

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

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### **Abstract**

How many ways do counselling clients reflect and communicate? How many ways can counsellors respond to client needs? Gardner's theory of multiple intelligences (MI) has only recently been applied to the field of counselling. This discussion highlights the contribution MI theory and practice can make to developing the therapeutic alliance, to supporting a culture of client feedback, to enhancing counsellor flexibility, and to the overall effectiveness of therapy. The therapeutic alliance has been shown to contribute significantly to positive outcomes from counselling. Recent research highlights the positive impact from modifying treatment in response to client needs and interests. Understanding clients' preferred intelligences enhances counsellors' ability to tailor treatment. This paper argues that counsellors and their clients could experience increases in the therapeutic alliance, in feedback and the effectiveness of the therapeutic process as a result of using MI theory and practice, offered in the form of expressive therapies. Possible new foundations for eclecticism, new directions for counsellor training and enhancement of practice are discussed.

Keywords: multiple intelligences, therapeutic alliance, expressive therapies, emotional intelligence, counselling, psychotherapy.

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## **Introduction**

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

MI theory was introduced within the fields of education and psychology twenty eight years ago, and has been applied in the field of counselling, using expressive therapies (ET) with children over ten years ago (O'Brien & Burnett, 2000a, 2000b). However, while there is extensive literature linking MI theory with education, school reform, teacher preparation, student assessment, and with leadership in the business world, there appears to be no literature that proposes linking MI theory with counselling for adult clients. This discussion proposes that the implementation of MI theory in the fields of counselling and psychotherapy may lead to recommendations for enhancing several areas of practice, and extending counsellor education.

Practical implementation of MI theory may impact positively on the therapeutic alliance: "the collaborative and affective bond between therapist and patient" (Daniel, Garske, & Davis, 2000). Implementation of MI theory may also enhance counsellor flexibility, and encourage client feedback. MI theory may provide a useful framework for integrative and eclectic practice. A recommendation will be made for counsellors to explore options for training in MI theory and practice, and learn to assess their own and their clients' MI preferences.

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

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

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

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

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

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

### ***The therapeutic alliance***

The therapeutic alliance has been defined broadly as "the collaborative and affective bond between therapist and patient" (Daniel, Garske, & Davis, 2000). Early writers (such as Freud, 1912/1958; Rogers, 1951; Zetzel, 1956) reported that a positive connection with clients was a basic requirement for effective therapy. These reports have been supported through more recent meta-analytic reviews of the literature (e.g.

Daniel, Garske, & Davis, 2000) and neuroscience findings that highlight increases in the effectiveness of therapy and higher neuro-plasticity when positive relationships are present (e.g. Barletta & Fuller, 2002; Schore, 2002; Siegel, 1999; Wright, 2000).

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

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

### ***Multiple intelligence theory***

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

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

and living things). Additionally, Gardner (1999) proposed an existential intelligence (being concerned with reflection on transcendental concerns, such as the significance of life or the meaning of death).

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

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

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

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

### ***MI and counselling approaches***

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

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

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

Cognitive behavioural therapy (Teyber, 2006) and programs that use applied behaviour analysis (Porter, 1996) depend to a large extent on use of the

logical/mathematical intelligence. Approaches that use the logical/mathematical intelligence may be most helpful for clients who emphasise the cognitive aspect of their life, who can think deductively, deal with consequences, numbers and recognise patterns.

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

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

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

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

(Armstrong, 2009).

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

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

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

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



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

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

### ***Significance of the intrapersonal or emotional intelligence***

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

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

The literature that distinguishes an emotional intelligence (EI) is fast growing, controversial and involves several separately evolving camps, since the first publication by Salovey and Mayer (1990). Developments in validation of the EI construct include testing implements, application to education, the work place, relationships, health, and beyond. Mention of Gardner's research is largely missing in this literature.

Seven years after publication of Gardner's theory of MI, Salovey and Mayer (1990) published the first formal theory and definition of EI, and a review of the limited literature describing it. Contrary to the assertion of some critics (e.g. Locke, 2005; Murphy, 2006), Salovey and Mayer hypothesised the EI construct, rather than claiming it as a fully formed theory.

EI has been shown to be highly significant for the business world and improving

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

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

The significance of the intrapersonal/emotional intelligence in the form of self-awareness has been supported in Rennie's (1994) analysis of client interviews. Much of the clients' remembered experience was of "moments in which they had been self-aware and deliberate in thought and dialogue" (Rennie, 1994, p. 427). This self-awareness, or client reflexivity, was found to be the core category in the study, a category that subsumed all others (Rennie, 1994).

Engaging clients in use of the intrapersonal / emotional intelligence is sometimes met with initial resistance. However, using MI strategies lowered resistance, and "diminished the impact of the ego defences", and use of the visual/spatial intelligence often led to some discussion of intrapersonal problems (O'Brien & Burnett, 2000a, p. 153). Furthermore, "the door to the intrapersonal intelligence is best opened through a known, strong intelligence" (O'Brien, 2000b, p. 358).

### ***Assessing natural or preferred intelligences***

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

Counsellors are encouraged to assess their clients' preferred intelligence in a collaborative way, in order to respond more effectively, encourage feedback, and to enhance the therapeutic alliance. Discussing clients' views of their intelligence preferences, that emerge as a result of using a test, may open useful dialogue. Encouraging client feedback has been shown to strengthen results (Duncan & Miller, 2006; Miller, Duncan, Sorrell, & Brown, 2005; Saggese, 2008). Client feedback is also important as it has been shown that, while counsellors in general have accurate knowledge of the process and outcomes of counselling, their perceptions may have a low correlation with the perceptions of specific clients (Manthei, 2007). MI counselling activities can equip counsellors to respond in an informed, flexible and practical way to client needs.

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

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

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

### ***Expressive therapies as MI interventions***

Expressive Therapies (ET) (Pearson, 1997, 2004; Pearson & Nolan, 1991, 2004; Pearson & Wilson, 2001, 2008, 2009) have been found to be a useful way to concretise MI therapy in counselling practice. ET has integrated the central precepts of MI into a

cohesive framework, which invites and allows for client preferences and works to expand client options (Pearson & Wilson, 2009). ET provides experiential activities that utilise the full range of intelligences. As well as discussion, ET utilises art, imagery, music, movement, emotional expression, therapeutic writing, relaxation and visualisation (Pearson & Wilson, 2008, 2009). Clear links have been demonstrated between ET and MI theory (Booth & O'Brien, 2008; O'Brien & Burnett, 2000a, 2000b).

### ***Client empowerment through feedback***

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

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

### ***Future research***

The psychotherapy and counselling literature identifies the therapeutic alliance as one of the reliable ways to predict positive outcome (Luborsky & Luborsky, 2006), and as

contributing to up to 30% of positive outcomes (Lambert, 1992). Testing the hypothesis that MI theory and practice can strengthen the therapeutic alliance will be a useful contribution.

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

### **Conclusion**

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

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

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## Biographical note

Mark Pearson is a lecturer in counselling at the University of Notre Dame Australia, Fremantle Campus, Western Australia, and has been the director of the Expressive Therapies Institute of Australia for over twenty years. He has been a counsellor for over 23 years, and an active member of several professional counselling associations. He holds a MEd, majoring in behaviour management, and is a doctoral candidate.

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