearson *Arts & Sciences - The University of Notre Dame Australia*

Abstract

In the wake of the movement in the field of counselling towards integrative and eclectic practice the search for unifying theories continues. Gardner's theory of multiple intelligences (MI), only recently applied to the field of counselling, has a contribution to make in evolving a framework for eclecticism. MI theory may also have a particular contribution to make towards helping counsellors strengthen the therapeutic alliance and enhance flexibility in responding to clients' needs. Gaining an understanding of clients' preferred cognitive and communication styles, or 'intelligences', enhances an ability to tailor treatment. This presentation argues that increases in the therapeutic alliance and foundations for eclecticism could emerge from using MI theory and practice, and holds new possibilities for counsellor education.

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Multiple intelligences, eclecticism and the therapeutic alliance: New possibilities in integrative counsellor education.

Introduction

This paper discusses three theories and approaches that can shed light on each other in a way that can advance understanding of counselling processes. One, developed within educational psychology and first published in 1983, is Howard Gardner's theory of multiple intelligences (MI) (Gardner, 1983, 2006). 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 other is a collection of theoretical views of the therapeutic alliance (TA), that have evolved throughout Western psychotherapy, first appearing in 1912 in Freud's early work (Elvins & Green, 2008). The implications from bringing together these theories may provide a foundation for integrative or eclectic decisions in therapy and for decisions in the training of counsellors. Both MI and TA theories are flexible and highly useful, and usefulness is at the heart of eclectic approaches.

Flexibility of response in the therapeutic relationship

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 have as a priority to co-construct meaning within the therapeutic relationship and adapt processes in the light of what has a useful impact on counselling objectives (Hansen, 2006).

The movement towards "psychotherapy integration" 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, p. 312). This movement brings increased research focus on the core ingredients of therapy, such as the TA 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.

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). 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), and a shared world view between client and counsellor may be an important component of a client’s preference in seeking therapy (Lyddon, 1989).

It is unclear whether theory, and allied practice, can remain flexible enough to encompass 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 author suggests that MI theory may prove an effective meta-theory, from which treatment methods can be tailored to individual client preferences.

Directions in counselling research and practice

That counselling is, in general, effective is considered to be conclusive (Lambert & Ogles, 2004; Luborsky, Singer, & Luborsky, 1975; Rosenthal, 1990). Counselling, while closely allied to psychotherapy, aims to foster wellbeing, assist clients to resolve crises, and is usually conducted over fewer sessions (PACFA, n.d.). Counsellors 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, two or even more years.

Meta-analyses of counselling and psychotherapy outcome research in recent years has led 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). Among the most influential common factors is the strength or depth of the counsellor-client relationship, the TA. 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 are towards eclectic practice, bringing together theories and practices from several approaches (e.g. Howard, Nance, & Myers, 1986;

Lampropoulos, 2000; Rivett, 2008). The appropriateness of this trend away from maintaining rigid boundaries between theories and methods is supported by research (Lambert, Garfield & Bergin, 2004).

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 in a way that contributes to the TA.

Eclecticism and integration of approaches in counselling

The term eclecticism has been 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).

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 essential perspective in therapy practice (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).

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 USA (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. In another Australian survey, Poznanski and McLennan (2004) found that almost all participants described additional theoretical approaches.

Lampropoulos (2000) identified a need to focus on developing systematic treatment selection methods, and a need to develop organisational schemes to guide therapists. He also calls 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 aspects of ‘what works best’ are combined 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).

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. The integration of MI theory into the field of counselling could reduce haphazardness, provide a theoretical underpinning, and support counsellor choices in developing integrative or eclectic practice.

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 as the 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, 2000, p. 289). The current author is proposing that MI theory and practice may have a significant contribution to make in the ultimate development of a reliable “basic guiding structure”.

The therapeutic alliance in counselling

Interest in the importance of the therapeutic alliance (TA) 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 counselling and psychotherapy literature throws light on the influences on, and the value of, a strong working alliance, defined broadly as “the collaborative and affective bond between therapist and patient” (Daniel, Garske, & Davis, 2000). The psychotherapy and counselling literature identifies the TA 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 neuro-plasticity (leading to the possibility of change) when positive relationships alliances are present (e.g., Barletta & Fuller, 2002; Schore, 2002; Siegel, 1999; Wright, 2000).

Motivational factors for participating in counselling have been shown to develop through the arising and development of the TA (Emmerling & Whelton, 2009). Significant correlation between the TA and therapy outcomes have been shown in several studies: the quality of the TA is 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). While there is some disagreement about the TA construct, there is widespread agreement that the relationship is crucial (Lambert & Ogles, 2004).

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, & Tømmerås (2005) found that clients consider that 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 (2003, 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, to work eclectively. The ability to match the treatment to the client requires more training than other skills (Ceberio, 2003, in Soares, Botella & Corbella, 2010), and introduction of MI theory may make a contribution to this ability. It may 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.

Multiple intelligences theory

The theory of multiple intelligences (MI) (Gardner, 1983, 2006) delineates eight (possibly nine) distinct intelligences, each one representing a different ability through which clients can communicate, process their difficulties, and learn (see Appendix III). The implications for MI theory applied to counselling with young clients has been described by Booth and O’Brien (2008) and O’Brien and Burnett (2000a, 2000b).

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) – see fuller descriptions in Appendix III.

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). 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). It is recommended that counsellors draw on a combination of the clients' preferred intelligences, to strengthen the therapeutic relationship (Booth & O'Brien, 2008).

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). 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 illuminates a potential field of counselling research 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.

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". In other words, while counselling theory and approaches may have a socially constructed basis, clients present for treatment with a somewhat personally constructed sense of self, meaning systems and preferences.

The theory of MI can be used to understand 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.

A critique of Gardner's early work has suggested that what he labelled as intelligences are more accurately "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".

Criticisms that Gardner did not use empirical support for the development of his theory have been strongly rebuffed by Kornhaber (2004), describing the source of his 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 criticisms have not been shown to reduce the positive outcomes from almost thirty years of application – particularly in the field of education.

As there are 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? 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.

One practical way to begin to discern counsellor and client intelligence preferences is through the use of a short survey. A recommended survey, used by this author, is the Chislett and Chapman (2005) *Multiple intelligences test - Based on Howard Gardner's MI Model*.

Biases in the application of counselling

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, western counselling operates on the assumption that everyone communicates and processes information in a similar way.

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). MI theory may have a contribution to

make in this specialised field, as activities using a wide range of the intelligences have been used effectively in multicultural support of trauma survivors (e.g. Gerteisen, 2008; Henderson & Gladding, 1998; Webber & Mascari, 2008).

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’ abilities – 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 TA.

Expressive therapies / creative arts therapies

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 1987 (Pearson, 1997, 2004; Pearson & Nolan, 1991, 2004; Pearson & Wilson, 2001, 2008, 2009).

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 whichever are the client’s preferred intelligences, the modalities that they might enjoy, experience some competence with and / or seem close to their interests, and thus make an effective entrée into therapy for the client. A positive early engagement within counselling can strengthen the alliance.

New possibilities for counsellor education

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).

In the light of this discussion, counselling educators may instigate several additions to counsellor training:

- Provision of training in MI theory (e.g. Appendix III),
- Provision of an overview of counselling approaches that utilise specific intelligences (see Appendix II),
- The use of survey instruments to help identify counselling trainers natural or preferred intelligences (e.g. Chislett & Chapman, 2005, see Appendix I) and any associated biases,
- The use of survey instruments to help identify counselling trainees' preferred intelligences (e.g. Chislett & Chapman, 2005, see Appendix I) and any associated biases,
- training to assess and respond to clients' natural or stronger intelligences,
- practically equip counsellors to move beyond their biases and respond in a flexible way to clients (e.g. Introduce multi-modal therapeutic activities, such as ET and Creative Arts Therapies).

The author's 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 the alliance and 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 to counselling with adult clients.

The study of MI theory and practice within counselling may provide several contributions; it may identify new ways to understand and enhance the early therapeutic alliance, it will provide a model for extending counsellor training with integrative and multi-cultural approaches, it will provide a framework for counsellors to be more flexible and intentionally eclectic in the delivery of service to clients, and to utilise new ways of matching

treatment to client preferences. 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.

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Appendix I

What are your natural strengths?

Tick the shaded 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.							
	1	2	3	4	5	6	7
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							
20. I like to be systematic and thorough							
21. I find graphs and charts easy to understand							
22. I can throw things well - darts, skimming pebbles, frisbees, etc							
23. I find it easy to remember quotes or phrases							
24. I can always recognise places that I have been before, even when I was very young							
25. I enjoy a wide variety of musical styles							
26. When I am concentrating I tend to doodle							
27. I could manipulate people if I choose to							
28. I can predict my feelings and behaviours in certain situations fairly accurately							
29. I find mental arithmetic easy							
30. I can identify most sounds without seeing what causes them							
31. At school one of my favourite subjects was English							
32. I like to think through a problem carefully, considering all the consequences							
33. I enjoy debates and discussions							
34. I love adrenaline sports and scary rides							
35. I enjoy individual sports best							
36. I care about how those around me feel							
37. My house is full of pictures and photographs							

Appendix II

Gardner's Multiple Intelligences related to therapy styles

Interpersonal

- Rapport with counsellor appears in all approaches
- Rogerian Person-Centred
- Family Therapy
- Couples Therapy

Intrapersonal (emotional)

- Expressive Therapies
- Psychodynamic approaches
- Emotion-focused Therapy
- Meditation

Verbal / Linguistic

- Verbal Therapy
- Therapeutic Writing
- Journal Work
- Bibliotherapy
- Narrative Therapy

Logical / Mathematical

- CBT
- REBT
- Behaviour Modification
- Solution-focused Therapy
- Reality Therapy

Visual/Spatial

- Art Therapy
- Sandplay Therapy
- Symbol Work
- Play Therapy

Musical / Rhythmic

- Music Therapy
- Poetry as therapy
- Dance Therapy

Body/Kinaesthetic

- Somatic Therapy
- Bioenergetics
- Dance and Movement Therapy
- Drama Therapy
- Relaxation
- Body awareness

Naturalist Intelligence

- Wilderness Experiences
- Vision Quest activities
- Adventure / Outdoor Therapy
- Equine-assisted Therapy

Possible ninth intelligence:

Existential (spiritual)

- Transpersonal Psychotherapy
- Existential Therapy
- Buddhist psychotherapy

Appendix III

Definitions of Gardner's multiple intelligences

(Source: Pearson & Wilson, 2009).

Interpersonal intelligence – an important part of developing rapport between a counsellor and client. Almost all approaches to counselling utilize interpersonal connections. The approach of humanistic psychology, developed by Rogers (1951) and others focuses on creating an extremely positive interpersonal connection.

Intrapersonal intelligence (also termed “emotional intelligence”) - utilized in the Expressive Therapies and the psychodynamic approach. A client with a preference for the intra-personal 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.

Verbal linguistic intelligence - utilized in verbal therapy, expressive writing, journal work, the use of worksheets, and bibliotherapy. 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.

Mathematical logical intelligence - is where CBT and behaviour modification programs depend to a large extent. These approaches may be most helpful for clients who emphasize the cognitive aspect of their lives, who can think deductively, deal with consequences numbers and recognize patterns.

Visual spatial intelligence - Art therapy and the use of 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.

Musical rhythmic intelligence - would be utilized when spontaneous music-making or recorded music is used in therapy. 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. It is ideal for clients who can recognize tonal patterns, and environmental sounds, and who learn through rhyme, rhythm and repetition.

Bodily kinaesthetic intelligence - suggests ability with sensory awareness and movement. These are utilized in bioenergetics, dance therapy and movement therapy. Clients who enjoy use of these modalities can learn through physical movement and body wisdom, and may have a sense of knowing through body memory.