

ON INTERPRETATION

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(*Relationship Counseling and Psychotherapy*. Harper & Row, 1974, pp. 110-112)

Clarification responses deal with what is explicitly or implicitly in the client's behavior, verbal and/or nonverbal. Interpretations go beyond this, involving a contribution by the therapist. In interpretation, the therapist adds to what the client is saying, going beyond the client's verbalizations and putting in something of his own.

The line between clarification and interpretation is a fine one. They would appear to be on a continuum. There will often be disagreement on whether a therapist's response is a clarification or an interpretation. Whether it is classified as one or the other will depend, in part, on the sensitivity of the observer. What is clarification to a highly sensitive observer (or therapist) may appear to be interpretation to one who is less sensitive to what is implicit in what the client is saying. The highest level of empathy (level 5) may appear to be interpretation. Carkhuff talks about the "additive" element of the counselor beyond level 3. Carkhuff and Berenson state that the therapist who is functioning at level 3

...does not provide the level of empathic communication in which one person anticipates another. He does not facilitate the client's movement to a deeper level except insofar as he has understood the previous level. . . . In order for the therapy process to move effectively, the therapist must add something to the client's responses, and we might add, something which the client at his present level of development can use constructively. This brings us into the area of what we term depth reflections or moderate interpretations all of which, if accurate, enable the client to go a level deeper in his explorations. (9)

Yet a reading of the definition of level 5 makes it clear that the therapist is responding to what he senses is there, behind or below the words of the client. Rogers writes: "When the client's world is clear to the counselor and he can move about in it freely, then he can communicate his understanding of what is vaguely known to the client and he can also voice meanings in the client's experience of which the client is scarcely aware."(10) Martin states: "The therapist's task is to hear *what is implicit in the client's current experiencing*--what the client is trying to say and can't quite say."(11)

The counselor who thoroughly enters into the client's frame of reference, who perceives as the client does, can often speak for the client when the client is not able to speak adequately for himself. "The whole therapist can see the world through the eyes of his client, *sometimes better than the client who is functioning at low levels...*" (12) But it is important to emphasize that the counselor is operating *in the client's frame of reference*. It would perhaps be as well to make the distinction between reflective and empathic responses on the one hand, and interpretive responses on the other, on this basis. Interpretation is based on the counselor's frame of reference, or an external frame of reference. The counselor views the client from the outside and attempts to fit him into a system, theory, or structure. In addition to the classification--or neglecting the uniqueness of the client--and generalization, or higher-order labeling, that may be

involved, interpretative responses depart from the client's frame of reference and are thus less meaningful and helpful to the client.

A reading of the literature on so-called interpretative psychotherapies, including psychoanalysis, makes it clear that in most cases interpretation is actually clarification. It is one of the misconceptions of psychoanalysis that the analyst interprets from the beginning of therapy. The orthodox analyst usually doesn't venture what he calls interpretation until well along in therapy--often only after months of listening to the client--and then his interpretations are tentative. In fact, such interpretations are usually clarifications. Interpretations that go beyond clarification are called "wild interpretations." Yet the student who wants to become a psychoanalytically oriented counselor can hardly wait to interpret, often beginning early in the first interview, before he can possibly have any real understanding of the client. If an interpretive therapy is to be used, it is necessary for the therapist to thoroughly understand his client first.

E. H. Porter makes an interesting distinction between reflection and interpretation:

The difference is not in what the therapist says. The difference is in the therapist's purpose when he says it. . . . When the therapist utters some words which are a construing of what the client or patient has expressed and it is the therapist's purpose to be asking of the client or patient whether or not the construction put on the client's expression was the meaning intended--that's a reflection.

When the therapist utters some words which are a construing of what the client or patient has expressed and it is the therapist's purpose to be informing the patient what meaning his expression holds regardless of his, the patient's, intended meaning--that's an interpretation. (13)

Interpretations, that is, responses that go beyond what is explicit or implicit in the client's behavior, retard therapy rather than facilitate it. Interpretations are threatening and often lead to resistance. They give the client the impression that the therapist knows more about him than he does about himself and thus lead to less client talk and analysis of himself. And interpretations that are abstractions or generalizations, as suggested in the discussion of specificity, lead to the inhibition of client activity and exploration.

NOTES

9. R. R. Carkhuff and C. B. Berenson. *Beyond counseling and therapy*. New York: Holt, Rinehart and Winston, 1967 P. 136.

10. C. R. Rogers. The interpersonal relationship: The core of guidance. *Harvard Educational Review*, 1962, 32, 416-429.

11. D. G. Martin. *Learning-based client-centered therapy*. Monterey, California: Brooks/Cole, 1972, P. 81.

12. Carkhuff and Berenson. *Beyond counseling*. P. 184.

13. E. H. Porter. In S. W. Standal and R. J. Corsini (Eds.). *Critical incidents in Psychotherapy*. Englewood Cliffs, N.J.: Prentice-Hall, 1959, p. 57. Carl Rogers, independently commenting on the same incident, suggests that what was labeled an interpretation by the therapist was actually not an interpretation since its intent was to be empathic (p. 58).