# Multiple intelligences theory and expressive therapies: New counselling options for secondary school students who experience anxiety.

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**Abstract**

A Multiple Intelligence and Expressive Therapies approach for counselling adolescents experiencing anxiety is proposed. Anxiety disorders are the most prevalent mental health challenges experienced by adolescents. Research reveals the association between anxiety in teenage years and psychiatric disorders in later life. Data is presented on the increasing incidence of anxiety in adolescence and the limits of commonly applied therapies. Adolescence is characterised as a time of turbulence and change, and the issues that adolescent clients bring to counselling are diverse and often complex. Evidence from several studies in counselling have shown positive outcomes through linking multiple intelligences and expressive therapies as an integrative therapy. The potential benefits of applying this combined approach to secondary school students are discussed.


**Key words:** Adolescence, anxiety, expressive therapies, multiple intelligences, secondary school counselling.

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secondary school students who experience anxiety.

Adolescence is a key transitional period in a person's life and anxiety

symptomatology is highly prevalent among this population. It is common for some

adolescents to be more anxious than others, which can prevent them from participating in

school or social activities or interfere with their ability to do what other adolescents do

(Lawrence et al., 2016). Without efficacious support for adolescents in their struggle with

anxiety, it can lead to mental health disorders (Das et al., 2016).This article proposes a new

integrative counselling approach for supporting secondary school students who experience

anxiety. The approach applies Gardner's theory of multiple intelligences (MI) (Gardner,

1983, 2006) implemented through expressive therapies (ET) (Pearson & Wilson, 2009).

Gardner's (1983) theory of multiple intelligences posits that intelligence is more than

a single property of the mind. He described intelligence as the ability to solve problems, and a

biopsychosocial capacity which may be predisposed by experience, culture, and motivational

factors (Gardner, 1993). Gardner delineated eight distinct intelligences, which include verbal-

linguistic, logical-mathematical, visual-spatial, bodily-kinaesthetic, musical-rhythmic,

interpersonal, intrapersonal, and naturalist (Gardner, 1983, 2006).  He observed that schools

and society traditionally value, and focus on, verbal-linguistic and logical-mathematical

modalities (Gardner, 1983), hence not providing optimum support for people with other

capacities. We have observed a similar "most valued verbal-linguistic and logical-

mathematical" bias in discussions with other secondary school counsellors, as the standard

method of counselling is still based on traditional "talk therapy," (verbal-linguistic),

sometimes using worksheets (logical-mathematical). The bias in the counselling context can

be explained as similar or parallel to Gardner's reflection on education, where then-dominant

(and sometimes current) belief is that only traditional learning skills such as verbal-linguistic

and logical-mathematical skills are noteworthy, while other diverse strengths and abilities such as music, art, social, and nature-based skills are often overlooked.

MI theory has been shown to be beneficial and broadly implemented in school curriculums (Armstrong, 2018; Campbell et al., 2004; Lazear, 1994; O'Brien & Burnett, 1997; O'Connor & Calahan-Young, 1994; Pearson & O'Brien, 2012; Vialle, 1994). O'Brien and Burnett (1997) first reasoned that Gardner's theory can be a useful framework for school counsellors, and an increasing interest in applying the MI-theory within counselling practice has been identified (Booth & O'Brien, 2008; Bowles, 2013; Keteyian, 2011; O'Brien & Burnett, 2000a, 2000b; Odeleye, 2010; Pearson, 2011; Pearson & O'Brien, 2012).

Expressive therapies (ET), also referred to as creative arts therapies, are a combination of client-centred expressive counselling principles and arts-based activities that has been developed in Australia since 1987 (Pearson, 1997, 2004; Pearson & Nolan, 1991, 2004; Pearson & Wilson, 2001, 2008, 2009). As an integrative approach, ET can operationalise MI theory in counselling (Pearson, 2011), with positive outcomes for counselling children (Booth & O'Brien, 2008; O'Brien & Burnett, 1997, 2000a, 2000b) and adult clients (Pearson et al., 2015). Expressive arts are becoming more widely implemented in school counselling, especially with adolescents (Degges-White & Colon, 2015; Erford, 2016; Perryman et al., 2015; Siu & Chan, 2020). Many adolescents are reticent and unwilling to cooperate in structured, traditional talk therapy, however a multimodal expressive arts approach provides choice, connection, empowerment, and enhances self-worth, leading to more active involvement (Siu & Chan, 2020).

While MI in educational counselling was originally suggested by Marshall and Fitch in 2001, to date no studies have focused on MI with adolescents. It is suggested here that an integrated framework of MI, implemented through ET, could provide more options in responding to student preferences in ways of reflecting and communicating. It is also

proposed that engaging in counselling through multiple modalities that relate to clients'

preferred intelligences may help reduce in-session anxiety. We present a rationale for

preparing future MI-ET counsellors. It is considered likely that this will help through a choice

of non-threatening reflection and communication activities, permitting them to achieve a

sense of competence. This competence can potentially contribute to increased self-esteem,

confidence and enhanced outcomes, through reducing initial apprehension and anxiety about

participating in counselling.

**Adolescent mental health**

Anxiety is a normal human emotion that serves important roles, such as protecting

and motivating adolescents to solve problems. *The Diagnostic and Statistical Manual of*

*Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013), confirms that

untreated childhood anxiety has been linked with mental illness in adulthood, including

ongoing anxiety, depression, and substance abuse. Therefore, anxiety becomes a serious

problem when it affects adolescents' quality of life and reduces their ability to function

effectively. Anxiety disorders are a group of disorders that involve excessive fear and

anxiety, as well as some related behavioural disorders (DSM-5). Globally, 10 – 19-year-olds

make up 13% of the mental health burden (World Health Organisation [WHO], 2021).

Although anxiety is a public health burden, many young people with anxiety remain

unreported and do not receive treatment (Chiu et al., 2016). Before the age of 14 and 18,

34.6% and 48.4% of adolescents had already developed a mental disorder (Solmi et al.,

2022). Suicide and self-inflicted injuries were the leading cause of total burden among males

aged 15-24, while anxiety disorders are the leading cause among females (Australian Institute

of Health and Welfare [AIHW], 2021).

The most prevalent challenge for children and adolescents is generalized anxiety

disorders (GAD) (Mental Health Foundation, 2018) and depression (Keles et al., 2020;

Stansfeld et al., 2016). Anxiety and depression are reciprocally comorbid (Kalin, 2020), and have adverse effects on adolescent development and progress, resulting in lesser educational achievement, quitting school, impaired social relationships, and a high risk of substance abuse, mental health problems and suicide (Copeland et al., 2014; Keles et al., 2020). Adolescents are often under-identified and under-referred (Missenden & Campbell, 2019). Mental health experts are not clear why mental health rates in adolescents continue to increase, regardless of continuous support from policy makers, researchers, parents, guardians, and educators (Hall et al., 2019).

In 2021, Radez et al. identified four main reasons why children and adolescents seek professional help for their mental health problems or do not. Firstly, 96% of studies reported limited knowledge of mental health and broader perceptions of seeking help. Secondly, the most frequently reported theme (92%) was social factors such as perceived social stigma and embarrassment. Thirdly, 68% of young people were concerned about therapeutic relationships with professionals, including trust and confidentiality. Fourthly, 58% of young people were concerned about financial, logistical, and professional barriers to mental health services (Radez et al., 2021).

**Current approaches for adolescent anxiety**

Is there a need to explore new ways to support anxious students? Anxiety disorders are commonly treated in three different ways: through applying different types of psychological therapies, using medication, or through a combination of medication and psychological therapies (Grant, 2013). Talk therapy commonly includes psychoeducation, relaxation techniques, cognitive restructuring skills (CBT), coping skills and breathing exercises (Grant, 2013).

While researchers claim that CBT is the gold-standard of psychological treatment (David et al., 2018), a Cochrane review showed that CBT is not more helpful than "active

therapies" and there is no clear evidence of long-term improvement in anxiety (James et al., 2015). CBT is criticised for being too verbal and abstract, and there are recommendations for developing a hybrid treatment model to include creative arts therapies to engage students more effectively (Carroll, 2018; Morris, 2014). Furthermore, there is growing evidence that some clients experience unwanted side-effects from CBT treatment (Jarrett, 2018; Schermuly-Haupt et al., 2018). While there is clear evidence for positive outcomes in applying CBT, Johnsen and Friborg (2015) showed that there appears to be a decrease in its efficacy in depression treatment. As is the case with any treatment method, meditation, mindfulness, progressive muscle relaxation, and relaxation techniques each have their own advantages and disadvantages.

Meditation is widely used in therapy and largely effective, but due to potential risks it is not universally beneficial. The first systematic review of meditation adverse events (MAEs) found that approximately one in 12 people (8%) experience an unwanted negative effect, such as worsening anxiety (33%), depression (27%) or the onset of other conditions, such as panic attacks (Farias et al., 2020). Counsellors who use meditation to reduce anxiety have an ethical duty to inform their clients that these adverse events may occur and to include this information in the consent forms.

Mindfulness may prevent psychological distress in adolescents by reducing expressive suppression of emotions and other problem behaviours (Ma & Fang, 2019). However, the ways mindfulness can reduce adolescents' psychological distress are only recently being investigated and more research is needed to gain a comprehensive understanding (Ma & Fang, 2019).

The progressive muscle relaxation (PMR or JPMR) technique was created in the 1920s by American physician Edmund Jacobson based on the theory that physical relaxation that includes deliberately tightening and relaxing your muscles, one by one, can promote

mental relaxation (Joy et al., 2014). Secondary school students showed decreased levels in social anxiety (Joy et al., 2014), and a school-based progressive muscle relaxation program has proven useful for maintaining a stable physiological and psychological state in female adolescents (Tsai et al., 2021). Clients with a history of childhood abuse or trauma, who dissociate (e.g., feel disconnected as if they are not in their bodies), are advised to practice trauma-informed PMR only with the help of a mental health professional, because it can remind them of the trauma they have experienced.

Relaxation techniques are generally considered safe for healthy individuals. Most research studies have found no negative side effects, but some people have reported negative experiences such as increased anxiety, intrusive thoughts, or fear of losing control. Researchers have found that relaxation techniques are moderately effective in reducing anxiety and distress in adolescents (Hamdani et al., 2022).

Adaptations of CBT for anxious clients indicate the potential for integrating ET; for example: including more interactive activities, increasing use of metaphor, and non-verbal modalities for less verbally inclined clients (Oar et al., 2017). Sauter et al. (2009) suggested the inclusion of pictorial representations of therapeutic tasks, as well as enactments such as role plays, games, and visualisations.

**Gardner's Multiple Intelligences Theory**

Gardner's MI theory, published in 1983 and revised until 2006, grew from cognitive psychology, and revolutionised the concept of intelligence (Lazear, 1992; O'Brien & Burnett, 1997). Gardner (1999) noted "the human mind is better thought of as a series of relatively separate faculties, with only loose and nonpredictable relations with one another, than as a single, all-purpose machine" (p. 32). He argued that people have diverse types of intelligences or specific capacities, abilities or cognitive strengths (Gardner, 1983; Pearson & O'Brien, 2012). Gardner identified specific criteria to consider "candidate intelligences"

(Gardner, 1999, p. 36) and these were formulated from biological sciences/neuropsychology, developmental psychology, experimental/traditional psychology, and logical analysis (Gardner, 1999).

Gardner (1999) defined eight distinct intelligences that can be observed and measured. He named these: verbal-linguistic, musical-rhythmic, logical-mathematical, visual-spatial, bodily-kinaesthetic, interpersonal, intrapersonal, and naturalist. He also suggested the concept of an existential intelligence could potentially be beneficial. He found that individuals have natural or preferred intelligences.

MI theory encouraged educators to adapt teaching and curriculum to include more than one way to learn (Gordon, 2020). The benefit is to support students to identify their own preferred intelligence, so that they can better engage with learning. School counsellors can embrace the same principles to provide counselling according to the client's preferred intelligences and offer a range of related therapeutic activities from which the student can choose.

Although Gardner's 39-year-old MI theory has become widely applied in education, with positive outcomes, it has also attracted controversy. Some argued that Gardner's theory is limited due to insufficient empirical evidence (Morgan, 1996; Willingham, 2004). Willingham (2004) argued Gardner's definition of intelligence is too broad, in that there is no general intelligence relating to central processing capacity, rather independent intelligences that relate to performance. Some scholars argued that multiple intelligences are simply cognitive abilities, sensitivities, personality traits, talents, or skills (Morgan, 1996; White, 2005; Willingham, 2004), consequently there were concerns about terminology. White (2008) recognised that the application of MI theory in schools contributed to increased self-esteem and improved learning due to the "feel good" attitude, because every student was told they are "smart" in a special way, rather than them showing relevant skills. Being "smart" in

this context means that a student with strong visual-spatial intelligence (MI), also known as "picture-smart", may more naturally use their preferred intelligence via drawing (ET). Multiple intelligences relates to being word-smart, logic-smart, picture-smart, music-smart, people-smart (i.e., social interactions), self-smart (i.e., introspection), body-smart (i.e., physical movement), and nature-smart (i.e., being in tune with nature). Gardner argues that it is important to remember that everyone has different strengths and weaknesses when it comes to intelligence; everyone is intelligent, but in different ways – not just through one type of intelligence, sometimes referred to as "g" for general intelligence.

**Expressive Therapies**

While 'talk therapy' is the traditional approach, expressive arts therapists are cognisant that their clients may be more visual or tactile (McNiff, 1981). To support increased positive outcomes, school counsellors are encouraged to expand counselling approaches that relate to client preferences (Cooper, 2010). Counsellors implementing MI will need to be familiar with many interactive modalities to offer the client freedom of choice and expression (Booth & O'Brien, 2008).

ET can operationalise MI theory within counselling practice as it offers numerous activities in parallel with Gardner's eight intelligences (Pearson et al., 2015). ET integrates art, imagery, symbolic expression, music, movement, emotional expression, and therapeutic writing into counselling sessions, from which counsellors can offer suitable activities that correspond to a client's natural intelligence (Pearson et al., 2015). Experiential treatments can have a profound impact in counselling adolescents since these approaches can stimulate thoughts, feelings and emotions and address imagery associated with their anxieties (Longo, 2004; Pearson & O'Brien, 2012). Integrative practice means the most effective techniques that make sense to the client and can produce positive results. (Hollanders & McLeod, 1999; Lampropoulos, 2000; Lazarus et al., 1992).

**Formulating the MI-ET framework for adolescent counselling**

The effectiveness of an MI-ET approach in counselling adult clients (Pearson et al., 2015), and with primary school children has been demonstrated (Booth & O'Brien, 2008; Hopper & Hurry, 2000; O'Brien, 1999; O'Brien & Burnett, 2000a, 2000b). There is a lack of current literature on the MI-ET approach to counselling children in primary schools and adolescents in secondary schools. The development of an MI-ET approach involves assessing and discussing the client's natural intelligence strengths, then offering therapeutic activities that correspond to these strengths. A focus on capacities that are familiar to the client has been shown to support rapport development, self-reflection, communication and processing of emotional issues (O'Brien & Burnett, 2000a).

School counsellors help improve children's wellbeing by effectively using counselling theories, techniques, and tools to build their trust.  An example of how the integrated MI-ET intervention could be applied in the counselling practice is that a client with a preferred bodily-kinaesthetic intelligence (MI), can use the narrative therapy (evidence-based theory) (Payne, 2006) to perform a role-play (ET) to release anxiety and to build resilience (Vitalaki (Vitalaki et al., 2018) with a 'can do' attitude to life. In the role-play, the client acts to separate themselves from their anxiety problem and allows themself to externalise their anxiety, rather than internalising the anxiety. Drama therapy (ET) can reduce psychosocial problems in children and adolescents, with a reduction in depressive symptoms, (social) anxiety, post-traumatic stress, inattention (especially on hyperactivity and impulsivity), aggressive behaviour such as hostility, violent behaviour, in addition to an increase in assertiveness, a positive effect on learning behaviour and on school abilities (Berghs et al., 2022).

It is proposed that if a client participates in counselling that utilises their intelligence strengths, they may feel empowered and competent as clients, and even enjoy achievement, which can have a positive effect on mood and lower anxiety. It is proposed here that MI

theory could be integrated with ET as a framework for implementation in secondary schools, however, to date, there are no studies that shed light on this. The project of training of counsellors in incorporating MI-ET, and gaining wide feedback is planned.

## Conclusion

Adolescent mental health is a serious international challenge and deserves urgent and improved intervention and wider access to effective support. Discovering an adolescent client's preferred intelligences will enable a counsellor to offer them a range of modalities as catalysts for anxiety reduction. This article identifies a gap in the research on applying MI in counselling and proposes that validating Gardner's MI theory applied through ET, implemented in secondary schools, may be a useful contribution to school counselling methods.

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**Data Availability Statement**

As this article is proposing a new approach to counselling secondary students, there is currently no associated data, beyond the references made in the article. Future research will provide evidence of the efficacy of the approach.

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