

**Complementing meaning reconstruction with bereaved parents:
Three case reports using multiple intelligences.**

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Abstract

Three case reports illustrate the therapeutic and extra-therapeutic outcomes from the application of Gardner's (2006) theory of multiple intelligences (MI) in bereavement counselling with adults. As a qualitative, phenomenological study, the experiences of a senior counsellor were gathered, through a semi-structured interview. The resulting transcript, in which the case reports were embedded, was analysed using interpretative phenomenological analysis. Five major themes emerged and indicated that for the participant and her clients an MI approach supported meaning reconstruction, was a useful basis for selecting treatment options, challenged counsellor assumptions about client abilities, supported a focus on client strengths and enhanced the level of exploration in sessions. Relevant areas for future counselling research are discussed.

Key Words: Bereavement, counselling, expressive therapies, multiple intelligence, music

Introduction

This study analysed three case reports within an interview that explored the experiences and observations of a senior counsellor who specialises in supporting clients working through traumatic bereavement. The three case reports illuminate some possibilities for using multiple intelligences theory (MI; Gardner, 2006) in bereavement counselling. The participating counsellor had volunteered 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; Pearson, O'Brien & Bulsara, 2015), and had engaged in a MI training intervention designed for counsellors. The counsellor's voice is preserved in communicating these experiences through the use of extended extracts from her interview, as well as phenomenological analysis of the transcript.

Literature review

Multiple intelligences theory

Multiple intelligences theory (MI) (Gardner, 1983, 2006) regards intelligence 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 representing a different ability through which people can communicate, process their difficulties, and learn. While there is to date little research on MI in relation to counselling, the implications for MI theory applied to counselling have been considered by Booth and O'Brien (2008), O'Brien and Burnett (2000a, 2000b), Pearson (2011), Pearson & O'Brien (2012) and Pearson, O'Brien and Bulsara (2015).

Gardner's 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).

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 a MI approach to counselling may be more effective and lead to more positive outcomes for those clients whose preferred intelligences during counselling differ from the traditional focus on verbal linguistic and logical mathematical intelligences (Booth & O'Brien, 2008).

Over many years, pre-school to tertiary educators have found improvements in learning when MI methods have been introduced (cf, 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 (cf, Clarke & Cripps, 2012 [fine art curriculum]; Emerick - Brown, 2013 [adult education]). 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).

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 is usually based on data extrapolated from 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 a counsellor’s preferred communication style, and this understanding can guide the way counselling is applied, and enhance creativity within counselling (Keteyian, 2011). As counsellors are likely to be able to more clearly understand their own style and discern client abilities or preferences, they are likely to 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 seen as “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 various intelligences. Nonetheless, White also 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 verbal / linguistic and logical / mathematical intelligences and many writers have advocated that the field move beyond its talking emphasis (e.g., Jordan, 2000; McNamee, 2004; Straus, 1999; Wiener, 1999). With the exception of creative arts-based approaches and somatic therapies, western counselling and counselling education appears to have been conducted on the assumption that clients communicate and process information in narrow and similar ways.

Seeing clients’ abilities, or intelligence preferences, as beyond being hierarchical, and hence beyond judgment, may have a liberating and esteem-building impact on clients (as it does within education, for example Mettetal, Jordan and Harper, 1997). In parallel with research in the field of education (e.g., Hoerr, 1992; Kelly & Tangney, 2006; Quiñones & Cornwell, 1999; Smagorinsky, 1995), it is 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 mainly focus on such dynamics as 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 (cf, Klass, 1996; Neimeyer, 2006; Talbot, 2002). The experience of this loss is likely to lead to a profound existential crisis (Bugental, in Yalom, 1980).

In addition to the loss itself, parents find that previously constructed ways of coping no longer apply to the new situation (Attig, 2001; Neimeyer, 2001). It is evident that there are many dimensions involved in grieving for a child: parents have to adjust to the absence of their child, and 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 to eventually rebuild a sense of self. 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), as well as a broad range of ‘creative’ approaches, such as visualisation (Neimeyer, 2012).

Many writers have recommended the use of creative arts as being useful in grief work (cf, Gunn, 2012; Rogers, 1993; Seftel, 2006) and music listening and music-making in particular as effective in the recovery from grief (cf, Bright, 1999; Gladding, Newsome, Binkley & Henderson, 2008; McFerran, 2011; Magill, 2011; Popkin, et al., 2011). The range of techniques recommended as useful by a number of writers suggests that various intelligences can be utilized in the grieving process; however the selection and application of techniques has seemingly 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, it is conceivable that the client’s intelligence strengths or preferences may be active, even if they are unaware of these. Martin and Doka (2000) conceptualized adaptive grieving styles, which are reflections of individuals’ idiosyncratic uses of cognitive, behavioural and affective strategies in adapting to loss. These strategies have been regarded as flowing from diverse variables including personality and culture.

The Dual Process Model of bereavement (Stroebe & Schut, 2010), which charts the journey of oscillation between a focus on loss and a focus on restoration, has been described as being highly effective (Neimeyer & Currier, 2009). This model has a focus on better detailing 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 the Dual Process Model (Stroebe & Schut, 2010), in light of the time since their loss. The clients are continuing or reconnecting with therapy to build on meaning reconstruction and support for post-traumatic growth.

Method

This study used a qualitative approach, which recognizes individual experiences and seeks to gain the unique perspective of those studied (Langdridge & Hagger-Johnson, 2009). The three cases reported here by an experienced, highly articulate counsellor-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 their artefacts created within counselling sessions. The reports describe therapy sessions that took place in an agency setting, in the weeks after the counsellor-participant took part in pilot training in the application of Gardner’s MI theory to counselling.

The participant is a senior counsellor with post-graduate counselling qualifications, with over twenty years in practice, who is also engaged as a tertiary counselling educator. She specializes in the support of clients dealing with traumatic bereavement. The clients, whose stories are reported, were all adult volunteers in a trial of an MI approach to counselling, who gave consent for their de-identified stories to be used for research.

The semi-structured interview of the counsellor-participant 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 overall experiences within her practice, and in particular with the three clients, several major themes emerged, as will be detailed.

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.

During a 60-minute semi-structured interview the participant was invited to report both observations of any general impacts from including MI theory within counselling sessions and to describe several cases where a MI approach was used. 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 high level of articulation in the responses, from a specialist counsellor, and the rich data presented, formed a rationale to present these findings in a single cohesive article.

Making sense of the stories

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 across cases within the interview. 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 deemed appropriate or necessary.

The MI training intervention

The one-day MI training intervention attended by the counsellor, developed and presented by the first author, 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 (cf, Pearson, 2003; Pearson & Nolan, 2004; Pearson & Wilson, 2001, 2009). The intervention included use of a MI survey (Chislett & Chapman, 2005) to inform counsellors about their own preferred intelligences and to use with clients. Counsellors attending the training 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, seemed to have had a positive effect on therapy in that it was reported as enhancing the therapeutic alliance, and contributing to therapeutic renewal:

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 appeared ready to focus more on “exploration of their way of being” and the resolution of “historical issues”. The participant reported that previously over the years she had adapted her approach to integrate the encouragement of continuing bonds, as recommended by Klass (1996), and used Neimeyer’s meaning reconstruction, (Neimeyer, 2001), narrative therapy (White & Epston, 1990), and the dual process model (Stroebe & Schut, 2010). She reported further:

Most of my clients come to me after a traumatic bereavement. 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 survey 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.

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,' [so] 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 incorporates images and words and depends on logical/mathematical ability] and she found it the most powerful way of working. 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.

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.

I felt the reason I wanted to introduce the MI work with Clare 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 [by the awareness] that I hadn't picked this up. Clare's 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, [and] 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), and 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.

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 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. 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 1.

Table 1: Summary of Themes

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

Central to the first 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 that clients displayed a readiness to increase a restoration-focus and consolidate their process of meaning reconstruction through life (extra-therapeutic) activities that used their identified MI strengths. In addition to the support from MI, the use of life activities may be partly due to the natural emergence of reciprocity some clients develop in ways of giving back, and gaining something positive from a significant loss (Calhoun & Tedeschi, 2004).

The second major theme to emerge from the case reports was the way an MI approach seemed to increase a focus on client abilities, as a basis for considering treatment options. The MI approach appeared to increase the counsellor's effectiveness in selecting session activities with which the client had an affinity and ability.

The third theme clustered around the counsellor's observation that her previous assumptions about client abilities, even though carefully considered, may have limited treatment. The MI survey tool provided a helpful challenge to these assumptions and a basis for correcting them and offering 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 helped to guide implementation of treatment options in line with client strengths. It is assumed from the transcript that a strengths-focused orientation was important to the counsellor. Such a focus is a foundation in narrative practice (Payne, 2006; White, 2007), which was identified as one of the approaches integrated into the counsellor's style of working. It was also noted that when the in-session activities chosen used client strengths, those strengths seemed able to develop.

The counsellor reported a few times that her perception that the appropriate choice of MI activities "took clients deeper", meaning that her clients seemed more able to process emotions effectively. This fifth theme is closely linked to the fourth, that of using 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.

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

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

Limitations and Future Research

Drawing on the experiences of one counsellor and reporting on her work with three clients does not constitute research that is generalisable. However, the aim of this paper was to explore areas on using MI in counselling for further research, and to indicate some ways that counsellors might enhance bereavement work using MI theory and practice. A larger study that can incorporate both counsellor and client perspectives is recommended.

Conclusion

MI theory has been applied and found to be effective in many areas of education and more recently in counselling with young clients (cf, 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 experiences of one counsellor indicates that a MI 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 appeared in this case to support exploration of existential challenges, and provide therapeutic freedom for post-traumatic growth. The choice of modalities in a MI approach allows treatment to be based more on the client's interests and abilities.

In the light of the themes emerging from these three case reports, counselling educators may be interested to conduct further research and to consider implementing training in MI theory; provision of an overview of therapeutic approaches that use specific intelligences (e.g. O'Brien & Burnett, 2000b); use MI survey instruments to help identify counselling interns' natural or preferred intelligences (e.g. Chislett & Chapman, 2005) and any associated biases.

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.

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