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# PERSONAL THERAPISTS' VOICES IN THE SYSTEMIC FIRST CONSULTATIONS. DIALOGICAL ANALYSIS

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**family therapy**
**Interpersonal Process Recall**
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## Abstract

**Objectives**: The aim of the presented exploratory study was to observe and describe personal themes in a therapist's mind. The research included recording and subsequent analysis of family or couple therapy sessions as well as interviews with therapists.

**Methods**: The therapists were interviewed using the Interpersonal Process Recall (IPR) Protocol [1]. The multiple case study design was used to compare the therapist's autobiographical memories and associations while conducting the therapeutic sessions. Those chosen excerpts with identified personal connotations were reviewed by dialogical analysis, differentiating between experiencing and professional selfs of therapist [2] and the relations between them. This was followed by the analysis of seven IPR interviews with therapists, conducted directly after the first consultation: four of them with families and three with couples. They had been sent to the therapy for different reasons: eating disorder, family conflicts, addictions, or behavioural disorders. All therapists worked in the systemic approach, were certified therapists and supervisors.

**Results**: In the analysis, five fragments of IPR interviews with personal voices considering autobiographical experiences were identified. In each example, this has evoked a professional voice reflecting the consciousness of the therapist's own perspective (metaposition of the observer's thoughts and feelings). In half of the examples, consciousness was followed by the analysis of a possible impact of personal voices on the therapeutic process.

**Conclusions**: The evoked biographical themes during therapeutic sessions might adopt the form of observing similarities of experiences between the family and the therapist but may also be associated with deeper reflection on their importance to the therapeutic process. IPR is a useful tool to explore a phenomenon like personal voices.

## Introduction

The aim of the study was to address the question of whether the psychotherapist's own autobiographical experiences are triggered during therapy sessions. Also considered in the study was the manner these experiences are described and reflected upon by the therapist. The use of dialogical analysis in the process of family and couple therapy [3, 4] provided new insight into the multifaceted dynamics of the relationship between the therapist's internal dialogue and external conversation during the session.

To describe the inner voices of therapists, researchers refer to the concept of dialogical self formulated by the literary scholar Mikhail Bakhtin [5], and further developed in psychology by Hubert Hermans [6]. In the field of psychotherapy, the phenomenon of internal dialogue has been subjected to analysis by Tom Andersen [7] and Peter Rober [2]. Especially the works of Rober [8] regarding the therapist's inner conversation became an inspiration for clinicians and theoreticians studying the therapy process [4, 9]. An internal conversation between different parts of self occurs during the session, affecting its course. In the context of the therapeutic process, Rober [2, 10] distinguishes two basic internal therapist voices: "the experiencing self" and "the professional self." According to him, the experiencing self consists of the therapist's observations and their memories, images, fantasies, which are activated by what the therapist observes. In a sense, the "experiencing self" means an attitude of ignorant receptivity here and now, both towards the client's history and towards what has been evoked by these stories in the therapist [2, 11]. The therapist's "professional self" is active during the session by constructing hypotheses, structuring information, combining them into a whole and preparing interventions [8, 10]. In such a state of mind, the therapist remains mainly in the position of the observer [2, 12].

The therapist's experience, associations, or memories can be a source of constructive interventions, thanks to a better understanding of similar experiences, as well as a reason for dangerous distortions due to the therapist's emotional involvement in his own references. The results of the study conducted on gender issues by Józefik and Janusz [13] have shown that psychotherapists during family therapy, couple therapy, and individual therapy frequently refer to their experiences. The quoted studies concerned only the declarations of psychotherapists but also showed the validity of the question about the actual reference to biographical events of psychotherapists.

Rober [11] points out that during the session, the therapists often experience vague and unclear feelings. Trying to understand their feelings, they make them more ordered. Then, being spoken out, the feelings acquire a more understandable character, although they are no longer the same as the initial thoughts and feelings. The therapist's hearing and understanding of their inner voices are crucial for the therapy process. Of the many aspects of studying the psychotherapeutic process, it is the therapist's internal conversation that is one of the most difficult elements of cognition. The Interpersonal Process Recall (IPR) procedure serves as a tool to study it closer.

The research questions aimed to check if and what kind of autobiographical experiences run in a therapist during a family/couple session, as well as what evokes this kind of memories and associations,

and whether it is possible to capture their impact on the therapist's insight, understood as the awareness of the therapeutic process, with particular emphasis on the impact of personal threads on the course of therapy.

## Method

### Interpersonal Process Recall (IPR)

Interviews with therapists were conducted in accordance with the IPR protocol [1, 14, 15], enabling the recall of internal conversations of the therapists: their thoughts, feelings, attitudes or intentions occurring during the session. IPR is a type of interview procedure [16] in which a conversation (in this case a therapeutic session) is recorded and then played back directly after its end to the study participant (here: the therapist). This method provides the opportunity to capture the internal experiences of participants in the therapeutic process, and thus allows researchers to observe and explore interactions occurring during the session, with direct clarification from the current participant of the process [17]. It helps increase self-awareness and deepen relations between participants [18, 19]. Recently, therapists of various trends [20], both in clinical work [21] and taking into account the broad cultural context [22], have found the use of IPR in supervision beneficial, analyzing both the benefits and threats of this type of supervision work.

### Multiple case study

Multiple case study allows the researcher to repeat the same study in relation to similar cases so as to better highlight the phenomenon under study [23]. It is a method that takes into account the in-depth exploration of similarities and differences between phenomena [24]. In this study, this model was used for a detailed description of the autobiographical memories and associations arising in the minds of therapists during therapeutic sessions.

### Dialogical analysis

The received material was subjected to dialogical analysis, using the concept of "the experiencing self" and "the professional self" [2] of the therapist, identifying individual voices in selected fragments of the interview. Due to the research question, selected fragments concerned the therapists' autobiographical experiences. The analysis took place in three stages and consisted of: identifying voices, referring them to a fragment of the session, as well as perceiving the possible impact on the therapeutic process.

### Participants

All therapists participating in the study work in the field of systemic psychotherapy, are certified therapists and supervisors, one of them being also a psychiatrist. Two of them have over 25 years of clinical experience, the others over 10 years. They are all heterosexual, married and have children. Couples coming to therapy raised the topic of marital difficulties, and families raised child-related problems.

Finally, seven interviews with family therapists were carried out immediately after the first

consultation (four family consultations and three marriages) on various issues: eating disorders, unreconciled grief, or addiction. Six consultations took place at the Clinical Department of Child and Youth Psychiatry of the University Hospital at the Jagiellonian University in Krakow: at the Family Therapy Ambulatory and the Family Therapy and Psychosomatics Department, and one at another center cooperating in the project[1].

## Procedure

The data in this study comprised of video recordings and transcripts from the first consultations as part of family or couple therapy, as well as transcripts from interviews with therapists (IPR), which were carried out immediately after the session. Therapists were asked to indicate and then comment on the excerpts from the sessions that were particularly important, significant, or caught their attention. Interviewers could also stop the recording and ask the therapist to comment on any specific interaction during the session.

In accordance with the assumptions of qualitative analysis of multiple case studies, in the first stage of the study, in IPR interviews, personal voices were identified regarding biographical events in the life of the therapist. In the second stage, the extracted fragments of interviews were referred to the corresponding fragments of sessions triggering these autobiographical associations of therapists. In the third stage, a dialogical analysis was carried out, identifying the personal voices and their content in selected fragments, and in the final stage, the therapist's awareness and reflections on the significance of his own experience for the conducted therapy were analyzed (professional voice). All identifying information for both therapists and families has been anonymized. Names have been changed, other data such as city names or places of employment have been deleted.

## Results

Of the seven interviews, five direct references to objective facts from the therapists' lives were identified. Due to space limitations, the article presents a detailed dialogical analysis of three of them. In the fourth example, a similar dialogue structure was identified, hence, it will only be briefly described to avoid repetition. The fifth example was omitted because the personal thread mentioned in the IPR was not further developed.

Below are examples of these references, taking into account: the context of family or couple admission, excerpts from IPR sessions and interviews (listed in the table), then dialogical analysis, and finally a brief summary, including the impact of personal experience on the therapist's work.

[1]The project has been accepted by the Bioethics Committee of the Jagiellonian University: KBET/273/B/2011.

**Case 1.**

Consultation of a married couple aged around 40, applying for family therapy due to the diagnosis of anorexia nervosa in their teenage daughter. In the couple's experience, a fatal accident of a 5-year-old son, witnessed by their younger daughter Ania, who is currently the identified patient. The couple is coming to therapy bringing up the topic of the daughter's anorexia and a marital conflict involving communication difficulties.

**Table 1. Transcripts of therapy session and therapist interview**

| Session transcript | Therapist interview transcript – IPR |
|---|---|
| **T***: I somehow remembered that you have six children, no, or ...<br>**W***: Five. One of them died.<br>**H***: I mean, our son died.<br>**W**: He died at the age of 5.<br>**H**: Tragically, like, being 5 and a half years old. [...]<br>**T**: Oh, oh, so many years ago, right? [...]<br>**H**: But it' s like yesterday, well [...]<br>**H**: Well, it hasn' t gone away, like you know they say sometimes that time heals wounds, that' s not that [...] It is even an open wound you could say. [...]<br>**W**: Even Ania recently says that... Well, I' m afraid about her a little, because she goes to school to X, so there is practically no day that she does not go to the cemetery [...] And she cries and she says, although she had been very young because she was two years younger than him, but she says, mom, somewhere, I feel that if he was with us, some things might be completely different. | **T***: Then I was wondering that perhaps the whole thing is unreconciled grief, and then, as I remember, it was confirmed, the whole thing with this sister who visits the grave every day 13 years later. And I also thought it would affect me because of my biography.<br>**R***: Not the matter of death itself, but death at this age.<br>**T**: At this age, yes, between 3 and 5, it's like that to me.<br>**R**: Did it somehow influence you then? What do you think?<br>**T**: It came in the sense that the shroud ... because I tend to avoid such themes, in films or books, I don't like to read about it, such matters, so I had a shroud, but I thought maybe I will explore this area carefully, and without redundancy, with a kind of... The "beware" lamp came on. |

- W – wife, H – husband, T– therapist, R – researcher interviewing the therapist

Dialogical analysis

1. A personal experience of a therapist was separated: the personal voice can be defined as the voice recalling the experience of a child's death: *And I also thought that it would affect me because of my biography. At this age, yes, between 3 and 5.* The introduction of the therapist's personal voice was preceded by a professional voice that can be described as the voice of a diagnostician formulating the hypothesis on the main mechanism of the family's difficulty. The event in question is the death of a child in tragic circumstances and the unreconciled grief associated with it: *Then I was wondering that perhaps the whole thing is unreconciled grief, and then, as I remember, it was confirmed, the whole thing with this sister who visits the grave every day 13 years later.*
2. The fragment of the session identified by the researcher (see: Table 1), which triggered a direct autobiographical reference, referred to the detailed description of the traumatic accident of the minor

son, provided by the parents.

3. The therapist notices that consulting with his family is a challenge for him because of his experience (personal voice): *The "beware" lamp came on*, he is also worried about the potential impact of this connotation on the further therapeutic process: *I thought maybe I will explore this area carefully, and without redundancy*. This is a professional voice, which can be described as a voice reflecting the awareness of the risk present in conducting therapy for families coping with child death.

**Case 2.**

Family consultation: parents (around 40 years old) with a 16-year-old boy diagnosed with behavioral and emotional disorders. The session focuses on the son's difficulty (use and production of stimulants, somatic illness – diabetes) but the family also introduces other topics that are not directly related to the child.

**Table 2. Transcripts of therapy session and therapist interview**

| Session transcript | Therapist interview transcript – IPR |
|---|---|
| **W***: I'm on sick leave now...<br>**T***: Is something going on?<br>**W**: Well, health problems, of gynecological nature and such... I don't know how it will end, I am waiting for the results, actually today I am to have the final result. For now…<br>**T**: Is there a reason for concern?<br>**W**: It's definitely not good, I probably have cervical cancer ...<br>**T**: Is cancer suspected?<br>**W**: They actually know that I have cancer but I don't know yet whether it's malignant or not ... | **R***: The fact that there were women's diseases, did it somehow influence you? How?<br>**T**: I think it did, it did influence me not only because they were female issues but simply because it was related to the risk of cancer. I experienced it this year in June, so that's why I say so, waiting for the result is very difficult, so to speak, I know what I am saying [laughs] and it certainly made me more sensitive, so that...<br>**R**: Since you were in a situation like hers?<br>**T**: No, a bit different, it wasn't exactly that. [...] In general, it was about cancer and that I can have cancer at all. I even had a piece of my breast removed for tests and I was also waiting for this result with a certain rather pessimistic attitude [...] And it was OK in my case, I hope that in this as well, although ...<br>**R**: You knew how she could feel.<br>**T**: I know it, I knew what she might have felt when she said it here, explained it, and that they had made tests and that she already knew she had something, but she didn't know if it was malicious or not malicious, so she was waiting [...]. This causes a certain kind of sensitivity in me. |

- W – wife, T– therapist, R – researcher interviewing the therapist

Dialogical analysis

1. In this case, the therapist's personal voice is the voice of a woman who has experienced the fear of developing breast cancer. *I experienced it this year in June, so that's why I say so, waiting for the result is very difficult, so to speak, I know what I am saying [...] In general, it was about cancer and that I can have cancer at all. I even had a piece of my breast removed for tests.* As in the first example, the introduction of the therapist's personal voice was preceded by the professional voice of the therapist: *I think it did, it did influence me not only because they were female issues but simply because it was related to the risk of cancer.* It is the voice of a woman aware that cancer constitutes a difficult theme for her. The personal voice expressing anxiety caused by waiting for histopathological results appears several times and is further intertwined with the professional voice of the therapist, showing the voice of a woman aware of her feelings, putting herself in a metaposition as an observer of herself: *And it certainly made me more sensitive*.
2. The analysis of the fragment of the session which is the direct impulse to start the therapist's internal dialogue (see Table 2) shows the importance of the potential patient's uncertainty while waiting for confirmation of a cancer diagnosis.
3. Compared to the previous description, there are fewer direct references here, which makes it more difficult to analyze the impact on the session. The therapist's personal voice – the voice of a woman experienced with the fear of developing breast cancer – seems to dominate the professional voice. The therapist leaves less space for a dialogue of voices saying: *I know it, I knew what she might have felt when she said it here, explained it*. On the other hand, in the final part of the interview, she reveals the dialogue between the personal and professional voice; as she recognizes her attitude towards the patient's mother, resulting from a similar situation, saying: *This causes a certain kind of sensitivity in me* (the voice of a woman aware of her feelings, putting herself in a metaposition as an observer of herself). She does not, however, further elaborate on the possible impact of this "sensitivity" on therapeutic work.

**Case 3.**

Family consultation: parents around 45 years of age, 2 daughters: the older 19, the younger 16 years old. Reported problems include conflicts between the daughters, very intense competition, which, according to the parents, affects the overall atmosphere at home. The family enters therapy when the mother loses her job and the family's material situation significantly deteriorates.

**Table 3. Transcripts of therapy session and therapist interview**

| Session transcript | Therapist interview transcript – IPR |
|---|---|
| **T***: And tell me something about yourself, what do you do?<br>**H***: What I do, well, I am an automotive diagnostician, I carry out technical tests of vehicles, well, stamps for registration documents, that's it.<br>**T**: Oh, so you have technical education?<br>**H**: Yes, technical education.<br>**T:** Yhm. So you are a car mechanic.<br>**H**: Well, so you can say, something in this area.<br>**T**: And you?<br>**W***: Well, I'm a musician by profession, now on termination notice, which I received, this is the X choir that is being disbanded now.<br>**T**: Oh, that's a shame.<br>**W**: Well, after so many years, after 25 years of work, I am still formally employed though.<br>**T**: What is your voice type?<br>**W**: Alto. As my husband said, I work in the X choir. | **T**: Here I had a personal thought that it may well be better to have a different profession than a musician, I mean in relation to my son, that it seems like a very narrow path, three choirs in X, and another such thought, that it's really good that I have a good job, that I can still work.<br>**R***: But what did you feel about her...<br>**T**: That it is difficult, that this is an objectively difficult situation and that they are in for a big change there now, some affairs there are vague, I also did not want to go into that, what is this change, but for now they are moving to even worse living conditions.<br>**R**: Right, it is moving that they have to...<br>**T**: Yes, a smaller [apartment], to ensure some sense of financial security, it all shook them pretty hard... |

- W – wife, H– husband, T– therapist, R – researcher interviewing the therapist

Dialogical analysis

1. In the course of dialogical analysis, two personal voices can be observed: one of them is the voice of a mother worried about her son's professional future: *Here I had a personal thought that it may well be better to have a different profession than a musician, I mean in relation to my son, that it seems like a very narrow path*, and the other is the voice of a woman associating a sense of security with a profession that allows her to continue working: *another such thought, that it's really good that I have a good job, that I can still work*. These private threads are accompanied by a professional voice: the voice of a therapist recognizing the difficult context of the current situation of the family: *That it is difficult, that this is an objectively difficult situation and that they are in for a big change there now, some affairs there are vague*.
2. The appearance of personal reference is directly caused by the alliance-building stage, *i.e.* getting to know the individual family members, *e.g.* talking about education and occupation, as well as learning about the context of the family's application for therapy (see Table 3).
3. The therapist uses a personal voice when approaching the family, acquainting herself better with the context and taking into consideration their actual situation. At the same time, seeing the family through this lens, she lays out further stages of work, being aware that the sudden change in the professional situation, as well as the chaos and uncertainty caused by it, may prove to be an important topic to work on: *some affairs there are vague, I also did not want to go into that, what*

*is this change, but for now they are moving to even worse living conditions [...] Yes, a smaller [apartment], to ensure some sense of financial security, it all shook them pretty hard...* (the professional voice, the therapist's voice recognizing the difficult context of the current situation of the family associated with the loss of the sense of security). Two identified personal voices, in turn, evoked a professional voice. However, no explicit dialogue of these voices can be observed. This means that the therapist does not directly comment on how the internal voice of anxiety about the son's professional future and the reassuring voice associated with her own profession can affect the course of therapy, for instance, the therapist's attitude towards the mother and other family members.

The last, **fourth** example concerned a couple's consultation in a marriage crisis. The therapist's personal voices were triggered when the husband's addiction was being discussed, including addiction to computer games. The first personal voice can be described as the voice of a father struggling with a possible addiction of his son: *This is a moment where some kind of a personal thread is present, as my son plays these games. And it is a bit of an issue that I somehow struggle with.* The second personal voice is the father's voice describing his own strategies for dealing with the problem: *so somehow, I became interested in some of these games and kind of to figure out which can be really harmful and which may not necessarily be so. They may even be interesting or educational to some extent. So in a way, I pay attention to what games he plays*. The professional voice is the voice referring to a social norm: playing computer games as a generational norm: *to some extent, he is part of a generation of such players and that it is a certain norm, and forbidding to play also is a bit like forcefully removing him out of a certain social group*. The psychotherapist is aware that the problem of addiction concerns him personally: *after this question, I somehow got interested*. It is a professional voice – the awareness of one's own sensitivity to the problem of addiction in relation to his son's behavior (observer's metaposition). At the same time, the psychotherapist does not reflect on how personal voices may influence the course of therapy.

## Discussion

In accordance with the multiple case study method [23, 24], four cases were compared regarding the autobiographical experience of a psychotherapist, all of them relating to significant existential challenges that cause fear and pose a threat to the sense of security: a child's death, cancer, job loss, and addiction. The identified personal voices are spoken from various positions: a mother's, a father's, a woman's, a family member's. Three categories were distinguished among professional voices, namely: (1) hypotheses formulated about the reported family/couple problem; (2) awareness of personal references, thoughts, and feelings triggered during the session (metaposition of the observer), and (3) reflecting on the possible impact of personal voices on further cooperation with the family.

The presented cases show different levels of dialogue between the identified personal and professional voices. In the first two cases, the conversation sequence in IPR begins and ends with the voice

of a professional psychotherapist. In the first case, in the inner conversation of professional and personal voices, we observe a transition from formulating hypotheses about the problem of the family, through expressing personal difficulties and fears, to reflection upon the strategy of coping with the situation. This dialogue of voices was the most elaborate – the therapist was aware of how a personal voice recalling the experience of a child's death triggered in him under the influence of the session may affect his conduct of the session, as well as how it affects his functioning in life – implicitly also during other therapeutic sessions.

In the second case, the psychotherapist was aware of the personal voice of a woman experiencing the fear of developing breast cancer, as well as the professional one, observing her sensitivity to the problems brought in by the mother of the identified patient. The therapist, as in the previous example, identified her own feelings during the therapeutic session but did not refer to their possible impact on cooperation with the family being consulted, *e.g.* building an alliance or maintaining balance in relations with session participants.

In the third case, personal voices were triggered: the voice of a mother worried about her son's professional future and the voice of a woman associating the sense of security with a profession allowing her to continue to work. These two voices evoked a professional voice related to reflecting the difficult situation of the family, however, as in the case above, the psychotherapist did not analyze the possible impact of personal voices on the course of therapy.

In the last case, the triggered personal voices – the voice of a father struggling with a possible addiction of his son, and the voice of a father describing his own coping strategies – only released a professional voice expressing awareness of the therapist's own sensitivity to the problem of addiction in relation to his son's behavior.

To sum up, an important result of the analysis is having demonstrated how the triggered autobiographical experience – personal voice – subsequently, during the session, causes the appearance of a professional voice reflecting the awareness of the personal perspective during the consultation (metaposition of the observer of his own feelings and thoughts). In half of the examples, this awareness was associated with the analysis of the possible impact of personal voices on the course of therapy.

## Conclusions

The inspiration for this study was the work of Peter Rober [11] regarding the concept of inner conversation of a psychotherapist in individual therapy in experimental conditions (clients role-playing). In contrast to the original procedure of the study, the premise of the presented project was to study the therapists' inner conversations during authentic family consultation sessions. Thanks to the IPR method, diverse voices were identified, and voices referring to biographical themes – a tragic event in the family of origin, life-threatening situation, professional future, or fear of child addiction – were subjected to analysis. The study showed that personal contexts are a source of strong emotions, which can affect the therapeutic process, for instance causing difficulty in maintaining an attitude of neutrality towards each family/couple

member. Triggering one's own experience may also benefit the therapist's work by increasing their reflectiveness regarding professionally conducted therapy. Then, feelings and attitudes appearing in the context of the therapist's experiences can be used as a tool for work, *e.g.* in the process of building a therapeutic alliance.

In the examples discussed above, various levels of reflectivity were identified: from full reflectivity, through the perception of the triggering of an emotional attitude, to the sole acknowledging of the similarity/difference of the situation without expressing its possible impact.

Answering the posed research questions, it should be stated that personal experiences are triggered in family/couple therapists in response to the narratives of family members. This confirms the need to use regular supervision taking into account the study of personal voices, and also indicates the importance of using the genogram while analyzing the experience of the family of origin and the nuclear family of the psychotherapist [25].

It is difficult to clearly determine to what extent the therapists reached the voices evoked during the therapeutic session, and to what extent these voices were the result of reflection during the interview. What brings us closer to answering this question is the analysis of the interaction between the psychotherapist and the interviewer in relation to the therapist's statement. Stopping the session review at a given moment and initiating commentary by the therapist seems to be such an indicator, as there, the therapist refers to a specific utterance using past tense (*e.g. Here I had a personal thought that it may well be better to have a different profession than a musician*). An important asset of IPR, which can be used in training psychotherapists, is the ability to broaden the therapist's reflection by identifying their own feelings in the interactive interview process, where it is possible to stop the recording by the person conducting it and ask questions about significant moments.

There are narrative indicators (as mentioned above – *e.g.* present and past tense) which make it possible to determine which personal memories or personal experiences of the therapist appeared during the therapy session and which of them appeared during the interview with the therapist. Therefore, it can be stated that IPR is a tool for exploring the internal voices of the therapist evoked by phenomena occurring in the therapeutic work and possible to be spoken out/reflected upon during the interview [13]. There are many more factors potentially evoking the therapist's personal voices in family/couple therapy than in individual therapy. They may concern the therapist's family as well as their private affairs: various types of experiences, thoughts, associations, or images [25]. Memories seem to be stronger the more meaningful they are for the therapist. The most complex aspect seems to be showing the direct influence of personal voices on the course of the therapy session. In this study, we have managed to create some understanding of specific situations but this is an issue that requires further in-depth research.

**References**


1. Elliot R. Interpersonal Process Recall (IPR) as a psychotherapy process research method. In: Greenberg LS, Pinsof WM, ed. Guilford clinical psychology and psychotherapy series. The psychotherapeutic process: A research handbook. New York: Guilford Press; 1986, pp. 503–527.
2. Rober P. The therapist's self in dialogical family therapy: some ideas about not-knowing and the therapist's inner conversation. Fam. Process. 2005; 44(4): 477−494.
3. Shotter J. Understanding process from within: an argument for 'withness'- thinking. Organ Stud. 2006; 27(4): 585–604.
4. Janusz B, Józefik B, Barbaro B. Zastosowania koncepcji dialogowego Ja w psychoterapii, zwłaszcza w terapii rodzin. Psychiatr. Pol. 2012; 44(5), 867–875.
5. Bakhtin M. The dialogical imagination. Austin: University of Texas Press; 1982.
6. Hermans HJM. The innovation of self-narratives: A dialogical approach. W: Angus LE, Dimaggio G, ed. The handbook of narrative and psychotherapy. London: Sage; 2004, pp. 175–191.
7. Andersen T. Relationship, language and pre-understanding in the reflecting process. Aust. N.Z. J. Fam. Ther. 1991; 13(2): 87–91.
8. Rober P. Constructive hypothesizing, dialogic understanding and the therapist's inner conversation: Some ideas about knowing and not knowing in the family therapy session. J. Marital Fam. Ther. 2002; 28(4): 467−478.
9. Józefik B, Janusz B, Barbaro B. Koncepcja dialogowego Ja w psychoterapii – założenia teoretyczne. Psychiatr. Pol. 2012; 44(5): 857−865.
10. Rober P, Elliott R, Buysee A, Loot G, De Corte K. Positioning in the therapist's inner conversation: a dialogical model based on a grounded theory analysis of therapist reflections. J. Marital Fam. Ther. 2008; 23(3): 406−421.
11. Rober P, Elliott R, Buysee A, Loots G, De Corte K. What's on the therapist mind? A grounded theory analysis of family therapist reflections during individual therapy sessions. Psychother. Res. 2008; 18(1): 48−57.
12. Rober P. The therapist's experiencing in family therapy practice. J. Fam. Ther. 2011; 33(3): 233–255.
13. Janusz B, Józefik B, Peräkylä A. Gender-related issues in couple therapists' internal voices and interactional practices, Aust. N.Z. J. Fam. Ther. 2018; 39(4): 436−449.
14. Elliott R, Shapiro DA. Brief structured recall: a more efficient method for studying significant therapy events. Br. J. Med. Psychol. 1988; 61(2): 141−153.
15. Greenberg L, Rice LN, Elliot R. facilitating emotional change: the moment-by-moment process. New York: The Guilford Press; 1993.
16. Kagan, N. Interpersonal process recall: A method of influencing human interaction. Houston: Educational Psychology Department; 1975.
17. Larsen D, Flesaker K, Stege R. qualitative interviewing using interpersonal process recall: investigating internal experiences during professional-client conversations. Int. J. Qual. Methods 2008; 7(1): 18–37.
18. Kagan N, Schauble P, Resnikoff A, Danish SJ, Krathwohl DR. Interpersonal process recall. J. Nerv. Ment. Dis. 1969; 148(4): 365−374.
19. Cashwell CS. Interpersonal process recall. Washington: ERIC Clearinghouse; 1994.
20. Gonsalvez C, Brockman R, Hamish H. Video feedback in CBT supervision: Review and illustration of two specific techniques. Cogn. Behav. Ther. 2016; 9(24): 1−15.
21. Lloyd-Hazlett J, Foster VA. Utilizing interpersonal process recall in clinical supervision to address counselor countertransference. VISTAS. 2014; 34: 1−22.
22. Ivers NN, Rogers JL, Borders LD, Turner A. Using Interpersonal Process Recall in clinical supervision to enhance supervisees' multicultural awareness. Clin. Superv. 2017; 36(2): 282−303.
23. Eisenhardt K. M. Building theories from case study research. Acad. Manage Rev. 1989; 14(4): 532–550.
24. Yin R. Case study research: Design and methods. Beverly Hills: Sage Publishing; 1984.
25. Jensen P. The narratives which connect... A qualitative research approach to the narratives which connect therapists personal and private lives to their family therapy practice. A doctoral dissertation defended at East London University with the Tavistock Clinic. London 2008.


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