THE THERAPEUTIC ENVIRONMENT

Core conditions for facilitating therapy

Richard J. Hazler
and
Nick Barwick

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A major aspect of intellectual and cultural life in the twentieth century has been the study of psychology – present of course for many centuries in practical form and expression in the wisdom and insight to be found in spirituality, in literature and in the dramatic arts, as well as in arts of healing and guidance, both in the East and West. In parallel with the deepening interest in the inner processes of character and relationships in the novel and theatre in the nineteenth century, psychiatry reformulated its understanding of the human mind, and encouraged, in those brave enough to challenge the myths of mental illness, new methods of exploration of psychological processes.

The second half of the twentieth century in particular witnessed an explosion of interest both in theories about personality, psychological development, cognition and behaviour, as well as in the practice of therapy, or perhaps more accurately, the therapies. It also saw, as is not uncommon in any intellectual discipline, battles between theories and therapists of different persuasions, particularly between psychoanalysis and behavioural psychology, and each in turn with humanistic and transpersonal therapies, as well as within the major schools themselves. Such arguments are not surprising, and indeed objectively can be seen as healthy – potentially promoting greater precision in research, alternative approaches to apparently intractable problems, and deeper understanding of the wellsprings of human thought, emotion and behaviour. It is nonetheless disturbing that for many decades there was such a degree of sniping and entrenchment of positions from therapists who should have been able to look more closely at their own responses and rivalries. It is as if
diplomats had ignored their skills and knowledge and resorted in their dealings with each other to gun sling.

The psychotherapeutic enterprise has also been an international one. There were a large number of centres of innovation, even at the beginning – Paris, Moscow, Vienna, Berlin, Zurich, London, Boston USA – and soon Edinburgh, Rome, New York, Chicago and California saw the development of different theories and therapeutic practice. Geographical location has added to the richness of the discipline, particularly identifying cultural and social differences, and widening the psychological debate to include, at least in some instances, sociological and political dimensions.

The question has to be asked – given the separate developments due to location, research interests, personal differences, and splits between the within traditions – whether what has sometimes been called ‘psycho-babble’ is indeed a welter of different languages describing the same phenomena through the particular jargon and theorizing of the various psychotherapeutic schools. Or are there genuine differences, which may lead sometimes to the conclusion that one school has got it right, while another has therefore got it wrong; or that there are ‘horses for courses’; or, according to the Dodo principle, that ‘all shall have prizes’?

The latter part of the twentieth century saw some rapprochement between the different approaches to the theory and practice of psychotherapy (and counselling), often due to the external pressures towards organizing the profession responsibly and to the high standards demanded of it by health care by the public and by the state. It is out of this budding rapprochement that there came the motivation for this series, in which a number of key concepts that lie at the heart of the psychotherapies can be compared and contrasted across the board. Some of the terms used in different traditions may prove to represent identical concepts; others may look similar, but in fact highlight quite different emphases, which may or may not prove useful to those who practise from a different perspective; other terms, apparently identical, may prove to mean something completely different in two or more schools of psychotherapy.

In order to carry out this project it seemed essential that as many of the psychotherapeutic traditions as possible should be represented in the authorship of the series; and to promote both this, and the spirit of dialogue between traditions, it seemed also desirable that there should be two authors for each book each one representing, where practicable, different orientations. It was important that the series should be truly international in its approach and therefore in
its authorship; and that miracle of late twentieth-century technology, the Internet, proved to be a productive means of finding authors, as well as a remarkably efficient method of communicating, in the cases of some pairs of authors, halfway across the world.

This series therefore represents, in a new millennium, an extremely exciting development, one which as series editor I have found more and more enthralling as I have eavesdropped on the drafts shuttling back and forth between authors. Here, for the first time, the reader will find all the major concepts of all the principal schools of psychotherapy and counselling (and not a few minor ones) drawn together so that they may be compared, contrasted, and (it is my hope) above all used — used for the ongoing debate between orientations, but more importantly still, used for the benefit of clients and patients who are not at all interested in partisan positions, but in what works, or in what throws light upon their search for healing and understanding.

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A personal introduction:
core conditions of the facilitative
writing environment

RICHARD HAZLER and NICK BARWICK

We (Richard Hazler and Nick Barwick) were raised continents apart
(USA and England), trained differently, have diverse lives, approach
issues in individualized ways and see therapy from separate perspec-
tives (broadly Humanistic and Psychodynamic, respectively). In many
ways, we are representative of the diversity of therapeutic models –
and the cultures that spawned and nurtured them – that are current
in the therapeutic world today. This diversity was designed to be
an integral part of the book and it has certainly influenced the pro-
cess and outcome of writing, just as much as it has influenced the
process and outcome of our respective therapeutic practices. Conse-
quently, in the chapters that follow, you will note differences between
our written approaches just as you would were you to witness our
clinical approaches in therapy sessions. This is why we want to begin
with a brief description of our experience of working and writing
together. In this way, we aim to place the book, and the concepts
we discuss, in an immediate and personalized context.

We have different learning styles, different experiences, don’t see
eye-to-eye on many issues, don’t think alike and don’t write in the
same way. At times, frustrations with each other and ourselves have
taken centre stage more than the content, which we also regularly
disagreed on. In fact, it would have been much easier, although we
think not better, for either one of us to have written this book
alone.

The differences between us caused significant problems. Yet other
essential things held us together as we ‘worked through’ our rela-
tionship, therapy concepts and this book. In the end, the differ-
ences, doubts, anxieties and struggles were not enough to outweigh
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our commonalities, hopes, our alliance, our respect and our motivation to succeed and learn.

Just a few of the factors that worked against us in writing this book were location, communication differences, outside lives, style and pace of work. Our most enjoyable and productive time was the opportunity to physically meet, if only once for a few days, at the beginning of the project. Each of us wanted more of that close time, but living thousands of miles apart did not allow it. We worked with different computers and e-mail systems, so that every time one of us changed, the other had trouble adjusting. Our individual struggles with personal and professional lives took energy away from our work together, at the same time it helped us gain a human empathy and connection with each other. And regarding our style and pace of work? Perhaps Nick put it best at a time of crisis late in the process:

Because of the way I work, because of my orientation, because of who I am, my way is to be thorough - even obsessional - in collecting the detail, not knowing where I'm going until gradually, ideas emerge... I feel this has always placed me at a disadvantage in this project because you work in the opposite fashion, developing broad sweeping ideas, into which you then place the relevant points. This means, of course, you've got a plan while I'm still in the mire!

In short, although we both produced sound work, we did so through very different means. This meant that what we produced was far more difficult to blend than we had ever anticipated.

What, then, were those things that held us together in a productive relationship when our differences could so easily have dissolved our partnership or made it unproductive? Respect was one strong component because we believed that each of us thought effectively and knew our subjects well, even if we approached them in very diverse ways. A work ethic was also key and we wound up writing nearly two books' worth of material in the struggle to find an acceptable meeting place for this one! Furthermore, compromise and patience were essential, as we sought a book where we could blend our ideas while also allowing important differences to have their place. Finally, perhaps personal and professional motivation to complete a major task held us together as much as anything.

In the end, two therapists/authors struggled to overcome numerous blocks based on theoretical and individual differences, as well as on environmental circumstances, to create a book about the core
conditions that facilitate all therapy. It has been a very personal, human struggle that is very much like the struggle between therapist and client as they seek to find ways to blend and adjust to their differences. The result is that this book will ask a similar question about the therapeutic environment that we wound up asking about ourselves as therapist/authors: What conditions hold client and therapist together in productive ways when so many factors promote the downfall of the relationship?
CHAPTER 1

Somehow therapy works: core conditions of the facilitative therapeutic environment

RICHARD HAZLER

What conditions hold client and therapist together in productive ways when so many factors promote the downfall of the relationship?

Core conditions

There is a body of theoretical, research and practice information pointing to core conditions that facilitate all therapy. Sometimes, these conditions are more difficult to recognize or produce than at others, as the following interaction between client and therapist exemplifies:1*

I knew nothing of Kristin when she came to see me for our first encounter. She was a young, tall, gangly Scot with an agitated, taut, slightly aggressive air. I tensed as soon as she came through the door. I became even more uneasy when, after briefly scanning the room, she announced – to herself, I think, more than me – 'I'm going to move this'. With this, she picked up the chair – the one which clients usually use – and, turning it round so that it faced the door through which she had just entered, sat down.

With baggy cagoule still zipped up to her chin, Kristin sat low in the chair so that only the back of her head was visible to me. We sat in silence; a long uncomfortable silence as, warily, I waited for what might come next. At last she spoke.

*Superscript numerals refer to numbered notes at the end of the text.
Somehow therapy works

'I want someone to be a witness to my journey. I’ve seen three counsellors already in the last two weeks and none of them were any good. The last one I only stayed with ten minutes.'

The warning was clear. Most likely, I too would be inadequate to the task. It was as if I were being prepared for something awful. And it was clear that I’d be quickly rejected if I didn’t have just the right response. Again a long silence. Again I felt my stomach tighten. What next?

Suddenly, deliberately, she asked me a direct question. ‘Are you frightened?’ she said.

The truth is the therapist was frightened. Or at least he felt something akin to fear. Yet what should he have done? What would have been the best, the most therapeutic approach to take? To be clear and open and admit the fear? To try and explain it perhaps? Or to hide the fact, either by denial or by using words like ‘anxiety’ and ‘frustration’, thus giving a whiff of honesty while still keeping appearance of composure properly intact? And then there are other questions, such as whether to take control by moving around to face her directly or whether simply to follow her lead and talk to the back of her head? Maybe it would have been best to have questioned her as to why she wanted to know if the therapist was frightened? Or should the therapist have stayed stonily silent, waiting for her to provide more material for therapeutic use?

Forget for a moment what therapeutic orientation tells you about this woman’s problem or the relief you might feel that this therapist is not you. Consider instead what has happened to the environment. The therapist placed chairs to face each other and the client immediately showed a preference for talking to the door. The session was to be about the client, but the client quickly changed the focus to the therapist’s anxiety. Although a degree of dis-ease and anxiety is something therapists are likely to feel at times in their relationships with clients – and this they need to be able to bear – they also need to feel comfortable enough to maintain their role. But could a therapist do so here? Indeed, can therapy continue? And if it can, what are the chances for success? Does the therapist need to rearrange the physical, emotional and content characteristics of the environment if he is to secure a successful continuance or is it preferable to make the best of the client’s own disruptive choices and, for the moment, leave things as they are?

The issues being raised here are, first, what are the basic environmental conditions necessary for therapy to take place and, second,
The therapeutic environment

what are the environmental conditions which best facilitate the therapeutic process? Major aspects of the facilitative environment are often taken for granted as we focus on the principles and techniques of our unique theoretical orientations. Situations like this one help us to realize the importance of, and complexity involved in, creating and maintaining a facilitative environment as the foundation for therapy. The therapeutic techniques we practise do not exist in a vacuum, but demand a facilitative environment in which they can work effectively. An exploration of the characteristics and dynamics involved in creating and maintaining such a facilitative environment form the basis of this book.

Drawing on extensive research and clinical practice from many theoretical perspectives, we examine what constitutes the core conditions for facilitating therapy. Comparisons between theories attest to striking differences as well as striking commonalties. Clear and accurate descriptions of concepts and their implementation serve to highlight 'common factors', while those instances where theoretical orientation prompts divergence are specifically identified.

Therapists are not automatically graced with productive therapeutic environments, no matter how advanced their training. No amount of knowledge or experience can dictate all the human factors clients and therapists bring to a given session. Conscious planning and preparation of an environment is the starting place, but the ability to recognize and adapt to changing situations is essential follow-up. The conceptual guides and practical examples that follow are designed to aid understanding of the core facilitating conditions essential for therapeutic efficacy and to offer direction for implementing them in the real world of therapeutic practice.

Success across therapies

Perhaps the best descriptor of core conditions is that they pertain, in some general way, to conditions that promote productive interactions between therapist and client. All therapy requires some form of connection, although we may disagree on what combination of physical (visual, tactile, olfactory, etc.), verbal, written, spiritual or other conditions are essential to promote that connection. Even though a gathering of experienced therapists would produce a wide variety of ways to visualize and deal with Kristin, research and practice confirm that each therapist would probably be successful.
The chances of Kristin being helped by an experienced therapist are quite good. Meta-analyses of research studies on the value of psychotherapy find that from two-thirds to four-fifths of people do get better as a result of therapy. These same analyses show that the theoretical approach of a therapist does not seem to make any consistent difference (Hunt 1993). Jerome and Julia Frank (1991) probably best capture the way many professionals see these results in practice when they conclude that theories which endure rather than disappear must be doing some good or people would stop going to therapists of those theoretical orientations. Even studies done by groups evaluating the profession from the outside have determined that therapy works (Consumer Reports 1995). These findings are good news for the public, but they also cause headaches for therapists and educators trying to determine best techniques or even attempting to define the key factors in quality practice.

What can account for consistently positive therapeutic results coming from such a wide variety of theoretical approaches? Garfield and Bergin (1994) summarize the findings and thoughts of many in determining that there must be some common or "non-specific" conditions that all "quality" therapists provide. Identifying these facilitative conditions has been difficult, but one consistent theme throughout the research is that a significant part of the answer lies within what is generally called the 'therapeutic relationship' (Luborsky et al. 1988; Beutler et al. 1994).

The relationship factor

Therapists who consider working with someone like Kristin have good reason to be concerned about the potential for poor outcomes. All of a therapist's training, experience and theoretical knowledge cannot make up for an environment that denies the development of productive interactions. The question is, what facilitative conditions promote a positive relationship?

The past 40 years of research on therapy outcomes has shown us the importance of the relationship in general. The critical specifics of this relationship have been harder to identify, but some progress has been made, as Luborsky's (1994) review of this research shows. One essential ingredient is that clients must have some capacity for a positive relationship. Those with better mental health are more likely to demonstrate this capacity and those who are making progress with a therapist tend to continue improving on this capacity and its
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benefits. In effect, it appears that the healthier clients are at the beginning of therapy or the better they become during therapy, the more likely they are to develop the necessary therapeutic relationships.

The same research shows that therapists have the ability to improve the positive relationship capacity of their clients. Emphasizing behaviours that focus on the relationship between client and therapist seems to be the general way that such a positive relational environment is promoted. Dealing with client defences, guilt and problematic feelings towards the therapist are all effective measures a therapist can take. Therapists may not be able to control the entire relational environment, but it appears that they must at least work towards a point where the relationship is 'good enough' to be therapeutic (Horvath and Greenberg 1994).

Kristin brings much less capacity for positive relationships than a therapist might like. The question is, does she bring enough to begin making progress? Her therapist must somehow judge this potential and then behave in ways that create a facilitative environment where a more productive relationship can evolve. Theory, practice and research each provide their own pieces of information on the dimensions of a facilitative environment that help direct what therapists can do to maximize the potential for a positive therapeutic relationship and thus therapeutic success.

Environmental factors

Kristin may be physically in the therapy room but how much is she invested in being there? What can cause such problematic situations? What psychological, emotional and/or social factors do such situations reflect? How intransigent are these problems and what, if anything, can be done to provide an environment that will best overcome them and enable therapy to progress? Therapists will need to make judgements on all these questions as they try to determine whether to see a client like Kristin and under what conditions.

The information available on the connection between facilitative environment – in particular, the therapeutic relationship – and successful therapy is multidimensional. Each dimension provides a separate focus and details that must first be considered individually to make them clear and useful as part of the whole. No single dimension fully controls the relationship, although differing views of theory, research and practice apportion widely varying importance to the different factors involved.
Involvement
Conditions that produce some form of involvement are needed between client and therapist for the therapist to take partial responsibility for any positive developments. Being physically in the same room is the common contact for most therapies, but even that is challenged by increasing numbers of professionals who are doing therapy over the telephone or Internet (Greeno et al. 1997). Moderate temperature and lighting, comfortable sitting or reclining opportunities rather than standing and minimized distracting noises, clutter and interruptions are found in virtually any successful therapist’s room. These essentials are so much a part of the professional atmosphere that they are virtually taken for granted in textbooks and research. Yet theoretical differences regarding the physical foundations of therapy already begin to emerge within these basic boundaries.

The classical analyst has a client/patient lie on a couch, unable to see the therapist so that the client’s thinking might be relatively uninfluenced by the therapist’s physical presence. Gestalt therapists, at the other end of the spectrum, consider essential therapeutic ingredients to be close, face-to-face, person-to-person, even physical contact. Each theory thus has its own unique view of what physical behaviours are appropriate in relation to the purpose, techniques and goals of therapy.

Emotions
All therapies attend to emotions. The difference is in the value placed on emotions and their role in therapy. Person-centred therapists attend directly to client emotions as a vehicle for understanding the unique aspects of their phenomenological worlds. Their belief is that logic, reason, history, and so on, used alone draw attention away from the most unique experiences of clients, while emotions are more likely to highlight these important aspects. Most cognitive therapists, on the other hand, advocate that thought, logic and illogic control emotions and that the emphasis of therapy should therefore be on those ‘rational’ processes. Similarly, classical behavioural therapists will use learning and training to change emotions, which they see as being little more than secondary markers of behaviours.

Culture
Society and cultures imbue therapists and clients with expectations that must be given attention for therapy to succeed. White Europeans and Americans have had the greatest influence on the development
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of most therapeutic/counselling theories. Katz (1985: 619) summarizes this fact by stating, ‘similarities between white culture and cultural values that form the foundations of traditional counseling theory and practice exist and are interchangeable’. Feminist (Weiner and Boss 1985; Elliott 1999) and multicultural (Pedersen 1994; Parham 1996) criticisms of these theories are generally based on the concept that not everyone fits this male, Euro-American worldview. Asian cultures, for example, would place more value on the family or group identity than on individuality. Females also tend to take a more collaborative approach to life than males. On a societal level, some would encourage therapists to report anyone with anti-government thinking, while others would see even plotting and planning as therapeutically private issues unless they were likely to physically harm someone. These few examples highlight the need to take cultural factors into consideration in developing a facilitative environment.

Thought
What people think, how they arrive at those thoughts and what they can do about them take up much of the time and energy in the therapeutic environment. Questions about people’s ability to think or style of thinking need to be considered, since theories vary on the extent and type of thinking necessary. Dealing with ambiguity and abstractions are essentials for the client in existential therapy, whereas the same client working with a behavioural therapist would be given much more simplistic and concrete thinking tasks. Adlerians, on the other hand, would ask clients to do substantial memory work about their childhood with the expectation that such memories could and would be recalled.

Some theories presume that sufficient recall of information and perceptions are available in the conscious mind for therapy to work. Others spend more time attempting to illuminate the unconscious with the belief that key therapeutic factors are not available to simple conscious recall. Techniques used vary between therapists as they view the thinking process and abilities of their clients differently, even though they all attend to the importance of the thinking variable in one way or another.

Time
The past provides the greatest number of actual events for consideration in therapy. The present provides the most immediately available and tangible events. The future holds the much-desired, imagined
events that might constitute a better existence, although there is nothing concrete or observable about them. All theories attend to each of these three time frames in their own ways, while they also have different priorities as to which frame deserves greater attention.

The ‘here-and-now’ focus of gestalt and other humanistic oriented therapies demonstrate an orientation to therapy that emphasizes immediate interaction and change. What is done is done and what will happen in the future is fully dependent on what we do now. So concentrate on the present. In contrast, psychodynamic and behavioural therapists, who disagree on many areas, both emphasize that the present is built upon the past. They give great attention to the past for the sake of understanding: Only after it is understood how the present came about, can you move to change the present and future in selective ways. Common to all therapies, though, is the assumption that an improved future results from some change occurrence. Yet, whether that change results from the formal planning characteristic of a behavioural therapy or the natural evolution of adjustments based on a better understanding of the past characteristic of a psychodynamic approach remains open to debate.

The above dimensions of a facilitative environment form a framework in which the core facilitative conditions essential for therapy exist. Once those conditions, which are the subject of this book, are recognized, direct actions can be taken to maintain positive conditions, address weak ones and delay or speed up the pace of the therapy to make use of those times when the most viable conditions are available.

Conditions versus techniques

One problem that arises when considering core facilitative conditions is differentiating between the conditions and actions that produce a facilitative environment, and the therapeutic techniques that require such an environment in order to be effective. Therapeutic techniques and the development of core conditions are often interwoven in most discussions of theoretical approaches, with the conditions getting little direct attention. This book seeks to clarify the distinction between conditions and techniques and, by focusing upon the former, go some way to addressing the theoretical neglect and redressing the balance.

The debate about what qualifies as a facilitative condition and what is a therapeutic technique is a live one. Indeed, it is a debate
The therapeutic environment that is evidenced in the chapters that follow. While a cleaner and more uniform answer than the one this book offers might be desirable, such uniformity simply does not reflect the current state of the profession.

Variations on a theme of success

A clear theme throughout the literature is that therapy works and those who practise effective therapy can be recognized. Obviously, we do not have a final answer to exactly what good therapy is or we would only study ‘one correct approach’. The pieces that unite therapeutic variations must be found within the philosophies, assumptions, history, techniques, research and conclusions drawn by different theories of psychotherapy.

The next three chapters explore the successful therapeutic variations through three broad theoretical frameworks: psychodynamic (Chapter 2), cognitive/behavioural (Chapter 3) and existential/humanistic (Chapter 4). These three chapters make up the bulk of the text. They examine the philosophical perspectives and psychological paradigms upon which each of these three therapeutic schools is based and explore the core conditions which, according to these paradigms and perspectives, are deemed essential for therapeutic efficacy.

The final chapter focuses briefly upon the commonalities and differences between the core facilitative conditions across theoretical viewpoints. The chapter’s format – a dialogue between therapists/authors – is designed to communicate both shared conclusions and separate slants on those conclusions. It is a format that reflects the current state of therapeutic thinking, in which a growing recognition of commonalities is accompanied by a strong allegiance to different perspectives and a resulting awareness of some striking differences in terms of emphasis and nuance.