

RESEARCH ARTICLE

**Application of Intent-Analysis to Therapeutic Discourse in the
Analysis of the Professional Activity of Psychotherapists**

**Aplicación del análisis de intenciones al discurso terapéutico en el
análisis de la actividad profesional de los psicoterapeutas**

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Summary

The paper presents the author's original technique of intent-analysis of psychotherapeutic discourse, alongside the results of the in-depth psychological intent-analysis of Carl Rogers' psychotherapeutic speech, which was conducted using this technique. This paper includes a dictionary of therapeutic speech intentions, a classification of intentional characteristics of psychotherapeutic speech, some markers of intentions and an instruction for experts. The work includes an analysis of several therapeutic sessions given by Carl Rogers, as compared to those given by novice client-centered psychotherapists; the analysis was carried out using the author's original methodology (intent-analysis of psychotherapeutic discourse). The developed tools can be significant and useful in the supervision of practicing psychotherapists and the training of novice psychotherapists.

Keywords: Psychotherapeutic discourse, Therapist's utterances, Intent-analysis, Therapist's speech intentions, Client-centered psychotherapy, Novice psychotherapists, Supervision.

Resumen

El artículo presenta la técnica original del autor de análisis de la intención del discurso psicoterapéutico, junto con los resultados del análisis psicológico profundo de la intención del discurso psicoterapéutico de Carl Rogers, que se llevó a cabo utilizando esta técnica. Este artículo incluye un diccionario de intenciones terapéuticas del habla, una clasificación de las características intencionales del habla psicoterapéutica, algunos marcadores de intenciones y una instrucción para expertos. El trabajo incluye un análisis de varias sesiones terapéuticas impartidas por Carl Rogers, en comparación con las impartidas por psicoterapeutas novatos centrados en el cliente; el análisis se realizó utilizando la metodología original del autor (análisis de intenciones del discurso psicoterapéutico). Las herramientas desarrolladas pueden ser significativas y útiles en la supervisión de psicoterapeutas en ejercicio y en la formación de psicoterapeutas novatos.

Palabras clave: discurso psicoterapéutico, expresiones del terapeuta, análisis de intenciones, intenciones del habla del terapeuta, psicoterapia centrada en el cliente, psicoterapeutas novatos, supervisión.

Introduction

An analysis of psychotherapeutic activity can be conducted through different ways (Suggested Citation: American Psychological Association, 2014; Guidelines for Clinical Supervision in Health Service Psychology, 2014). The methodological basis of this study is the process model of supervision presented by Peter Hawkins and Robin Shohet (Hawkins, P., Shohet, R., 2000). The process model of supervision described in their work includes seven dimensions. The second dimension is called Focus on Strategies and Interventions. The supervisor's task lies here in focusing on the interventions carried out by the therapist during their sessions with clients, and in promoting their understanding of how and why these interventions were carried out, as well as encouraging the therapists to create more efficient ways to intervene. This can be achieved by asking them the following questions: "What were the intentions of the therapists when they were intervening? What was the goal of their intervention? What did these interventions result in?"

The present study shows that a similar analysis of psychotherapeutic speech intentions can be implemented by applying the author's original method of intent-analysis to psychotherapeutic discourse.

Materials and Methods

The professional activity of a psychotherapist is known to be carried out primarily through talking. Thus, the major part of the analysis of such activity should be directed at therapists' speech, i.e. it will consist in the research of the transcripts of psychotherapeutic sessions.

In 2010, in order to define the specifics of psychotherapeutic speech and to answer the question “How should a therapist talk to keep his or her speech professional?”, the author of the present paper, E. Kirillova developed a technique of intent-analysis of psychotherapeutic discourse. This technique allows studying the in-depth psychological content of speech, in particular the plan of the psychotherapist’s intentions. “On the subjective level, the activity, which is directed at the expression of psychological content of the conscious mind, represents an intention to speak out, i.e. a speech intention” (Ushakova, 2006).

A speech intention of a psychotherapist is his or her intention to speak out. After the analysis of the theoretical material dedicated to this subject, it was concluded that psychotherapists’ speech can be considered professional when 1) they express (in their therapeutic utterances) the intentions that promote the achievement of their goals by the client, and 2) they express the intentions consistent with the principles of a proven psychotherapeutic approach that has been validated scientifically and practically. Therefore, psychotherapist should build their utterances with regards to the intentional plan of their speech.

In general, the technique represents a way to draw up an expert evaluation of therapists’ utterances. It includes a Guideline for experts, a Dictionary of 30 psychotherapeutic intentions, a Classification of intentional characteristics of psychotherapeutic speech, a list of Markers (verbal indices that allow identification of particular intentions), and a program developed in Microsoft Office Excel, which allows its user to process the data quickly and build comparative graphs and charts.

The Dictionary of intentions, the Classification of intentions and the Markers of intentions should be used to identify the meaning of each utterance of a psychotherapist by matching it with the speech intentions listed in the Dictionary.

The analysis itself should follow certain rules of the intent-analysis method (Ushakova, T.N., Pavlova, N.D. etc., 2000).

A unit of analysis is a therapist’s utterance. A unit of intentional analysis is a sentence. If an intention is expressed in one utterance more than once, it should be registered as one intention. All miscellaneous intentions identified in an utterance should be registered. Thus each utterance of a psychotherapist contains one or several intentions that are identified by way of the analysis.

If an intention within a therapist’s utterance cannot be identified, the utterance may be paraphrased according to the following principles:

- The meaning of the paraphrased utterance should be preserved at the maximum level;
- No generalizing of the sense is possible;
- Separate words irrelevant to the general meaning can be omitted;
- The utterances representing speech actions should be ignored.

Below is an example of speech intentions identified in the utterance taken from the conversation between C. Rogers (T) and Herbert Bryan (C):

C378: “I suppose my main element of discouragement is there, that when I do... have a good day, it doesn’t last. That the laws of momentum operate for the bad, but not for the good.”

T379: “And you’re feeling quite discouraged today, aren’t you, about your whole situation?”

Let us consider the utterance of the psychotherapist which represents a compound sentence. We can identify three subjects liable for intentional interpretation.

The therapist emphasizes the present day: “*And ...today*”. The quality of the intention is *Returning to “here and now”*. The therapist empathizes with the client and strives to understand him empathically: “you’re feeling quite discouraged”. The quality of this intention is *Empathy*. And finally, the therapist generalizes the whole situation of the client: “*about your whole situation*”. The quality of this intention is *Generalization*.

The Dictionary of speech intentions of a psychotherapist is listed below together with examples of markers.

Dictionary of therapeutic speech intentions

1. Emphasis — accentuating the most important of the client’s feelings and peculiarities of behavior.

C125. [...] the more significant elements are what you experience [...] (p. 296)¹.

Carl: It seems to me that in the last eighteen months everything seems very, very important – every moment, every aspect of life [...] seems more vital and more significant (p. 143).

2. Analysis — analyzing the client’s situation.

- transfer analysis

A:89:3:6: You really think your depression is somehow connected with me [...] (Lichtenberg et al., 2003, p. 113).

- dreaming analysis

A:85:4:26: You split it quite distinctively in your dream [...] (Lichtenberg and et al., 2003, p. 83).

3. Returning to “here-and-now” — switching the client’s attention to the current mental processes, states, experiences and relationships that occur at this place and time.

C279 [...] you’re now talking [...] (p. 342).

C381. You feel somewhat that way at the present time but not quite as strongly as that [...] (p. 374).

4. Hypothesis — assumptions made about the client’s real-life situation, reasons for behavior, parent-child relationship, early violations of his/her personality structure, etc.

C168. The negative forces in your personality probably won’t let you turn the spotlight on them, particularly as long as you regard them as something quite outside of yourself (p. 310).

C283. Perhaps you’re not entirely sure, yourself – or haven’t been in the past, how much you really wanted to play a masculine role (p. 343).

5. Pressure — desire to give advice, to instruct.

¹ Here and elsewhere we use “C” when we refer to Rogers Carl R. (1942/1972) *Counseling and Psychotherapy*. – Boston: Houghton Mifflin Company and “Carl” - when we refer to Kirschenbaum H., Henderson V. (1989). *The Carl Rogers Reader*.

C280. [...] *I don't want to push you on this – perhaps you didn't make it plain – perhaps it isn't plain in your own mind [...]* (p.342).

C414. [...] *and to make the choice fairly deeply, perhaps. Of the kind of satisfactions that you most want* (p.381).

6. Diagnostics — checking how much a client is suitable for psychotherapy; control over the stages of the psychotherapeutic process.

C13 [...] *And you [...] In spite of the difficulty that it causes you, you feel pretty sure that it isn't physical?* (p. 268).

C45. *Appetite is still good [...]* (p. 276).

7. Interest — the therapist's epistemological attitude and need to learn about diverse behaviour patterns, feelings and experiences of the client.

C62. [...] *And when you're discussing philosophical issues, what about this problem of blocking – free from it, or not?* (p. 281).

Carl: *Can you tell me a little bit more about the fear that you have of aging? As you get older, what?* (p. 139).

8. Confrontation — the expression of therapist's own disagreement with the client's expressed behavior, attitudes and beliefs.

C177. *No, I guess that wasn't quite my notion [...]* (p. 312).

Carl: [...] *And one other thing that you said: that you're trying to help me. I guess I hope that what we're doing here will help you* (p. 145).

9. Cooperation — an expression of attitude, which is aimed at bringing the client to participate in joint actions or noticing a joint work that is already taking place.

C46. *Well, I think that the sort of thing that perhaps we can do in our discussions together is to explore this thing pretty fully – uh, find out what it means to you and why it has blocked you in different situations and gradually see if we can find ways of dealing with it* (p. 276).

C482 [...] *we get together and try and see what ways there are of developing that road* (p. 401).

10. Generalization — therapist's attempt to summarize the information so that he or she could sum up the client's situation.

Carl: [...] *Those are two main problems for you [...]* (p. 139).

Carl: [...] *and that you're saying the fears grow stronger, as time goes by, both of marriage and of children and of commitment, as well as a fear of aging – that it seems a package of fears [...]* (pp. 143-144).

11. Drawing attention to incongruity — focusing the therapist's attention on the client's behavior that does not match his or her feelings.

C48. *There is a feeling you have a certain tendency to cling to this, even though you don't like it* (p. 277).

C228. [...] *I mean – that you can attract most women; you can get them interested in you, but your own interest in them is pretty definitely limited to [...]* (pp. 326 -327).

12. Objectification — the allocation of the most significant content of the client's inner world as an object for cooperative research.

C58. [...] *And still this thing crops up there, too, and blocks you from enjoying dancing [...]* (p. 280).

C97. [...] *that is, it's something sort of outside of yourself [...]* (p. 290).

13. Organizational matters — discussion of place, time and payment of counseling or therapy sessions; message to the client about the finishing time of the session; the arrangements for the next meeting; conclusion of the psychotherapeutic contract.

C85. *Well, let's consider various angles of that next time you come in. Now, we should – I was looking over my calendar just before you came. I could see you next Tuesday at four o'clock; would that be a convenient time for you? I thought perhaps we might try to work in a couple of contacts next week – I'm not sure that I can make them as frequent as that later on* (p.287).

Carl: [...] *but we're going to have to stop in a few minutes* (p. 149).

14. Evaluating — positive or negative judgment of the therapist about something.

C56. *I think you do have a remarkably good intellectual analysis of the situation [...]* (p.279).

C479. [...] *I was just going to say – I think that there is surely the possibility that you might wish to live by neurotic satisfactions rather than healthy ones* (p.400).

15. Responsibility transfer — defining the therapist's role in communicating with the client and setting the limits in providing assistance.

C331. [...] *that the business of throwing light on the whole thing is somewhat mutual. But then the business of turning the key is up to you* (p.358).

C484. *Well, I know you feel that, my gosh, I ought to give you some pills, psychological or otherwise, but I don't know that that's [...]* (p.401).

16. Inducement — an appeal to any action or assuming a new viewpoint.

C79. [...] *let's work that through and explore it* (p. 285).

C186. [...] *Let's see if we can take up some of those things next time* (p.314).

17. Support — an expression of approval and encouragement.

C85. *Yes. That's an excellent statement* (p.286).

C322. *I think so too. To be quite frank with you, I think so too* (p.355).

18. Assisting — helping the clients to understand themselves (to ensure they are really speaking their mind), to reflect on their self-relation (to identify the clients' attitude to their feelings and to themselves), to identify the meanings, and to establish a contact with their internal resources, their vitality and inner self.

C53. *In other words, you feel that nobody could persuade you out of this situation* (p.278).

Carl: *So what you're telling me is, you do have a purpose in life, you do have something you really want to do – (Jan: Oh, yes.) Carl: To commit yourself to music, to the arts, but you feel society prevents you from doing that. But what you would like to do is to throw up everything else and just concentrate on your love of music* (p. 143).

19. Understanding — a clear sense of internal relatedness and organization of the phenomena, their logical ordering; a clear awareness of cause-effect relations; understanding as “grasping” of the relations and situation of the client.

C570. *I see* (p. 425).

C393. *I realize that* (p. 377).

20. Granting independence — delegating rights, opportunities to the clients to do something by themselves in the psychotherapeutic process. For instance, to choose a topic or a way of discussion.

Carl: [...] I don't know which you'd rather pick up first (p.139).

Carl: You can take all the time you want [...] (p.145).

21. Unconditional attitude — allowing the clients to have their own feelings, stick to the positions they hold, to be who they are.

Carl: But whatever you would like to bring up, I'd be very ready to hear (p. 139).

Carl: That's a part that you know very well (p.145).

22. Congruent self-expression — an open and honest presentation of the therapist's own actual experiences and feelings to the client.

C179. Well, I think probably I'm pushing you a little too hard on that, too (p. 312).

Carl: I feel I'm getting acquainted with that frightened little Jan that is inside (p. 145).

23. Self-disclosure — a message of the therapist to the client about his or her own life experience; demonstration of its similarity to the client's experience.

C612. Well, I always feel that I get something out of it, too (p.434).

Carl: [...] I'm only eighty, but I can still be a naughty little boy (p. 149).

24. Symbolization — assigning symbols to the client's inner life, naming the client's imagery, emotions, body sensations.

Carl: [...] Part of your fear is: "Look that happened to my mother, and am I following in the same path [...]" (p.141).

Carl: It's just that the notion of being tied into marriage – that's scary as hell (p.142).

25. Comparison — establishing similarities or differences between certain peculiarities of behavior, feelings and circumstances of the client.

C356. Those sound like very positive steps (p. 366).

C381. You feel somewhat that way at the present time but not quite as strongly as that [...] (p. 374).

26. Striving — the expression of therapist's own current cravings, desires, intentions, interests, ideals, inclinations, etc.

Carl: I wish I could help you get a handle on some of those things that are going around in your head (p. 142).

Carl: [...] I hope that you can get better acquainted with yourself by telling us some of those things (p. 145).

27. Interpretation of meaning — explanation of something, giving the client another possibility to understand his or her own feelings, behavior or problems.

C18. So that in that situation, you're not at all sure that you'll be free of this feeling, or free of difficulty (p.269).

C296. That's one reason why your coming in here to see me and to see about this whole thing, I think, has a lot of significance, because [...] (p.347).

28. Reference to former experience — finding a connection between the clients' present

problems and the preceding circumstances of their life.

C279. That is, you're now talking about it again back in – what it might have meant to you then (p. 342).

Carl: And you didn't have those feelings very much until perhaps a year and a half ago. (Pause.) Was there anything special at that time that seemed to set it off? (p. 44).

29. Focus on feelings and emotions — intention of the therapist to facilitate the clients' contacts with their own feelings and experiences.

C58. [...] I mean what your feelings are while you're dancing, or what it is that seems to [...] (p.308).

C264. You feel that would be just more than you could take (p.337).

30. Empathizing — showing co-experiencing and understanding of the client's feelings.

C485. [...] you feeling quite discouraged about it today (p.402).

Carl: You sort of felt that if your mother died at that early age that was a possibility for you, too (Pause.) And time began to seem a lot shorter (p.140).

The markers of intentions are exemplified with a couple of utterances listed for each intention. In fact, there are about 400 of typical and common utterances taken from transcripts of sessions given by psychotherapists of various therapeutic approaches (Bugental, J., 1998; Kirschenbaum, H., Henderson, V., 1989; Lengele, A., 2005; Lichtenberg, Joseph D., Lachmann Frank M., Fosshage James L., 2003; Rogers, C.R., 1965; Rogers, C.R. 1942/1972). The full list is included in the author's Ph.D. thesis (Thesis (2010), pp. 196-216).

The identification results are entered into the Results form and are processed in the special program developed in Microsoft Office Excel. Consequently, we receive a chart showing the percentage of pronouncement of each intention in the order listed in the Dictionary, a pie chart showing the percentage of pronouncement of each intention, a chart showing the pronouncement of intentions sorted by the objects-oriented intentions and a corresponding pie chart, a pie chart of intentional content inside the objects-oriented intentions, a chart and a pie chart of pronouncement of intentions listed in decreasing order. When structured in this way, on the basis of Classification of intentions, the material enables us to analyze the obtained results in various aspects of psychotherapeutic practice, for example:

- To compare the psychotherapeutic speech of therapists working in the same therapeutic approach;
- To compare the speech of psychotherapists from different approaches;
- To compare the speech of experienced and novice psychotherapists;
- To distinguish psychotherapeutic intentions and to study non-psychotherapeutic intentions, etc.

The classification of intentions is presented in Table 1.

Table 1. Classification of intentions in psychotherapeutic speech

Objects-oriented intentions	Categories of intentions	Classes of intentions	Intentions
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Objects-oriented intentions	Categories of intentions	Classes of intentions	Intentions
Situation of the Client	Cognitive	Perceiving	Focus on feelings and emotions
		Operational	Analysis
			Hypothesis
			Evaluating
			Understanding
			Comparison
			Interpretation of meaning
			Reference to former experience
		Reflexive	Emphasis
			Generalization
			Drawing attention to incongruity
			Objectification
			Symbolization
The Client as a subject in communication	Dialogical	Contact	Returning to "here-and-now"
			Diagnostics
			Interest
			Cooperation
			Confrontation
			Organizational matters
			Inducement
			Support
			Responsibility transfer
		Out-of-contact	Pressure
		Self-consciousness of the Client	Facilitating
Granting independence			
Unconditional attitude			
Essence-based	Congruent self-expression		
	Self-disclosure		
	Striving		
	Empathizing		

The classification is grounded on scientific research conducted by famous psychologists and psychotherapists: Heron, 1975; Hill, 1978, 1979, 1985; Kalina, 2002; Rogers 1942/1972, 2002, 2004; Rubinshtein 2003 a,b; Semenov 2009; Searle, 1999; Stiles,W., 1979, Yagnyuk, K.V., 2003. etc.

Study 1

In 2010, this method was applied to the analysis of C. Rogers' work, to achieve a better understanding and perform a scientific reflection on his client-centered psychotherapeutic practice. (Kirillova, 2008;

Kirillova, 2010; Kirillova, Orlov, 2010; Kirillova E., 2012, Kirillova E., Keil W., 2013; Elena I. Kirillova, 2019). In other words, it was a supervision of C. Rogers' therapeutic speech. Three therapeutic cases, once published by C. Rogers himself, were used as the subjects of our empirical study. They were considered as examples of therapeutic work and, in our opinion, illustrate the three stages of C. Roger's psychotherapy development: the non-directive approach in the case of Herbert (1942), client-centered therapy in the case of Gloria (1965), and person-centered therapy in the case of Jan (1986). At present, these cases are conventionally considered as models and represent the typical examples of Rogerian therapy.

The results of Study 1

In the study of C. Rogers's psychotherapeutic speech, we analyzed the total of 729 utterances and identified 30 psychotherapeutic intentions of different quality in them.

If we estimate the pronouncement of the three intentions (*Empathizing*, *Congruent self-expression* and *Unconditional attitude*), which appear to be the grounds of C. Rogers' psychotherapeutic method, their total percentage in Rogers' speech will be: 27 % in the non-directive period, 29 % in the client-centered period, and 58 % in the person-centered period of his practice. Table 2 presents explicit results of the conducted analysis and their distribution by the objects of therapeutic intentions.

Table 2. The percentage of pronounced intentions distributed by focus objects of the intentions in the non-directive, client-centered and person-centered periods of C. Rogers' psychotherapeutic practice

Periods \ Objects	Situation of the client	Client as a subject of communication	Self-consciousness of the client
1. Non-directive (case of Herbert)	36	35	29
2. Client-centered (case of Gloria)	28	25	47
3. Person-centered (case of Jan)	25	18	57

The intentional structure of C. Rogers' professional speech was statistically processed. In the sessions with Gloria and Jan there was no significant difference between the effective feature and the critical measure $X^2 = 52.62$ with the significance level < 0.001 . Significant difference in the intentional content of C. Rogers' speech was observed between his sessions with Herbert and Gloria, and between his sessions with Herbert and Jan.

An important result in the study of C. Rogers' psychotherapeutic speech was the identified and listed intention of *Assisting* the clients in understanding of themselves, in reflecting on their self-relation, in their search for the meaning, and establishing contact with their inner selves. It is significantly marked in C. Rogers' psychotherapeutic speech in the non-directive period of his practice, while in the client-centered and person-centered periods this intention plays the leading role.

If we expand the intentional grounds of C. Rogers' method by including the intention of *Assisting* into the intentional boundaries of the method, the total percentage of intentional bases of the method will show 35.5%, 63.4% and 100% respectively. By intentional boundaries of psychotherapeutic method, we understand the range of intentions forming the intentional grounds of the method.

Study 2

When C. Rogers published the transcripts of his psychotherapeutic sessions, he strove to make them useful as research material, the "research base" in scientific work. "If counselling lies mainly in creating the atmosphere, in which the client can reach an insight and start steering his life in a new

direction, then the illustration of the counselor's ways to create such an atmosphere is - and it is indeed - typical for the counselor's actions in all cases". (Rogers, C. R. (1942/1972), p. 286).

In 2014, we compared the intentional structure of C. Rogers' psychotherapeutic speech in his session with Gloria (as a model of client-centered therapy) with the intentional structure of the speech of novice counselors working in the client-centered approach. We took the intentional structure of Rogers' psychotherapeutic speech as an "ideal" model of comparison with the intentional structure of professional speech of the students working in the client-centered approach to psychotherapy.

At the first stage, we conducted an analysis of the professional psychotherapeutic activity of novice client-centered therapists, applying the technique of psychotherapeutic discourse intent-analysis.

The research was designed in the following way:

Each of the ten students of the Person-centered Approach Profile in the Master's program "Personology and Counseling Psychology" at the National Research University Higher School of Economics conducted five sessions with clients. Each student had sessions with his or her own client. The fourth session of each student was chosen for our study, in order to eliminate the specifics of the initial and the final session. The students worked in the conditions of included supervision: the supervisor was present at the session. Four certified client-centered psychotherapists with fifteen or more years of experience acted as supervisors and analyzed the transcripts of the students' sessions.

At the second stage, we compared the intentional content of the transcripts of the students' sessions with the intentional content of the transcript of C. Rogers' session with Gloria.

Results of Study 2

The analysis of the novice counselors' professional speech helped to identify, according to the client-centered approach to psychotherapy, 8 non-therapeutic intentions, i.e. such intentions that were not present in C. Rogers' psychotherapeutic speech. They are:

1. Manipulation: a communicative action which entails actualization of certain motivational states (along with feelings, attitudes, stereotypes) in the object, compelling him or her to behave in a way desirable (advantageous) for the subject of such action. (Significant psychological dictionary, 2004, p. 274)

Example:

T: Now I will ask you to relax completely. Relax completely, or ultimately concentrate, as you prefer. Now I want you to concentrate on your breath: you breathe smoothly, deeply. I want you to feel the warmth, concentrate on your body and feel the warmth. You are sitting on a thick white carpet... There's a big screen in front of you, and you are watching the events of your real life on that screen. There's you, and people you know, people you work with, and you're watching yourself from the outside. You're doing something... and the whole of your real life is there, on that screen. And you are sleeping and watching yourself. Then you take the remote control, which is lying beside you and press the button, so the events of your life are flashing backwards very quickly ... Just try and look at these events in a new way and tell about everything that comes to your mind, everything you feel, remember and experience.

2. Interest about an outside situation — an attempt of the therapist to figure out the client's situation by themselves.

Examples:

T: Do you do anything apart from studies? Any hobby?

T: Does anybody you know do the same?

T: Would you like to get a job of a laboratory technician or not?

3. Informing — an intention to give information of any kind to the client, which they do not request.

Examples:

T: There's a very helpful book by Gippenreuter: "Communicate with a child. How?" Mind you, a very good and useful book.

T: I have ballroom dance classes there. If you like, you may join, if you're interested in ballroom dance: latino and waltzes.

4. Incongruent self-expression — an attempt of the therapist to express own feelings, but indirectly: through jokes, irony, questions and other non-constructive speech behaviour.

Example:

T: Hey, you're afraid to enjoy yourself, aren't you?

5. Taking responsibility for the client — an intention of the therapist to express his or her active position in the client's life.

Example:

T: I want you to tell me about everything that was going on inside of you at that time, and before that. Everything of importance then, when you had these diseases and fears. I want you to overcome those insecurities which were once actual for you.

T: For some reason, I would like to understand and to research these situations of yours. To understand, why these trifles, as you put it yourself, make you worry so much?

6. Checking understanding — a wish of the therapist to find confirmation of his or her thoughts or ideas about something, in the client's words.

Example:

C: I sometimes think about the period of time I'm going to have now. My classes are about to start, and I have no time for that. On the other hand, I'm just afraid to do it. Because, as usual, it will be like this: I will join, and everyone can already do something, and I'm like a fool, as usual. And on the other hand, again, I just want to do it, and that's all. I just can't understand, what's hindering me after all, what may be stopping me?

T: So, you want to go there, but at the same time, some kind of fear is hindering you, but it's not really a fear, but some kind of awkward feeling, right?

C: Probably I'm afraid to make a fool of myself...

7. Fixating — an attempt of the therapist to secure a certain result and to force the client to make a particular choice.

Example:

T: Have you decided anything for yourself now? Or something is hindering you again?

C: No, I've decided, I have.

T: Are you sure you have?

C: Yes, I have, for sure.

T: Are you starting in September?

C: Yes.

8. Switching attention to other people — an intention of the therapist to form his or her own opinion about the client's relationship with other people.

Example:

T: So you see that he's taking it too easy?

C: I think I just... just... again it turns out that I'm blowing things out of proportion. What I'm thinking right now... is that it will be pretty awkward now to speak with this person. The first time after our...the misunderstanding between us.

T: You're speaking about a misunderstanding, but when you mentioned it, I heard that as if he misunderstands you. As if you understand all his reasons, and even don't resent them, but there is a misunderstanding from his part.

Non-therapeutic intentions are linked together and associated with the fourth object of intentional focus: "Individual needs of the therapist".

Table 3. Pronouncement of intentions by the objects of intentional focus by volume

Objects	Rogers (case of Gloria)	Students									
		1	2	3	4	5	6	7	8	9	10
1	25	12	12	50	20	17	41	24	17	24	30
2	22	7	34	45	25	18	10	37	16	18	33
3	41	17	70	25	46	28	29	33	21	21	48
4	0	0	6	5	0	20	28	4	4	5	7
Total	88	36	122	125	91	83	108	98	58	68	118

The intentional structure the novice counselors' professional speech was statistically processed. In six cases out of ten, significant differences were revealed between the effective feature and the critical measure $X^2 = 7.82$ with the significance level $p < 0.05$ and with the number of freedom degrees being 3, as opposed to the intentional structure of the "ideal" model of client-centered therapy in the psychotherapeutic session of C. Rogers with Gloria. In the students' sessions 1, 4, 8 and 10, the differences were insignificant, compared to the "ideal" model of C. Rogers.

Table 4. Percent of pronounced intentions by the objects of intentional focus

Objects	Rogers (case of Gloria)	Students									
		1	2	3	4	5	6	7	8	9	10
1	28	33	10	40	22	20	38	24	29	35	25
2	25	20	28	36	27	22	9	38	28	26	28
3	47	47	57	20	51	34	27	34	36	31	41
4	0	0	5	4	0	24	26	4	7	8	6
Total	100	100	100	100	100	100	100	100	100	100	100

When evaluating the results of intent-analysis, more non-therapeutic intentions were discovered in two sessions out of the four, where the differences in the intentional structure between the speech of a novice counselor and the "ideal" model had been previously considered insignificant. However, it can be noticed that in sessions 8 and 10 there are, correspondingly, 7 and 6 non-therapeutic intentions present. Thus, only two of ten sessions (sessions 1 and 4) appear to be qualified by experts as client-centered, while in C. Rogers' sessions, non-therapeutic intentions were not identified. It should also be noted that in five cases out of ten, the professional speech of the novice

therapists demonstrated one particular, most pronounced intention, which attracted the attention of the experts analyzing the transcripts of the sessions.

Discussion

Concerning the analysis of C. Rogers' work, it should be noted that his professional mastery developed in the direction of ever more accurate expression in his speech of the intentional bases of his psychotherapeutic method.

The difference in qualitative and quantitative content of his psychotherapeutic speech intentions between different periods of C. Rogers' practice is also worthy of note.

We believe that the most pronounced non-psychotherapeutic intention mentioned in the results of the studies of the novice psychotherapists' professional speech is associated with the personal attributes of the counselors, and may not be related to their professional practice. In a first approximation, it was assumed that the non-psychotherapeutic intentions are associated with the therapist's need in love and power. Based on this, the therapist could be recommended to undergo personal therapy with a request to research and work through the issues connected with latent personal intentions expressed during their session, and to address their needs which, one way or another, they try to satisfy at the expense of the client.

A number of problems associated, for example, with supervision of psychotherapeutic practice, can be solved through application of the described technique.

Precise criteria are essential for the supervisors in order to evaluate the work of the supervised, and for the supervised it is necessary to have a clear understanding of their professional level (Fouad, N., Grus, C. L., Hatcher, R. L., Kaslow, N. J., Hutchings, P. S., Madson, M. B., Collins, F.L., Jr., & Crossman, R. E., 2009; Kaslow, N. J., Grus, C. L., Campbell, L. F., Fouad, N. A., Hatcher, R. L., & Rodolfa, E. R. 2009). Besides, it is necessary for them to receive a clear feedback from their supervisor, which can give an idea of how well their work meets these criteria.

On one hand, these criteria can include such characteristics as experience, altruism, responsibility, goodwill, caring, honesty, respect to others, reliability, truthfulness, etc. (Grus, C. L., & Kaslow, N. J., 2014). On the other hand, application of intent-analysis to the psychotherapeutic discourse sets some well-defined criteria associated with deep intentional content of professional psychotherapeutic speech.

In 1975, Heron (1975) developed six categories of supervisor's interventions. However, they can succeed or fail to be understood in different psychotherapeutic approaches. Meanwhile, the intentions listed in the Dictionary can become a unified language of communication between supervisors and therapists from different approaches.

The described method gives an opportunity for a therapist to examine his or her own sessions even with possible self-esteem bias (Dunning, D., Heath, C. & Suls, J. M., 2004; Gruppen, L. D., White, C., Fitzgerald, J. T., Grum, C. M. & Woolliscroft, J. O., 2000). Evaluation of a therapist's work can be conducted, for instance, by colleagues in an intervision group.

Using this technique, the supervisor and the supervised are enabled to shift to a different level of their relationship, because objective, to a certain extent, criteria for cooperative analysis and discussion are introduced. The examples of therapeutic work can be chosen by the supervisor, but in this case the supervision should be supported with audio and video materials as well as transcripts of the sessions. The conversation between the supervisor and the supervised can be supplemented with the intent-analysis of the transcripts, which leads to a clearer and more focused definition of their conversation subject.

Conclusion

The most important result of this study consists in assigning the leading part of Carl Rogers' speech to the Assisting intention that helps clients to understand themselves, to reflect on their self-relation, to discover the meanings, and establish a contact with their internal resources and inner self. It is also possible to conclude that the specific character of C. Rogers' psychotherapeutic speech is its intentional focus on the object called "Self-consciousness of the client".

The study identified and defined non-therapeutic intentions in the speech of novice counselors according to the client-centered approach to psychotherapy. These non-therapeutic intentions reflect novice counselors' individual needs that are not immediately connected with the practice of client-centered psychotherapy.

The technique of intent-analysis of psychotherapeutic discourse can play an important role for students, novice counselors and psychotherapists in various educational programs, because it promotes understanding of the motives and meanings of their psychotherapeutic practice, realized through their professional speech.

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