

# Emerging Perspectives

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## What Should I Do? What Would You Do? A Counselling Psychologist's Interpretation

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This article is the product of being asked to reflect on the practice of counselling psychology as an interpretative practice. The author illustrates how her work as a student clinician is nothing but interpretive, and argues that interpretation is a necessary means of understanding and moving with one's client throughout the therapy process.

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Counselling psychology (CP) is an interpretive practice. In the absence of mind reading, counselling psychologists must look and listen for both latent and tangible meanings being produced by the individuals they work with, attending to the bigger story in which clients are involved (Patterson, 1974). Primarily using words and body language to work with individuals experiencing mental illness is anything but simple. The psychologist must rely on the ever-evolving process of interpretation before ever meeting with the client, all the way to the point of discharge and beyond.

This paper is a reflection on the nature of CP as an interpretative practice, emerging from a graduate course in hermeneutic inquiry. As a result of the question—what role does interpretation play in a practice discipline such as psychology?—I offer this position. I provide a brief background on what interpretation is and how it is inherent throughout a counselling psychologist's interactions with clients. Further, I offer an example from my clinical experience, to illustrate the interpretive characteristic of this discipline.

The term interpret means to tell the meaning of, or to imagine in the light of individual conviction, judgment, or situation (Merriam-Webster, n.d.). Similarly, CP requires clinicians to use their experiences from academia, training practica, and more generally the experience of their own lives, to enter into someone else's experience, at times read between the lines, and to set off into unknown territory, all for the possibility that one may flourish (Klinge, 2015).

No amount of training in the classroom, reading from textbooks, or studying from the great psychotherapists of history totally prepares counselling psychologists for the work they do. Human experience is complicated; human experience in addition to mental illness is arguably even more complex (Klott, 2013). So, what happens when we interpret this complex experience? How does one arrive at an understanding in the face of ambiguity? Perhaps these questions might never be answered in full, nor can they be, but rather, one might better understand life experience as not only constantly changing and evolving, but also always in relation to others (Moules, McCaffrey, Field, & Laing, 2015; Sullivan, 2012).

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In order to demonstrate how interpretation is key to CP, one may consider how clinicians might make sense of another's life, with the aim of improving the other's quality of life, or improving one's own practice (Klott, 2013). Before ever meeting the individual seeking services, a counselling psychologist reads the referral paperwork. A referral may include any amount of information or none at all. Nevertheless, this initial process often acts as the rocket launcher into interpretation about that particular client. Before even meeting with the client, the counselling psychologist is already interpreting, playing with pieces of the mystery that might be the other, sitting across from them in the therapy room.

The counselling psychologist begins case formulation with the pieces of information available to them, including childhood experiences, developmental milestones, attachments to others, and beliefs about themselves and the world around, to name a few (Klott, 2013). Comprehensive conceptualizations, meaning an integrated formulation of how the individual came to therapy, also include strengths and resources that individuals possess and their goals for treatment (Klott, 2013). Without this tool to guide us in our work with clients, a clinician without a case conceptualization is directionless while providing services, not fully understanding the client's background, needs, or where to go next.

Once services commence, the counselling psychologist engages in the constant interpretative nature of reading the client. Based on punctuality, tone of voice, displays of affect, levels of disclosure, use of language, and willingness to try new things to combat symptoms, to name a few, the counselling psychologist gathers a thorough, but never complete understanding of the client. At times, the counselling psychologist is surprised by the client's accounts. Sometimes, being caught off guard by the client's statement causes the counselling psychologist to pursue further questioning of both the client and the psychologist's self. *Why is it that that statement surprised me? Was I assuming something of my client? What does it mean that the client chose to tell me this? How does this new information fit into my conceptualization of this client? Where do we go from here?* The questions can come faster than the answers.

The counselling psychologist is also trained to look beyond the individual, to consider how broader social forces might be impacting the client's presenting concerns (Arthur & Collins, 2010; Bedi et al., 2011). In doing so, the counselling psychologist must also consider the psychologist-self as a factor influencing the outcome of services, as the relationship between the client and psychologist is the strongest and most consistent predictor of outcome (Martin, 2011; Lambert & Simon, 2008). There are countless examples that demonstrate how both clients and counselling psychologists act in relation to the other, and to the world around them (Martin, 2011). Some of these examples include: being touched by a client's story, becoming invested in the success of the client's progress, eagerly awaiting to hear how the client's week was, or the client genuinely wishing to understand the counselling psychologist's perspective. To be a receptive, tuned in, empathic, and ethical counselling psychologist, one must approach practice knowing and looking for people and experiences to interpret, while also realizing that the client and their experiences may be never fully understood.

In the same vein, counselling psychologists must also be aware that the interpretations they are making might not be accurate. Interpretations are guided by biases and personal experiences, as everyone comes to a topic with some background knowledge or already acquired belief or value (Gadamer, 2013). As Moules et al. (2015) articulated, "understanding is always about something that is already there, which means we can never start as if with a blank slate" (p. 43). Given that these biases are inescapable, it is critical that counselling psychologists be aware of their preconceived biases or concerns for a topic and remain open to other possibilities.

The practice of CP is always in fluctuation; the same can be said of interpretation. The following is an example of a relationship that I have with a client. It is a therapeutic relationship that frequently challenges my patience and efforts at better understanding the client's chaotic world. This particular therapeutic relationship is calling to be interpreted, pulling on my experiences of both theory and people, and what it means to be a professional helper.

### **The Client Who is Dependent and Persistent for Answers to Life's Deepest Questions**

It is 12:25 p.m. on a Tuesday, I am sitting at my desk, quickly trying to finish my lunch while also hastily completing the progress note from the client before. I should have enough time to nourish myself and prepare for the client coming in 30 minutes. The phone rings at 12:30 p.m. and I am surprised to see that the call is originating from the clinic's check in area. "Hello, your client is here. She says you have agreed to see her early today," says the unit clerk. My anxiety and frustration surface, "No her appointment is at 1:00 p.m., like it has been for the last 18 weeks... did she tell you she wanted to be seen early regardless of our regular time?" I hear the unit clerk's voice and words reflect that this is not his responsibility, to sort out why a client arrived early for her appointment. Upon hearing the clerk's tone, I hang up, not yet having made a decision.

The cyclical pattern of thinking continues. *Is this a teaching moment? Do I just let her wait? Do I start this session early and be firm that the session will end early as well?* My thoughts go on, all the while thinking about the client's presenting concerns, her need and persistence of me to give her the answers to all of her concerns, many of which happen to be about life's unanswerable questions. Interpretation has already begun. I am reminded of my case conceptualization, which is really a story comprised of many puzzle pieces, packed with salience, exploding with information. *This should not surprise me.* My interpretation is contextualized by integrating it with my earlier conceptualization. Using a case conceptualization is a great tool for counselling psychologists, as it roots us in our client's experiences, assists us with making sense of the situation, and helps us to identify developmental, precipitating, and maintaining factors contributing to the individual's difficult experience (Klott, 2013). It also provides us with greater empathy for our clients, as we see their actions not as random events, but as contextualized within their unique situations.

It is 12:45 p.m. After minutes debating, I walk into the waiting room. While sitting at my desk moments before, I decided it would be best to greet the client and inform her that since she was not scheduled until 1:00 p.m., she will have to wait; however, not everything that is planned in advance is followed through. Upon seeing the client's face and her pacing back and forth throughout the waiting area, I decide to modify the original plan and usher the client into my office.

### **"I Have Wasted So Much of My Life Already. What Should I Do? What Would You Do?"**

As soon as the client steps foot through the secure threshold, she talks so fast that she nearly runs out of breath. She says that she does not know what to do to get her life "back on track" to where it "should be." In a completely flat tone and with muted facial expression, the client reports that she is "completely depressed." I see the client's typical pattern of communication starting to take flight, scattered speech and big claims without the matching affect. *My case conceptualization is coming to life before my eyes.* It has not even been three minutes since seeing the client, and I am already making sense of the client's language, specific word choice, tone of voice, and intense eye contact. The session continues in much of the same way: the client presenting a situation that she perceives as a crisis, persistently and boldly asking me what I would do if I were her.

After alerting the client that therapy time is wrapping up, the client launches into another topic, pulling out a notebook to jot down my words, appearing apprehensive that she will have to

wait another week until her next appointment. I try multiple times to address this dependency and interpersonal style issue, at least interpreted as such through my clinical lens. Ten minutes later, the client is escorted back into the waiting room. Saying *good bye* and *see you next week* feels like a struggle, requiring effort to balance gentle but firm boundaries.

Frazzled is how I feel every Tuesday at 2:15 p.m. The last 75 minutes has been nothing short of a superhuman effort, requiring me to make sense of the client's ever evolving experience of the world and her persistent and scattered interpersonal style. Not only do I apply evidence based interventions and empathically connect with the client, but I also simultaneously attempt to respond and make sense of my own internal reactions to the client. The interpretation of the client, her world, and her experience is not the same understanding that I had the previous week, and certainly not the same as it will be at the time of discharge. In addition to trying to guide the client to a more stable place in life, I must also consider my personal style, my values as a psychologist, and how I present to the client.

The client's world is alive. My world is alive. Both of these lives, especially the client with chronic mental illness, are to be interpreted. Next Tuesday at 1:00 p.m., hopefully not 12:30 p.m., the interpretation continues. Regardless of the timing of our sessions, I as well as all counselling psychologists must rely on training and relationships in order to honour the interpretation that makes this discipline what it is. Counselling psychology is an interpretive practice.

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