

## **An Investigation of Counselor Interpretations in Client-Centered Therapy**

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*Preliminary findings by the McGill Psychotherapy Process Research Team indicate that not only are interpretations used in client-centered therapy, but they are also efficient in producing in-session client change. Using the Hill Counsellor Verbal Response Category System—Revised (Friedlander, 1982) as a guide to locate interpretations, we investigated the qualitative differences between interpretations leading to different in-session client change events in six sessions conducted by Carl Rogers. The occurrence of in-session therapeutic phenomena were assessed using the Experiencing Scale (Klein, Mathieu, Gendlin, & Keisler, 1970) and the Category System of Good Moments (Mahrer & Nadler, 1986). Results indicate that significant in-session therapeutic phenomena are preceded by interpretations and that qualitative differences exist between interpretations that precede change events and those that do not. Implications for psychotherapy theory, research, and practice are discussed.*

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**KEY WORDS:** client-centered therapy; in-session client change; counselor interpretations; therapeutic phenomena.

A central goal of psychotherapy process research is to systematically describe what occurs in psychotherapy sessions (Hill, 1990; Mahrer, 1988a) and to uncover the “active ingredients” of therapeutic process. A major component of this research endeavor has been the investigation of counselor interventions. Researchers have examined which interventions, under which conditions, lead to in-session therapeutic change (e.g., Hill, 1989; Hill, Helms, Spiegel, & Tichenor, 1988).

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One of the most controversial therapist interventions is interpretation. The concept of interpretation derives from Freud's efforts to find hidden meanings behind manifest actions and communications presented by the client (Wachtel, 1993). Although contemporary psychodynamic schools are more likely to accept definitions of interpretation that include making the unconscious conscious, psychotherapy systems that do not accentuate the unconscious are likely to reject such definitions, and more importantly, the concept of interpretation itself. If we are to examine interventions and other concepts across different schools of psychotherapy, broad definitions must be employed.

While the definitions vary, interpretation may be broadly defined as any therapist proposition that goes beyond what the client has overtly recognized, adds something qualitatively different to what was previously stated by the client, and presents some new meaning to the client. This may take several forms, such as interpreting defences, transference, feelings, or behavior (Friedlander, 1982). Implicit in this definition is the element of an alternative frame of reference common to many definitions appearing in the psychotherapy literature (Clark, 1995). In accepting this definition of interpretation, it becomes possible to examine this concept in psychotherapeutic modalities that do not necessarily value the concepts found in psychodynamic schools.

The arguments about the psychotherapeutic application and usefulness of interpretation span the entire spectrum of acceptability, ranging from opposition to the use of interpretation (Helner & Jessell, 1974; Mahrer, Dessaulles, Gervaise, & Nadler, 1987) to its acceptance as a curative element (Claiborn, 1982). Mahrer and his colleagues (1987) present the most vehement opposition to interpretation, arguing that *all* interpretations serve the purpose of enforcing the therapist's position as *grand interpreter*. Greenberg, Rice, and Elliott (1993) resonate with the notion that the use of interpretations in psychotherapy creates the risk of disempowering the client because the therapist, rather than the client, becomes the expert of the client's experiencing. They claim that interpretations distract the client from further experiential processing and lead to intellectualizing (Greenberg *et al.*, 1993). Thus, interpretations are considered a hinderance to the psychotherapeutic process by shifting the client's focus away from experiential processing to an external frame of reference.

Contrary to this position, some researchers have reported that the use of interpretations has a beneficial impact on the client, such as self-knowledge and change (Blanck, 1966), and is considered to be one of the most helpful interventions (Hill *et al.*, 1988). Several theorists and researchers favor the position that interpretation is useful for eliciting *specific* therapeutic changes, such as insight (Schonbar, 1968). However, a number of

researchers have argued that the usefulness of interpretation depends on type, and that not all interpretations have equal therapeutic value. For example, it has been suggested that therapist behaviors *compatible* with a client's plan (i.e., when they address the client's conscious or unconscious therapeutic goals) are followed by therapeutic progress, whereas those that are not are followed by retreat (Silberschatz, Fretter, & Curtis, 1986).

From a research point of view, the usefulness of interpretation in facilitating therapeutic process has been examined in relation to therapeutic ingredients. For instance, some crucial characteristics of successful interpretations have been proposed to be suitability and plan compatibility (Silberschatz *et al.*, 1986), accuracy (Crits-Christoph, Cooper, & Luborsky, 1988), form *and* content (Clairborn, 1982), content (Garfield, 1968) and counsellor intention (Hill *et al.*, 1988).

Silberschatz and his colleagues (1986) demonstrated that plan-compatible interpretations were followed by an increase in client experiencing. Crits-Christoph *et al.*, (1988) found evidence to support the importance of accuracy of interpretation of main wishes and responses from others as being significantly related to treatment outcome using the Core Conflictual Relationship Theme (CCRT) system. The CCRT consists of three components of the client's relationship pattern: (a) the client's main wishes, needs, or intentions toward the other person; (b) the responses from the other person; and (c) the responses of the self (Crits-Christoph, Barber, Baranackie, & Cooper, 1993). These researchers suggest that greater progress and better outcome results when therapists accurately focus on *interpersonal aspects* of client material (wishes toward others and their expected or actual responses) rather than simply focusing on feeling states (responses to self).

Most of the research on interpretation is generated by psychodynamic schools where interpretation is viewed as the "supreme agent in the hierarchy of therapeutic principles" (Bibring, 1954, p. 763). Not surprisingly, there has been very little investigation on the usefulness of interpretation in nonpsychodynamic treatments, perhaps because other therapeutic approaches dispute the therapeutic value of interpretation. Client-centered therapy (CCT) views interpretations as a hindrance to the therapeutic progress (Rogers, 1951, 1980), and considers that making an interpretation represents a *bad* response by the therapist (Gendlin, 1968). According to Carl Rogers, psychotherapy is a process of self-discovery, in which the therapist provides a safe environment and the necessary and sufficient conditions for self-learning to take place (Rogers, 1957). In CCT the therapist operates from within the client's frame of reference, focusing on interventions such as reflection of feeling or meaning to assist the client toward self-exploration and deeper inner experiencing. According to CCT, interpretations

operate from outside the client's frame of reference and lead to diminished self-exploration and lowered levels of experiencing. Schonbar (1968) addresses this criticism of interpretation by suggesting that "externalness" is a matter of degree, that interpretations are not always evaluative, and that externalness is not always undesirable.

Despite theoretical assumptions made by CCT that minimize the effectiveness of interpretation, Weinrach (1990) reported that, in the classic interview between Rogers and Gloria (Shostrom, 1966), 34% of all interventions used by Rogers were interpretations. Therefore, despite CCT's theoretical objections to the use of interpretations, Weinrach (1990) suggests that they are implemented in CCT. However, what remains unclear is what therapeutic effects are produced by the therapist's use of interpretation in CCT. Further, Weinrach (1990) reports that he used Ivey's microskill model (Ivey, Ivey, & Simek-Downing, 1987) but does not mention how the interpretations were coded, nor does he discuss whether he found different types of interpretations. It does appear that Weinrach (1990) was referring to potential transference interpretations made by Rogers.

Recently, Greenberg and Elliott (1997) suggested that there is a false dichotomy between empathic responding and interpretation. One important dimension discussed by these authors is the level of inference between an empathic response and an interpretive one. They suggest that a purely empathic response is low level inference while interpretations are higher in inference making. Their suggestion that there are such interventions as empathy-based interpretations is consistent with Wachtel (1993) and begin to address the problem of rigid boundaries between systems of psychotherapy that obstruct efforts toward the convergence of theories.

The purpose of this study is to investigate the occurrences of interpretations in CCT and assess their efficacy in producing in-session client change. Our research questions are as follows: (a) How often are interpretations used in CCT? (b) Do interpretations lead to good in-session therapeutic phenomena in CCT? (c) What are the differences between interpretations that lead to in-session therapeutic phenomena and those that do not?

We hypothesize that, if interpretations are used, they would be successful if they are delivered in a manner consistent with the CCT theoretical framework. That is, the therapist would interpret in a nonevaluative manner, will phrase the interpretation as if coming from within the client's frame of reference, while maintaining the client as locus of evaluation. "Successful" interpretations delivered from client perspective, which respect the client phenomenological world, will lead to occurrence of in-session therapeutic phenomena and higher levels of experiencing. These hypotheses are compatible with the CCT theoretical tenets, which explicitly state

that the locus of evaluation must always be that of the client's, the therapist must remain nonjudgmental (nonevaluative) of the client, and that experiencing will rise when the client is engaged in the process of self-knowledge.

## METHOD

### Material

Six audiotaped psychotherapy sessions conducted by Carl Rogers were transcribed and divided into client and therapist speaking turns. The six sessions used were (a) Rogers and Mike, (b) Rogers and Miss Mun, (c) Rogers and Cathy, (d) Rogers and Mrs. P.S., (e) Rogers and Gloria (Shostrom, 1966), and (f) Rogers and Mr. Lin. Tapes are available through the American Association of Psychotherapists Tape Library.

### Judges

Four independent groups of five judges each were used for the study. Each judge rated the session using one scale (see below), unaware of the ratings of other judges and other groups. All raters were graduate students in counselling psychology, were trained according to the manualized scale instructions, and had a minimum of 100 hours experience using their assigned scale.

### Measures

The measures used to identify the occurrence of in-session therapeutic phenomena were the *Category System of Good Moments* (Mahrer & Nadler, 1986; Mahrer, 1988b), and the *Client Experiencing Scale* (Klein *et al.*, 1970; Klein, Mathieu-Coughlan, & Kiesler, 1986), while the identification of therapist interpretations was established according to the *Hill Counsellor Verbal Response Category System—Revised* (Friedlander, 1982; Hill, 1978).

The Category System of Good Moments (CSGM) consists of 12 nominal categories of client change events. It was specifically designed to identify the following types of in-session therapeutic phenomena or in-session *good moments*: (1) provision of significant material about self and/or interpersonal relationships, (2) description-exploration of the personal nature of feelings, (3) emergence of previously warded-off material, (4) expression of insight/understanding, (5) expressive communication, (6) expression of

a good working relationship with the therapist, (7) expression of strong feelings toward the therapist, (8) expression of strong feelings in personal life situations, (9) manifest presence of a substantively new personality state, (10) undertaking new ways of being and behaving in the imminent extratherapy life situation, (11) expression of report of changes in target behavior, and (12) expression of a welcomed general state of well-being.

The system was generated to identify good moments occurring across theoretical approaches and was developed from a comprehensive survey of client change events found in the psychotherapy/counseling research literature (Mahrer & Nadler, 1986). The psychometric properties of the scale have been reported to be satisfactory, with interrater kappa coefficients (Cohen, 1960) ranging between .72 and .77 (Martin & Stelmazonek, 1988; Martin, Martin, & Slemon, 1987; Stalikas & Fitzpatrick, 1995). For the purposes of this study, the *occurrence* of a good moment, rather than its type, will be examined since all good moments are indicators of client progress or change (Mahrer & Nadler, 1986).

The *Client Experiencing Scale* (ES) is a 7-point continuous scale used to describe the client's involvement in counseling. At a low level, involvement is limited, and discourse is impersonal and superficial; at higher levels, feelings are explored, felt sensations are followed, and experiencing serves as the basic referent for problem reformulation and solution. Findings from several studies show that experiencing is related to self-exploration and insight (Klein *et al.*, 1986). This is a widely used scale and one of the few process measures which has been linked to outcome research (Klein *et al.*, 1986). Further, it is currently being applied by researchers from several different theoretical orientations to assess client progress immediately following an interpretation in dynamic research (Crits-Christoph *et al.*, 1993). Interrater reliability estimates range from .73 to .92 (Klein *et al.*, 1986). We used this scale to identify changes in the experiencing level of the client, as higher levels of experiencing are theorized to be indicative of good therapeutic process (Klein *et al.*, 1986).

The *Hill Counsellor Verbal Response Category System-Revised* (HCVRCS-R) consists of nine nominal, mutually exclusive categories for judging counselor verbal behavior: (1) encouragement/approval/reassurance (EAR), (2) reflection/restatement (RR), (3) self-disclosure (SD), (4) interpretation (INT), (5) confrontation (CONF), (6) providing information (PI), (7) information seeking (IS), (8) direct guidance/advice (DGA), and (9) unclassifiable (UN). The system developed by Hill (1978) and revised by Friedlander (1982) has been shown to have good psychometric properties (Hill, 1978; Hill, Thames, & Rardin, 1979).

Once the interpretations were identified by HCVRCS-R, a fourth group of five judges was asked to analyze the interpretations qualitatively

in terms of content and form (Clairborn, 1982). In terms of content, the group was asked to identify whether the focus of each interpretation was addressing primarily client feelings, cognitions/facts, or both feelings and cognitions/facts. In terms of form, the group was asked to identify each intervention as to whether it was delivered (a) tentatively or assertively, (b) using the “voice of the client” (where the therapist uses the phenomenological world of the client), or objectively and rationally, and (c) using “immediacy” (i.e., working in the here-and-now) or reintroducing past material. The goal of this group was to qualitatively classify interventions in exclusive categories for each intervention.

### Procedure

Each judge in each of the four groups listened independently to the session aided by a verbatim transcript and made the appropriate ratings. Every client speaking turn was rated by two groups of five raters. One group rated using the CSGM and the other using the ES. Every therapist speaking turn was rated by a third group consisting of five judges using the HCVRCS-R. A criterion of 80% agreement among each group of judges (four out of five) was required for the acceptance of a rating. For those statements where the agreement level was not reached, the judges met, discussed the differences, resolved discrepancies, and reached consensus.

For CSGM and HCVRCS-R the Cohen kappa coefficient (Cohen, 1960) was calculated for all possible combinations of any two judges, before consensus. The Cohen kappas ranged on all possible combinations of any two judges between .67 and .74, indicating relatively high agreement across all judges using the category systems. Because the ES is a continuous rating scale, preconsensus reliability was assessed using Ebel's interclass correlation method (Ebel, 1951; Guilford, 1954). The Ebel interclass agreements were  $r = .76$  and  $r = .67$ , again indicating relatively high reliability.

For the qualitative analyses the members of the group listened individually to the segments in which an interpretation was identified. The group members were unaware of the type of intervention they were listening, the level of client experiencing following the intervention, and whether the intervention was followed by a good moment or not. As it was noted earlier, each member of the group—using as criterion the material that the client had presented in the three client statements previous to the intervention—judged as to whether the intervention focused primarily on the client's (a) feelings, (b) cognitions/facts, or (c) both feelings and cognitions/facts. In addition, each judge had to identify whether the intervention was delivered (a) tentatively or assertively, (b) using the “voice of the cli-

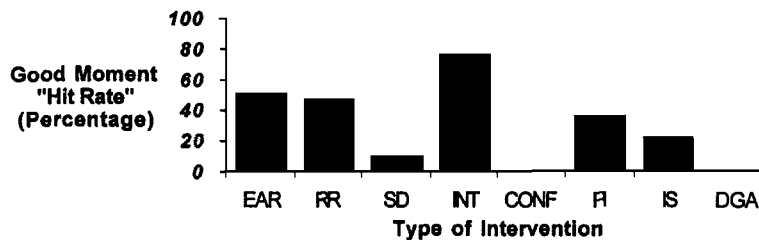
ent” (where the therapist uses the phenomenological world of the client), or objectively and rationally, and (c) using “immediacy” (i.e., working in the here-and-now) or reintroducing past material. The goal of this group was to qualitatively classify interventions in exclusive categories for each intervention. A criterion of 80% agreement among judges (four out of five) was required to accept a rating. Once more, for counselor statements where the agreement level was not reached, the judges met, discussed the differences, resolved discrepancies, and reached consensus.

## RESULTS

Relative to the first research question, of the 530 therapist interventions, only 17 were rated as interpretations (3.6%). These results indicate that interpretation is a technique used rarely by Carl Rogers.

In order to answer the second research question concerning interpretations and the occurrence of significant in-session therapeutic phenomena, each therapist intervention was matched to the subsequent client good moments and experiencing levels. The results suggest that interpretation, although rarely used, elicited the highest proportion of valuable in-session therapeutic phenomena. Out of the 17 interpretations made by Rogers, 13 were followed by client statements identified as a “good moment” (76.5%). Other categories showed proportionately fewer good moments (see Fig. 1).

In terms of client experiencing, all interpretations followed by a good moment were also followed by a higher level of experiencing. All four in-



**Fig. 1.** “Hit rate” of the occurrence of client good moments (percentage) by counselor intervention as measured by the HCVRCS-R (Friedlander, 1982) across six sessions of client-centered therapy. The verbal response categories coded using the HCVRCS-R are encouragement/approval/reassurance (EAR), reflection/restatement (RR), self-disclosure (SD), interpretation (INT), confrontation (CONF), providing information (PI), information seeking (IS), and direct guidance/advice (DGA). Interpretation (INT) is followed by the occurrence of one or more good moments 76.5% of the time, more than any other intervention used in the six sessions of client-centered therapy.

terpretations not followed by a good moment were followed by a level 1 experiencing.

These results indicate that interpretations elicited (a) high proportions of good moments, and (b) higher levels of client experiencing relative to other interventions used in CCT.

A qualitative analysis was used to identify the ingredients that made an interpretation successful (research question 3). We carefully examined those interpretations followed by good moments and interpretations not associated with good moments.

The analysis suggests that there are qualitative differences between interpretations associated with good moments and those not. The interpretations associated with good moments and client experiencing level of three or higher were identified by the judges as having the following qualities: (a) they refer to specific client feelings, (b) they are phrased tentatively, (c) they are delivered using the "voice of the client," and (d) they address immediate feelings as they occur in the session. Interpretations not associated with good moments and with client experiencing levels of two or lower made no reference to feeling states and were presented as factual.

An example of an interpretation followed by a client experiencing level of four and a client good moment can be seen in the session between Rogers and Miss Mun (statement 34):

Rogers: Is this what you're saying? Could anyone be with you in fear or loneliness like that? It really cuts so deep.

The judges agreed that this interpretation is tentatively phrased, refers to specific client feelings, and the client is the locus of evaluation.

An example of an interpretation not followed by a good moment and the experiencing at level one comes from Rogers and Cathy (statement 120):

Rogers: And, and this morning has been an example of the fact that you're not going to go so fast that you crash.

The judges described this intervention as "presented in a factual way," explanatory, not phrased tentatively, and is descriptive of the client's situation rather than the client's specific feelings.

## DISCUSSION

Interpretation, as defined by psychodynamic schools of therapy, is inconsistent with CCT theory of therapeutic change, the role of the therapist, and its theorized inherent actualizing tendency of the client (Rogers, 1951, 1980). However, when a broader definition of interpretation is employed,

we observe that not only are interpretations used in CCT, but that they can be effective in producing in-session client change. Our results indicate that, although Rogers used interpretation rarely, his interpretations were associated with the occurrence of good in-session therapeutic phenomena more than any other intervention that he used. In addition, it has been suggested that experiencing levels should drop following interpretation (Greenberg *et al.*, 1993). In fact, 64.7% of the interpretations were followed by an experiencing level of at least three, indicating that client experiencing was not "cut off" by the therapist's interpretation. These interpretations appear to contribute to therapeutic progress. Other interpretations, however, were not followed by good moments and client experiencing levels were low. It appears that certain *types* of interpretations cut off client experiencing. These were the interpretations described by judges as being "matter-of-fact," explanatory in nature, making reference to no specific feeling states, and describing events external to the client (i.e., the client was not the locus of evaluation). When interpretations were delivered with *content* and *form* consistent with CCT theory of psychotherapeutic change, then experiencing was found to be at a three or higher and client good moments followed. In other words, *client-centered interpretations* do not seem to be counterproductive when delivered in a manner consistent to CCT framework. That is, phrased tentatively, using the client as locus of evaluation, nonjudgmental, and referring to specific client feelings. When Greenberg *et al.* (1993) describe a diminishing experiencing level following an interpretation, they may be describing a subset of interpretation.

Claiborn (1982) has suggested that conclusions based on interpretation research may start with a focus on a certain type of interpretation and then generalize too broadly to all interpretations. This may be contributing to the dichotomy that exists between some schools of therapy as to the effectiveness of therapist interpretation. Interpretations are not all equal and we subsequently should examine not whether they are all harmful or all useful, but rather what the characteristics of an effective interpretation are likely to be. The interventions reported in the present study are not *typical* interpretations in that they are subtle and embedded in the CCT approach to psychotherapy. Nonetheless, these interpretations do present a new frame of reference to the client, providing the client with a different point of view. These client-centered interpretations are different than reflections of feeling in that in the latter the therapist does not present a point of view that is not the client's. That is, with the interpretations, the therapist presents the client with a new meaning that provides a qualitatively different point of view.

One implication is that interpretations are likely to be present in all approaches to psychotherapy and are possibly used more often than is theo-

retically expected. Any given approach to psychotherapy has its own *filtering system* by which the information provided by the client is made to fit the theoretical proposition of the theory. Further, each approach to psychotherapy utilizes its own language. It is for this reason that an interpretation in CCT resembles a reflection of feeling in that it is presented as if coming from the client's point of view. If we contrast these examples of interpretation to those that we may find in psychodynamic approaches, we would find that the CCT interpretations are very subtle. A psychodynamic interpretation might be, "You would like me to take care of you like your mother never did." There is no doubt that this is an interpretation of client in-session behavior. In fact, we are used to thinking of interventions that resemble this when we think of interpretation. However, it is more likely that interpretations will take the form of whatever the psychotherapeutic approach advocates. In CCT, the therapist allows the client to be the expert, and therefore interprets in a subtle, tentative, nonthreatening manner.

The content of an interpretation is dependent on both the therapist's theoretical orientation and the material offered by the client (Claiborn, 1982). This may explain why those interpretations that seemed to focus on specific client feeling states in the immediate moment and those that were phrased tentatively were followed by good moments. It was during these interpretations that Rogers was most consistent with his own orientation to psychotherapy. The interpretations that were not associated with good moments were atypical of Rogers in that they appeared explanatory in nature and feelings were not addressed.

Our results are consistent with those of Claiborn (1979) who found that positive client reactions tended to follow interpretations when the interventions were tentatively delivered. In contrast, Helner and Jessell (1974) report that client reactions following interpretations were defensive. However, Claiborn (1982) suggests that these findings may have been influenced by the closed-ended nature of the interpretations as well as the interventions being "accusatory questions." This suggests that the phrasing of the interpretation is a potential determining factor in achieving client progress. Our data supports this view in that the interpretations associated with client good moments were tentatively phrased. No client good moments were recorded following interpretations presented as factual and not phrased tentatively.

The results of the present study support the notion that both the form and the content of interpretation are important. Claiborn (1982) proposes that the nonverbal manner in which interpretations are formed, the grammatical structure, the explicitness of theoretical content, and the positioning of the interpretation in the therapeutic dialogue may influence the efficacy of an interpretation. This is similar to the theoretical position outlined by

Rogers (1980) in which he states that a therapist's *attitude* is far more important than specific techniques. *How* a therapist intervenes may be more influential than *what* the therapist says. It appears that how a therapist delivers the interpretation is at least as important as what the therapist interprets. In fact, it is likely that form and content together reflect the attitude of a particular therapist.

We agree with Claiborn (1982), who argues that regardless of therapist orientation, interpretation is an essential part of the therapy process. Interpretation may be viewed as the therapist's theoretically based understanding of the client even though it may be framed as a reflection of client experiencing (Gendlin, 1968).

Despite the clinical emphasis on therapist interpretation, empirical studies on this intervention are lacking (Crits-Christoph *et al.*, 1993). It appears that interpretation may be ubiquitous in psychotherapy, in spite of theory. Because of the historical, theoretical, and clinical significance of this controversial intervention, the need for rigorous research on interpretation is clear. Research must focus not only on dynamic schools, but also on therapies that place less theoretical emphasis on interpretation.

In order to proceed with these investigations, researchers must agree on a common definition of interpretation. It is possible that several of Rogers' reflections of feelings can be conceived as *soft* or *mild* interpretations are really interpretations of implied client feeling (Gendlin, 1968)—that is, the therapist's construal of the client's feeling state in the moment. A therapist operating from a given theoretical orientation is categorizing client information to fit his or her theory of human change (Claiborn, 1982). That is, the content and/or form of interpretation are different depending on the theory of the therapist, and may therefore be referred to as another type of intervention. These matters need further investigation.

Interpretation, when defined broadly enough to include different psychotherapeutic modalities, may be a *generic* intervention across schools of psychotherapy. It is a method of presenting previously reported material with a new spin or a new context. *What* and *how* the therapist chooses to interpret is obviously dependent on his or her theoretical orientation (Claiborn, 1982).

Our intent, in this study, is not to dispute CCT tenets, but to help in lowering the divisive boundaries between psychotherapeutic systems. In taking a discovery-oriented approach, where psychotherapeutic phenomena are studied both quantitatively and qualitatively, we can examine in-session events that are more relevant to practitioners. Researchers must employ operational definitions broad enough to apply to therapeutic phenomena across different therapeutic approaches, rather than reinforcing divisive boundaries between systems of therapy. In doing so, we may continue to

build an expansive armamentarium of psychotherapeutic tools that offers better clinical practice.

Our findings have implications for future methodology as well as for future research. For instance, we have found the combined use of quantitative and qualitative methods more useful in explaining in-session client change than either method alone. There is also a need for future research on different therapist interventions leading to in-session change as well as on how therapists of different theoretical orientations utilize interpretations. It is in studying the qualitative differences in the use of techniques, such as interpretation, that we can approach an understanding of their differential in-session effects.

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