On becoming a pluralistic therapist: A case study of a student's reflexive journal

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Background: Counselling psychology training courses in the UK are required to focus upon at least two therapeutic approaches. Such a stipulation means that trainees need to become competent at navigating the complexities associated with therapeutic integration (e.g. tolerating its ambiguous nature), a factor that proves commensurate with the pluralistic stance often advocated in the theoretical writings of counselling psychologists. This study intends to explore such challenges and engage with the philosophical nature of ‘being and becoming’ a pluralistic therapist.

Method: A case study design has been adopted to reflect in depth upon one counselling psychology trainee’s understanding of their developing therapeutic practice. The trainee in question kept a detailed reflexive journal whilst undertaking a training activity which involved working as a therapist over a six-week period with a colleague on the same training programme. Cooper and McLeod’s (2011) pluralistic framework for counselling and psychotherapy was actively utilised to harness the therapeutic work. The journal was analysed using thematic analysis with a view to eliciting the major themes associated to the trainee’s experience of ‘becoming a pluralistic therapist’.

Findings: Analysis of the data would indicate that the trainee was becoming a pluralistic therapist through the interaction between four selves: the Reflective Self, Thoughtful Self, Relational Self, and Skilled Self. Each of these is briefly introduced and discussed.

Discussion and Conclusion: The paper ends by reflecting upon the complexities inherent in using pluralist philosophy to underpin therapeutic work. Incorporated within this, it reflects upon some of the challenges associated with using the pluralistic framework in practice. Finally, the paper provides recommendations for those training in programmes that advocate pluralistic practice. In particular the importance of understanding pluralistic philosophy, the positive role of ambiguity, the personal nature of training, and the need for further research in this area are outlined.

Keywords: Common therapeutic factors; pluralistic philosophy; pluralistic counselling and psychotherapy; counsellor education; counselling psychology; integrative counselling and psychotherapy.

* Terry Hanley was research supervisor for this project and supporting author in writing this paper. The first person account in the body of the work reflects the experiences and views of the lead author.
pluralistic framework for counselling and psychotherapy, a framework which attempts to harness demonstrably effective common factors in therapy and which provides a possible foundation for a trainee counselling psychologist to become a pluralistic therapist.

**Integrative training**

The rationale for this case study comes from my context as a trainee counselling psychologist training in an integrative manner. Within the UK, the British Psychological Society (BPS) requires that all counselling psychologists are trained in at least two therapeutic models; that they can integrate their theory and practice; and have a good understanding of the philosophical basis of counselling psychology (BPS, 2012). However, although such a stance appears at face value logical and enriching, research exploring trainees experiences of such integrative therapeutic training highlight numerous difficulties (e.g. Thompson & Cooper, 2012; Lowndes & Hanley, 2010). Lowndes and Hanley (2010) suggest that many trainees struggle with this form of training because of the ‘ambiguous nature of learning to be an integrative therapist’ (p.170). With this in mind it is understandable that integrative training can cause some confusion and anxiety. For instance, my initial expectation of the course on which I have been studying was that I would not just learn to be an integrative therapist, but be ‘formed’ into one. Unfortunately, for me, this process has proven disorientating at times, mainly due to the lack of a clear theoretical foundation on which to build my new identity.

As a year group we have had teaching from integrative and single school therapists. I do not want to unfairly caricature here; but some of the single school adherents have appeared almost fundamentalist when it comes to their approaches. Such a sentiment is also suggested by Hollanders (1999) when considering the notion of ‘schoolism’ in therapy. In contrast to such dogmatically entrenched views, research suggests that the model or technique used is not the major factor in effective therapy (e.g. Wampold, 2010; Bohart, 2000; Cooper, 2009). Such findings would, therefore, suggest that there is little ‘scientific’ reason for this kind of dogmatism. My feeling is that the apparent denominationalism taken by some is not just intellectual ascent to a theory, but an embodied feeling that a certain model is in some existential sense ‘right’. As a trainee (and person) certainty, or the feeling of being right, is an attractive characteristic of a single school approach. Unfortunately, the requirements of the BPS, and the integrative approach of the course on which I am studying, does not allow trainees to ‘settle’ in one camp, and, therefore, lead us from certainty into ambiguity.

Within the programme that I currently attend, we were introduced to a humanistic approach to counselling and a cognitive behavioural approach. In providing a means of making sense of the integration of these two potentially incompatible theoretical positions, and alongside the general ethos of counselling psychology (e.g. Woolfe, 1990), we are presented with two possible models/frameworks for considering therapeutic integration: These are Egan’s (2010) Skilled Helper Model, and Cooper and McLeod’s (2011) pluralistic framework for counselling and psychotherapy. It is the latter which I found most helpful in considering my practice at the time of writing, however, while this gives me a basis to learn from, it also presents with the question of ‘What does it mean to become a pluralistic therapist?’

**Being and Becoming**

‘What we are’ and ‘how we become’ are not simple concepts to understand. Descartes’ ‘I am, I exist’ (cogito ergo sum) can bring us a certain distance in our thinking (Descartes, 1637, p.108). However, his assumption also causes me to ask a question that is fuelled by postmodern perspectives: ‘I may be; but am I static or fluid?’ Hopefully, the reader will recognise that it is beyond this discussion to fully answer these questions. However, Kierkegaard (1813–1855, CE) may provide us with a tentative way forward,
‘The self is a relation which relates to itself or that in the relation which is relating to itself. The self is not the relation but the relation’s relating to itself. A human being is a synthesis of the infinite and the finite, of the temporal and the eternal, of freedom and necessity. In short a synthesis. A synthesis is a relation between two terms. Looked at in this way a human being is not yet a self.’

(Kierkegaard, 1849, p.13)

Kierkegaard seems to be saying that the self is a complex series of interconnections (relations); that are made up of potentially contradicting factors; and that we are not yet fully who we are. If we amalgamate his ideas with Descartes’ we could state ‘I am because I am becoming; therefore I am not yet!’ As a trainee in integrative therapy this thought offers me some consolation. It suggests that being certain of my position is not necessary, as on an ontological level my selfhood may be, in essence, uncertain. Therefore, from this position I could argue that embracing and learning to live with a sense of ambiguity may be a central part of being human, and becoming a pluralistic therapist.

If ambiguity is a major component of selfhood then the manner in which we approach others is extremely significant. Buber (1958) writes about the I-Thou relationship. This relationship encourages us to approach each other with a deep respect and focus on being fully present to each other with ‘our whole being’ (van Deurzen-Smith, 1997, p.75). There is a lot more that could be said about this, however, it is suffice to say that Buber’s ideas lead us to move away from seeing the therapist as an expert and towards ‘mutual involvement’ between therapist and client (McLeod, 2007, p.35). This is also deeply engrained in the humanistic philosophy that has formed counselling psychology as a discipline (Strawbridge & Woolfe, 2010). More importantly it chimes with the research that suggest that the client (Bohart & Tallman, 2000, 2010), and therapeutic relationship (Norcross, 2010) are two of the most important factors in effective therapy. So, certainty in the therapeutic model may not be as important as working respectfully, collaboratively and within the ambiguity of human nature.

**Philosophical pluralism and the pluralistic framework for counselling and psychotherapy**

Cooper and McLeod’s (2011) pluralistic framework would agree with the approach noted above, as would the literature on common factors in counselling and psychotherapy (e.g. Duncan et al., 2010). The framework is based on the philosophy of Rescher (1993), but can also be seen in McLennan’s (1995), and Connolly’s (2005) work (for an excellent introduction to philosophical pluralism and its relationship to counselling psychology see McAteer (2010)).

Pluralism is based on the idea that any question can have a number of possible but potentially conflicting answers. Cooper and McLeod (2007) apply this to psychological care when they argue;

‘The basic principle of this pluralistic framework is that psychological difficulties may have multiple causes and there is unlikely to be one, ‘right’ therapeutic method that will be appropriate in all situations...’ (p.135)

It is important to note that pluralism is not the same as relativism. Relativism bases it assumptions on ‘beliefs’ rather than ‘reason’ or ‘enquiry’ (Trigg, 2002, p.60). According to Connolly (2005) pluralism is ethical in nature, which means that it is seeking to impact upon the social world and, therefore, can be based on something more than belief. Therefore, Cooper and McLeod (2007, 2011) are not arguing that ‘anything goes’ but that interventions that are most helpful to the client (according to the client) should be used.

From reading Cooper and McLeod (2007, 2011) I think that the framework can be used as a trainee tool in three ways:

(a) as a philosophical basis for therapy;
(b) as a practical structure for therapy; and
(c) as both (a) and (b). Within the case study
presented in this paper, I have attempted to utilise it in the third way. We have already discussed some of the philosophy behind the framework, however, I think it would be helpful to give a brief overview of its practical structure. The structure is very simple: therapists and clients are encouraged to work collaboratively to set therapeutic goals, tasks and methods.

‘The goal is the destination – where you’re trying to get to; tasks are like routes – the roads you take to change… stages in the journey… methods are the vehicles that you use to travel on a particular route…’ (Cooper & McLeod, 2011, p.10).

In terms of the case study reflected upon here, the goal of therapy, as identified by the client, was to ‘reduce self-critical thoughts in the client’; some of the tasks were making sense of the problem, dealing with problematic emotions, analysing and changing behaviour (Cooper & McLeod, 2011, p.84). Some of the methods we used were: talking together; reflecting on our communication; building on the client’s strengths; and problem solving together (p.94). The framework also has a number of evaluation forms that can be used to aid the therapeutic process; for instance, the ‘Goal Assessment Form’ which can be used to set goals at the beginning of therapy and the progression made on them (University of Strathclyde, 2012) and the ‘Therapy personalisation form’ which helped us to reflect on how the therapy was fitting with the client’s needs (Cooper & McLeod, 2011). Both of these forms were utilised in the case study presented.

In this case study I am interested in exploring how the simple structure put forward in the pluralistic framework, and the more complex philosophical ideas of pluralism may be used to help me become a pluralistic therapist. Furthermore, I am interested in how my sense of self might be ‘formed’ by the pluralistic framework and how I will deal with the uncertainty that may emerge from taking an integrative approach.

Methodology and methods
Pragmatic methodology
Although I have not written this in the style of pragmatic case study, I want to use a pragmatic approach to ground my methodology (Fishman, 1999). This means that I am acknowledging that truth is constructed by different forces: social, psychological, culture, linguistic, etc. (Butler, 2002). However, if I was to take all these into consideration I would come to a point of inertia. A pragmatic approach allows me to acknowledge that these constructing forces are at work; bracket that knowledge and to justify my research by its potential practical outcome (Mertens, 2005).

The participant and the therapeutic activity
The source for this case study is a detailed reflexive journal that I kept during the first six sessions of therapeutic work with a fellow counselling psychology trainee. An entry in this journal was written as soon as possible after each session. Each entry was a ‘stream of consciousness’ that reflected on the session from my point of view as the therapist rather than the content that the client brought. This allowed me to explore my thoughts and feelings as well as issues such as the rationale behind my therapeutic practice.

The therapy that the journal emerged from was conducted as a tailored routine training exercise with the purpose of reflecting upon my developing practice. The therapeutic work in question was informed by humanistic principles but aimed to be harnessed by the pluralistic framework for counselling and psychotherapy described earlier (Cooper & McLeod, 2011). Although the sessions took place as part of a training programme, the content focused on a real issue in the client’s life.

Rationale for thematic analysis
I utilised thematic analysis to analyse the data for two key reasons, namely that it is an elegant and systematic approach (Braun & Clarke, 2008). These allow the reader to
have access to my assumptions as a
researcher, as well as providing a clear
overview of the analytical process. According
to Braun and Clarke (2008), thematic
analysis can be conducted in an ‘inductive’
or ‘theoretical’ manner (2008). For the
purpose here I have utilised an ‘inductive’ or
‘bottom up’ approach, which meant that
I did not read theory before I did my
analysis. The reason for this was that
I wanted the data to ‘speak for itself’, hence
providing an authentic reading. However,
I did code with the general research interest
in mind, so the analysis is not purest in
nature. In doing this there is the chance that
I may have missed something, or read
themes into the data. However, as Braun and
Clarke (2008) argue, themes do not magi-
cally emerge from the data, they are
constructed from it. Ultimately I adopted an
‘essentialist or realist method, which reports
experience, meanings and the reality of the
participants’ (Braun & Clarke, 2008, p.81).
McLeod (2011) argues that no social
research is free of bias. However, by
outlining how I have analysed the data the
reader can have a clearer view of the process,
hence increasing the research’s ‘trustworthi-
ness’ (Creswell, 2003). Furthermore, I do
not claim to report ‘the’ reading of this
material but ‘my’ reading, which means that
I am content that the most creative and
helpful way of engaging with this data is that
my reading will be in conversation with other
potential readings, hence maintaining a
pluralistic stance.

Overview of analytical process
The analytical process followed that described
by Braun and Clarke (2008). Within this
approach, the first stage is to familiarise your-
self with the data; the second is to begin to
code the data; the third is to create themes by
grouping codes (this was done in the form of
cognitive maps); the fourth is refining your
themes, which may involve merging themes.
The fifth is naming the themes and the sixth
and final stage is writing up the analysis. As a
theme ‘captures something important about
the data in relation to the research question,
and represents some level of patterned
response or meaning within the data set’
(Braun & Clarke, 2008, p.82), it is important
to state clearly what a theme actually is. The
themes elicited here are reported in the find-
ings section of this paper.

Ethics
The project was approved by the University
of Manchester’s University Research Ethics
Committee and worked within the BPS’s
guidelines for good practice when conduct-
ing research with human participants (BPS,
2010). As the work focused upon my work as
a therapist the major ethical concern in this
study was that the journal was written as part
of my professional development rather than
for research purposes. Retrospective consent
was, therefore, sought from the client so that
the material generated in the training exer-
cise could be utilised for this new purpose.

Findings
In this section I want to outline the findings
from my thematic analysis. I found four
themes relating to ‘becoming a Pluralistic
therapist’ and have organised them under
two headings. The first is ‘Intra-personal
becoming’ which contains the following
themes: (a) ‘the reflexive self’; and (b) ‘the
thoughtful self’. The second is ‘Inter-
personal becoming’ and has the final
two themes: (c) ‘the relational self’; and
(d) ‘the skilled self’. I have chosen to
summarise these themes by presenting their
codes in the form of cognitive maps and
then describing how these codes make up
the theme. The reason for this is that I would
like the reader to have a broad overview of
the analysis. However, I will use quotes from
the text in the discussion section to further
develop these themes and contextualise
them (Braun & Clarke, 2008).

Intra-personal becoming
The data suggests that I am undergoing an
intra-personal process of becoming a plural-
istic therapist. This is happening in two
areas: in the reflexive self and the thoughtful self. The reflective self focuses on my self-awareness, for example, the evaluations and assumptions I make. The theme of the thoughtful self engages with the intellectual and philosophical ideas that I employ in order to make sense of, and ground my therapeutic practice.

(a) The Reflexive Self
The idea of ‘the Reflexive Self’ can be seen on a number of different levels in the data (see Figure 1 for a summary). It emerges from reflection on my thoughts and feelings, being aware of my assumptions, being reflective and thinking through new ideas. It can also be seen in the ‘stream of consciousness’ writing style that I adopted that produced an authentic and self-aware journal.

At times the Reflexive Self becomes more theoretical as I tried to document my understanding of human nature, human behaviour and the origins of emotional distress. This is obviously a gargantuan task for such a journal. However, not having a single therapeutic model to underpin my practice led me to ask questions about these types of issues.

The Reflexive Self encourages honest reflection on my struggles and concerns with the therapeutic process. This in turn causes me to question my underlying assumptions as well as how my religious beliefs may influence my thinking. The journal seems to argue that this kind of thinking enables me to shift my current ways of thinking and to come to fresh realisations about therapeutic theory and practice. This ultimately led to some new confidence in my ability being built.

(b) The Thoughtful Self
Figure 2 summarises the sub-themes from the higher order themes. These show that the Reflexive Self and the Thoughtful Self converge on a number of points. For example, to think philosophically requires me to reflect on my thoughts and feelings.

Figure 1: Cognitive map of codes comprising the Reflexive Self theme.
my assumptions and to think through new ideas. Similarly, the Reflexive Self has some theoretical elements. However, the thematic analysis posits that the Thoughtful Self is more focused on theory than self-awareness.

The Thoughtful Self seeks to use philosophical thought to harness and underpin my therapeutic theory and practice. This happens mainly due to my engagement with pluralistic ideas and the humanistic philosophy. As my thought processes evolve it becomes clear that I see pluralism as an ethical way of thinking and that pragmatic philosophy may actually create a basis for my thought.

It would be easy to underestimate the importance of this theme. However, it figures as a large part of the concluding sense making process and the desire for, and creation of a structure for my therapeutic work.

**Inter-personal becoming**

Inter-personal becoming focuses on the interaction between the client and me. It contains two themes: the Relational Self and the Skilled Self (see Figures 3 and 4). The Relational Self, explores the emotional and informational interaction in the therapeutic relationship. While the Skilled Self engages with issues of therapeutic technique, for example, the use of Cooper and McLeod's (2011) pluralistic framework's goal focused orientation. Once again these two themes are not completely distinct.

(c) The Relational Self

As the Relational Self involves the interaction between the client and therapist, it has a basis in the content of the session. However, a description of content was intentionally kept to a minimum as the focus of the journal was my thinking rather than the client's issues. Much of the work aimed to be collaborative so, in terms of the therapy, the client and I were very much working together. In order for this to happen effectively I needed to respect the client's agency and focus on the client's needs. This also involved working with the client's frame of reference. To do this I listened carefully to the client and tried to be as present as

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Figure 2: Cognitive map of codes comprising the Thoughtful Self theme.
I could through immediacy. However, there were times when I wanted the client to understand my position, for example, when I explained the basics of the pluralistic framework which was guiding my way of working and when I provided some analysis of the content they were bringing. In saying this, the data suggests that I was trying to build a good collaborative therapeutic alliance that would be the foundation of our work together.

(d) The Skilled Self
According to the data that is represented in Figure 4 this theme revolved around therapeutic technique and theory. On a basic level the data shows that I used counselling skills to work with the client. However, these were mediated by the pluralistic framework. For example, there was a strong goal orientation in the sessions. I used meta-communication and other tools, such as the goals form and client personalisation form, which are put forward in Cooper and McLeod’s text.

The pluralistic framework enabled me to integrate different therapeutic theories and techniques. This helped me to use psychodynamic approaches such offering interpretations and reflecting on possible transference in the therapeutic relationship, person-centred approaches such as immediacy, as well as cognitive behavioural approaches such as challenging the client’s behaviour and cognitions. This meant that I needed to integrate theory, which in turn caused some concern and ultimately led me to embrace paradox and contradictions where I could.

Discussion
In this section I outline what my findings suggest in terms of how I am becoming a pluralistic therapist. I will begin by returning to the philosophical discussions we had earlier and examine how the results from the thematic analysis may inform them. After this, I want to present a brief discussion on the formation of my therapeutic identity and pluralism. Finally, I want to first explore some of the limitations of this study and provide some tentative recommendations.
Philosophy and technique

‘Conducting these six sessions has left me with some deep personal questions about how I understand myself as a therapist and a psychologist. Pluralism gives me a philosophical grounding to work from rather than a therapeutic theory. Take the self-criticism that I and the client worked on together: should we have focused on [the] origins [of these thoughts], [the thoughts] as cognitions, or even behaviours? ... As someone who is seeking to become a pluralistic therapist I work from the philosophy that all these options are potentially good ways of working...’

The Thoughtful Self and the Reflexive Self seemed to dominate here. This may not be surprising as I analysed my own reflexive journal. However, I seem to keep trying to make sense of the impact upon my own comprehension of pluralist philosophy and the pluralistic framework as advocated by Cooper and McLeod (2011). The quote above shows that using an integrative approach caused me to ask some fundamental questions about my identity, and produced a significant amount of ambiguity. In making sense of this, it is noteworthy that I used the philosophy behind pluralism to ground myself, rather than the structure of Cooper and McLeod’s (2011) goals, tasks and methods. This realisation raised questions for me about the potential to order demonstrably effective common therapeutic factors into an applied framework and whether the commonalities of importance are more philosophical in nature. Such a thought does, however, potentially counter
research which reports that manualised training in the therapeutic alliance may lead to better alliances (Crits-Christoph et al., 2006).

In reflecting upon how this therapeutic work fit within the more technical component of Cooper and McLeod’s pluralistic framework, there is quite a bit of discussion about therapeutic goals in my journal, but tasks and methods do not seem to come into it that much. This omission resonates with the findings of previous research. For instance, within Thompson and Cooper’s (2012) paper on the ‘Therapist’s experience of pluralistic practice’ the therapists studied, when asked about how they use work pluralistically, talked about ‘collaboration, transparency and reconciling tensions’ (p.1) rather than the framework’s goals, tasks and methods. This seems to fit with the results from my analysis. It is interesting to note that none of the themes that I created from the data are distinctly associated to the pluralistic framework and could feasibly fit any therapeutic approach. I found this surprising, as my expectation was that all my themes would directly relate to it. One possible reason for this maybe the reflexive self and thoughtful self are constructed from pluralistic philosophy rather than practice, which would make the themes latently, rather than manifestly pluralistic; which in turn may mean that I am becoming pluralistic and not just using pluralistic techniques. This kind of thinking feeds into the idea of ‘I am, because I am becoming, therefore I am not yet’, but also into Buber’s (1958) ‘I-Thou’ relationship and the concept that we encounter the other with our whole self.

**Uncertainty and acceptance**

‘…this is an adventure that every human being must go through – to learn to be anxious in order that he may not perish either by never having been in anxiety or by succumbing in anxiety. Whoever has learned to be anxious in the right way has learned the ultimate.’ (Kierkegaard, 1844, p.155)

Kierkegaard thought that we must learn to live with anxiety rather than eradicate it from our lives. Anxiety is in a sense a potentially positive force that can be that point of departure towards wholeness (van Deurzen-Smith, 1997). As we have already discussed the literature about trainee and qualified integrative therapists argues that both groups struggle with ambiguity and, therefore, uncertainty (Thompson & Cooper, 2012; Lowndes & Hanley, 2010 – also see Ladany et al., 2008). This was also my experience:

‘The session seemed to move between three distinct phases that I think [are] mirroring the three models that I appear to be drawing off… The overall model, however, seemed to be more task focused and cognitive behavioural. My concern remains that I am not extremely well versed in any of these. However, I am trying to be fully present to the client and their needs, to have a rationale for the tasks I am suggesting and the way in which I am working.’

Anxiety about ambiguity came up a number of times in the data. In the quote above I appear to process it by acknowledging it and trying to be present to the client by prioritising the therapeutic relationship. In this we can see the four selves coinciding: the Reflexive Self becomes aware of the ambiguity and becomes concerned at my lack of experience. The Relational Self seeks to maintain a collaborative connection with the client and be ‘fully present’ to them. It is worth noting that collaboration is a key theme both in Cooper and McLeod’s (2011) framework and the broader common factors literature (e.g. see Norcross, 2010) The Skilled Self and Thoughtful Self seek to make sense of the therapeutic work by responding to it in creating a rationale for it. However, the ambiguity did not disappear. It appears that maybe the need for certainty is not important in that moment and as Kierkegaard suggests, may even be a creative force that further forms me as a therapist. As I already argued on a number of occasions, ‘I am because I am becoming; therefore, I am not yet’. I was in
that moment experiencing my paradoxical nature; I have skill and a lack of skill; certainty in my approach and uncertainty; I seek to be present to the client and yet I am disconnected as I try and make sense of the process. This process will never be complete. I firmly believe it is something that should happen with every client as therapy could be understood as an unfolding relationship between two people who are in the process of becoming. Such a sentiment once again leads me to reflect upon the importance of the collaborative nature of therapy briefly mentioned above.

Undergoing formation

‘I am also aware that I approach pluralism differently than those who have a clear therapeutic grounding. Those who are psychodynamic, or person-centred have something to loose (their theoretical position), while I am being formulated into something new. That must be a very disorientat[ing] process [to lose your theoretical basis]. However, I don’t feel disorientated by pluralism… all I feel is that I am becoming a therapist and that process is an unfolding rather than a destination I have reached. What I mean is that I am undergoing a process, and becoming something that I am currently not…’

Thinking pluralistically seems to affect me on an ontological level. This suggests that the four selves that have emerged from this study are being honed and formed as they interact together. It feels emotional and even quite intimate to write this case study as I am aware that I am making myself vulnerable. This case-study has not just displayed some of my philosophical ideas but has also caused me to reflect on my character and some of the value I hold as sacred.

While this is an uncomfortable process it reaffirms that becoming a pluralistic therapist may be more than learning some new therapeutic skills; for me, it is about becoming. When we become, we leave our old identity and move into something new.

We may return back at points, however, if human nature is transient; we are always becoming. The quote above suggests that the four selves that I discovered through this study are part of the process of me ‘undergoing’ integrative formation. This is distinctly personal, as someone with a less philosophical and existential bent might approach this study in a very different manner. Actually, a pluralist philosophy, and to a lesser extent the pluralistic framework, embraces the fact that each will do this and that we can learn from everyone’s experience. This concept is, therefore, not new and is evident within the therapeutic literature regarding the importance of the individual characteristics of the therapist themselves. For instance, the work of Skovholt and Rønnestad (2003) reflects upon the importance of counsellor development on the effectiveness of therapy. Similarly, Wampold (2001), in his seminal common factors thesis ‘The Great Psychotherapy debate’ also suggests that while ‘…the particular treatment that the therapist delivers does not affect outcomes… therapists within treatment account for a large proportion of the variance’ (p.202). This paper, therefore, adds a personal reflection upon a trainee’s engagement with the applied components of a counselling psychology training programme.

Limitations

I want to outline some of the limitations of my research. Pluralism argues for a multiplicity of voices that may disagree (McAteer, 2010); this case study presents one voice not many voices. However, in presenting my voice I am hoping that others will engage in the conversation. I am aware that the most I can hope for is that this study will spark you to think, challenge and possibly even rethink. This case study would be more effective (and pluralistic) if a number of students’ experiences were presented. Furthermore, there is also one key voice missing from this study. That is the client voice, a factor that is prized by some (e.g. Bohart & Tallman,
2010) and which the pluralistic framework for counselling and psychotherapy utilises as a central tenet by going to great lengths to work collaboratively with the client (Cooper & McLeod, 2007). Unfortunately, there was not the scope for this case-study to acknowledge these voices.

There is one more limitation that I would like to discuss that may not be as obvious to the reader. I am by nature a philosophical thinker and find it difficult to do something if I do not first understand it. Therefore, understanding and assenting to the philosophy behind therapeutic models/frameworks is very important to me (the pluralistic framework included). Furthermore, and with this in mind, as a religious person I can see that I have leaned towards philosophers who were theists. While this was not intentional, I am aware that I could have chosen others to back up my arguments. On reflection this means that there is an underlying sense of a search for meaning in what I have written. I want to acknowledge that someone who is non-religious and not philosophically minded may come to very different, but equally helpful conclusions.

**Recommendations**

It is difficult to make concrete recommendations from a study of this nature. However, here I identify five areas of learning that can be shared. Firstly, it could be argued that it is more important for trainee’s to understand the philosophy behind pluralism, rather than the pluralistic framework, in order to practice in a pluralistic manner. Secondly, trainees should be encouraged to see the ambiguity and uncertainty that arises from integrative training as potentially creative forces that need to be harnessed and accepted (if possible). Thirdly, the trainee should be careful to focus on the collaboration and the therapeutic alliance as a key force in conducting pluralistic therapy. Fourthly, training in a pluralistic manner is an individual process and each person will have their own story to contribute to the wider discussion. Finally, pluralistic philosophy encourages us to share our experiences, with this in mind, we need further research and discussion on this topic.

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