

**DPY 5360**

**You and I listening to me:  
Towards an understanding of the  
significance of personal pronoun  
usage in psychotherapy**

Dissertation in partial fulfilment of the requirements for the  
degree of Doctorate in Psychotherapy by Professional Studies.

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## **Acknowledgements / Dedication**

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## **Abstract**

The idea that clients need to take responsibility for the material they present in psychotherapy is commonly encountered in humanistic therapies. On the one hand, many therapies encourage the use of first person pronouns in order to achieve ownership and responsibility, yet on the other hand, excessive use of the first person is associated with unhelpful functioning such as poor interpersonal relating and narcissism. A large body of evidence exists which associates above-average levels of first person pronoun usage with unhelpful rumination depression, suicide and anxiety.

This study explored this dichotomy, using a mixed methods approach to investigate first person pronoun usage in a sample of eight clients referred by their GPs for short to medium term therapy. For the qualitative phase, clients completed kept a journal in which they could recorded their experiences of therapy generally and interventions around their pronoun use specifically. Sessions were audio recorded and interventions concerning pronoun usage were transcribed. After the end of therapy, six out of the eight clients participated in interview in which they discussed their experiences of therapist pronoun interventions (such as invitations to 'own' statements in the first person) and the significance of these for their overall experience of the therapy.

In the quantitative study, clients completed a CORE-OM at start and end of therapy. Also, changes in clients' use of first, second and third person pronouns between beginning and end of therapy were determined using Linguistic Inquiry and Word Count (LIWC). Analysis looked for correlations between these two measures (outcome and pronoun use) as well as for potential relationships between therapist and client pronoun use in individual sessions.

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# The Telegraph (online)

**Duchess of York: ‘I feel really sorry for her’**

**The Duchess of York referred to herself in the third person when watching footage of her attempt to sell access to the Duke of York, saying “I feel really sorry for her.”**

*By Tom Leonard in New York Published: 8:18 PM BST 01 Jun 2010*



*The Duchess of York Sarah Ferguson stands with talk show host Oprah Winfrey in 1996 Photo: AP*

Painting herself as a woman living beyond her means as her financial position worsened, she appeared to suggest she was fated to be caught out in the sting operation.

“I was so out of my mind. I have to say to you that this has been building up to a crescendo of such spiralling, that I’ve tried so hard to keep up the treadmill of life”, she told Oprah Winfrey.

“What you’re seeing there is part of me.”

“Poor love, I feel sorry for her. I feel really sorry for her. Sad, really”, she said of herself.

“There aren’t very many words to describe (such) an act ... I’m stripped bare ... It’s like when you get to the middle of the onion after you’ve pulled away everything”, she said.

“You look at the devil in the face, which you do. Then you forgive, and you say, ‘OK, I’ve made almost a mistake that will never be forgotten’ and forgive”, she said.

At its end the former royal gave her reaction saying, “I feel terrible”.

**Frontispiece:** The Daily Telegraph Online reporting The Duchess of York’s use of language in June 2010

# Section 1 - Setting the Scene

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# 1. A note about style

This document reports on my experience of a research project concerning the use of pronouns and in particular, first person pronouns. In many places I explore the idea that the use of the first person pronoun indicates ownership by the speaker or writer. True to the spirit of this idea, I have written this document in the first person.

Moreover, use of first person in writing acknowledges the creative and active role of the researcher (Foster and Parker, 1995), a view echoed in the quotation below from Kathy Charmaz:

*Reflective and reflexive authors are not like Victorian children: best seen (in the credits), but not heard (in the text)* (Charmaz and Mitchell, 1996)

This document was produced over a period from March 2012 to January 2013 and much of the earlier content was written before the results of the research were available. This is reflected in the changing use of tense within my writing. For example, in the literature review I write that “I am not going to explore [a particular area] in detail”, but I give the reader some information which identifies my awareness of it whilst also stating that I may return to it and expand upon it if later analysis indicates that it may be relevant.

I could easily have returned to the text and edited it, however I have consciously adopted this style in order to try and convey something about the evolution of my ideas, in the hope that this will make my journey more informative and interesting for the reader.

## 2. Introduction

A Duchess squirms uncomfortably in front of the cameras as, on live television in June 2010, she talks about having been caught in a journalist's sting operation. In the space of a few sentences she shifts rapidly between using first and second person pronouns and as reported widely at the time in the media, also uses the third person.

As she watches footage of herself allegedly accepting a fee to introduce an undercover reporter to Prince Andrew, she refers to herself saying, "I feel really sorry for her. Sad, really."

She then switches to the second person ("you") saying, "You look at the devil in the face", before ending the interview with "I feel terrible".

What were we the audience watching here? Was it something of interest only to the editors of gossip pages and readers of celebrity tittle-tattle?

Or were we, in witnessing these changes in linguistic style, learning something about this person's experiencing and how she was dealing with what, to her, were clearly traumatic events?

How am I to conceptualise these pronomial shifts? If I were a therapist working with this person, how might I respond to this narrative? If I respond in a way informed by my training as a practitioner who integrates elements of person centred and gestalt theory and if I therefore work towards greater ownership of these statements by encouraging my client to use "I", how confident can I be that the way I am working is in the best interests of this client?

### Personal context

"I" has been of interest to me since my earliest memories as a child. *Who am I?* For me, this question is connected to issues of identity and individuality.

When I was at infants' school we were asked to draw a picture of ourselves. I did as I was asked but became very upset. When I got home, I tearfully explained to my mother that, apparently unlike my friends, I "*don't look like anyone.*"

I remember looking in a mirror at home and feeling disappointed, even scared. To my horror I had this feeling that there was no one there, yet when I looked at the faces of my

friends I saw something different; I saw *someone* — someone I knew, recognised and to whom I could relate.

However, I did not get this same feeling with me. I remember a sense of wanting to be someone, of wanting to relate to myself, just as I could relate to others.

I look back and realise the existence of my sense of self in childhood was tenuous, more so probably than the case of many people. In my family of origin I was unimportant, incidental. In fact, I was rather in the way as my parents struggled to resolve their conflicts.

### ***My motivation***

During my childhood I wanted to understand who I was in a situation where, I now realise, there was insufficient mirroring. A phrase I often use with my clients is “we see ourselves reflected in other people’s reactions towards us”; in other words, we get to know who we are and certainly we calibrate our behaviour and learn about boundaries, based on our early carers’ responses to our actions and communications.

In psychodynamic thinking it is well-established that this mirroring process is incredibly important in the development of our sense of self (Mahler, Pine and Bergman, 2000; Winnicott, 1965). The root of the word “mirror” is the Latin verb “mirare” meaning, “to look at” and this in turn is related to “mirari”, the verb “to wonder”. The child looks into the eyes of his parent and to the extent that he is able at this young age, he wonders who he is. His little mind, as well as his tummy, is hungry and it is fed and nurtured by what is reflected back to him – or else, as I suspect was the case with me, perhaps not.

Far from there being a safe framework in which to develop a sense of myself, I felt instead only anxiety and at times uncertainty for me about my future. Yet when basic needs, for example for food, drink, warmth and shelter are met — as was actually the case with me in childhood — the drive towards growth and self-actualisation, according to Maslow (Zastrow and Kirst-Ashman, 2009), is innate — *I wanted to understand*. I believe that this need to understand is what influenced me, firstly into psychotherapy as a client and later into becoming a therapist and a researcher.

### **Linking the personal to the professional**

As time went on in my search to discover myself, I came to the Jungian-inspired realisation that I will for as long as I live, be *becoming who I am* — the process of so-called individuation (McNeely, 2010). Part of this process of individuation involves the integration

of the many parts of the self — the many selves — becoming aware of those selves of whom we are not conscious and integrating them into a more-or-less cohesive whole.

*But when I call upon my DASHING BEING,  
out comes the same OLD LAZY SELF,  
and so I never know just WHO I AM,  
nor how many I am, nor WHO WE WILL BE BEING.  
I would like to be able to touch a bell  
and call up my real self, the truly me,  
because if I really need my proper self,  
I must not allow myself to disappear.*

**From the poem WE ARE MANY, Pablo Neruda (1904 –1973)**

In my therapy training and as I will discuss in more detail in the next section (see *Integrating my learning into professional practice* on page 7), I was taught that I could support this process in my clients by encouraging them to own those parts of themselves which were perhaps disowned, denied or split off. An important route to this was said to lie in my clients' use of language.

For example, when a client uses the second person pronoun to describe their experience they are, I was told, not *owning* that experience. It is as if they are talking about someone else, so feelings which accompany the statement are perhaps not experienced by the person making it.

*"It's like, you know, you just get to the point where you ... you can't continue."*  
*Client quotation*

In my training I would be encouraged to ask the client to restate seemingly significant examples of this dis-ownership but using the first person singular ("I"), the idea being that the client is then more able to experience their feelings and integrate those feelings, if necessary moving on to process them because they become real for them and available to their here and now experience.

*"I guess what I'm saying is that I can't continue anymore with this relationship."*  
*Further client quotation*

This seemed to make sense to me and moreover, I found when I used this approach that clients would often experience their emotions more fully, perhaps including feelings they had

previously struggled to acknowledge. Using this technique often led to the client becoming upset or in some cases rather distressed. It seemed to be a powerful, sensible, way to work to a keen young therapist with a can-do mentality and something to prove.

Moreover, I became more aware of my own use of language and I made a conscious effort to own my statements when talking about me. I found this was helpful too; for example when asserting my feelings about a difficult situation, I noticed that people would usually take more notice if I said something such as, “I feel uncomfortable with the way the receptionists are arranging my appointments”, than if I said, “there is a problem with the way the receptionists are arranging counselling appointments”.

As time went on however, I became a bit puzzled and even uncomfortable as I reflected on what it might be that I was doing as I worked with this linguistic jiggery-pokery.

I started to think that it wasn't just as simple as asking people to say “I”, then backing off and waiting for the explosion of emotions. For one thing, what is the relationship between “I” and “me?”

People say things such as, “I was beside myself with fear”, or “I sat myself down and gave myself a good talking to”.

And then something happened to me that really seemed to bring together these threads of the reflecting or mirroring of the self and the use of different pronoun positions; the idea, bizarre as it seemed to me at the time, that *I can talk to me*.

I was in a relationship and I was unhappy. In retrospect, I think with good reasons and I was putting up with an awful lot. One day, quite unexpectedly, spontaneously and for no reason that I have ever been able to determine, I caught sight of my own reflection in a glass door as I was leaving the house. I looked at myself and I said to that person reflected back at me, “Alan, you deserve better than this!”

At that moment I had some kind of epiphany. It was better than any *aha* moment I had ever experienced in therapy previously and indeed since. I had a powerful realisation; I was able to own the idea that *I* deserved better and that *I* indeed didn't have to put up with what was going on. I had a choice — it was up to me whether I continued to suffer or not. I ended the relationship, became much happier and later on met the woman to whom I have been happily married ever since.

## ***Integrating my learning into professional practice***

By this point in my career I was undertaking integrative psychotherapy training at masters degree level. I was absorbing a lot of new theory and working towards developing my own model of integration. This process included the integration of my own learning and experiences, including those mentioned above. As a student I was encouraged also to reflect critically on my assumptions and my learning. Five ideas were starting to crystallise in my mind.

1. Based on an object relations perspective, we are many selves, incorporating inside of us representations of external objects; in essence, significant relationships which formed part of our development throughout childhood. The relationship between these objects is not always comfortable or easy and there is the potential for conflict and disharmony. In client work, facilitating recognition of this fragmentation and encouraging some form of internal (and sometimes external) dialogue can be therapeutic.
2. We are relational creatures, driven as much by the need for relationship as we are by the need for food and drink. The basis of all relationships is communication; without it there can be no process and without process there is no relationship. Whilst communication need not necessarily involve the use of language and hence words, language nevertheless forms an extremely important part of relationship, including the relationship we have with our self (intrapersonal relationship).
3. Sense of self is inextricably linked to the narrative identities that we develop in conversation with one another. The challenge for me was to engage with clients in a process of co-creating with and for them, more helpful (adaptive) narratives. That this new sense of self emerges through dialogue in therapy, places particular emphasis on the importance of language and within that, pronouns which, I realised, have a pivotal role in conversation. I became increasingly convinced therefore of the importance of pronouns in creating identity and sense of self.
4. We encode our experiences. In other words, we transform direct experience of external reality into an internal representation of reality. To do this, we use language and for most people this means using words. Language is therefore very important in informing and appreciating our individual reality.
5. Working in talking therapy, I need to be mindful of the words I use and acutely aware of the words my clients use. Words are a representation of reality; experience of reality is encoded in words. Changing words can mean changing realities and for

many of my clients, here can be the healing. It is arguably really important therefore to focus on the words if the healing is to be optimally effective for the client. I really need to understand as much as I can about how words work in a helping relationship.

These are the five ideas on which I built and continue to build, my integrative practice. Throughout my career I have attempted to learn whatever I can about internal dialogues, the representation of experience in language, the role of communication in relationships and – crucially so far as this project is concerned – how words and in particular pronoun usage work in the therapeutic relationship.

This concludes this section of the document in which I have introduced the reader to me the researcher. I have described how I was led to this study by my formative experiences and also the ways in which my interest in this area was developed further by professional training.

In the next section, Methodology, I describe the factors which have influenced the lens through which I will view this enquiry.

### **3. Methodology**

#### **Introduction**

I have placed this methodology section near to the start of this document because I want the reader to understand my approach to this project right from the beginning. As you will now read, my epistemological lens has evolved over a career which has included both the sciences and humanities. This gives me a somewhat eclectic perspective on the world and this is reflected throughout this document, not just in the methods section but also within the literature review, where I review perspectives on pronoun usage from a wide variety of sources, including the natural sciences, psychotherapy and postmodern perspectives, including social constructionism.

#### **Positioning myself in this study**

*“All of our present interpretations of the universe are subject to revision or replacement”* (Kelly, 1955)

My original training was in the sciences but I always felt that the truth was not so much out there (waiting to be discovered as an objective reality) as it was in here in my perceptions. In the years since I retrained as a psychotherapist I have adopted a position of epistemological constructivism, sometimes called critical constructivism (McNamee, 1996; Raskin, 2002; Raskin and Neimeyer, 2003)

*Constructivism is an epistemology ... the generic definitions of which are centered on the active participation of the subject in construing reality, rather than on reflecting or representing reality* (Chiari and Nuzzo, 2004).

However, constructivism is a broad epistemology which, in some flavours, can even acknowledge the existence of an external reality, albeit one limited by the imperfections of human perception and understanding (Raskin, 2002). I view each person as generating meaning from his or her individual interpretation of this external reality. I acknowledge also therefore an hermeneutic element to individual reality, defined as the interpretation of meaning (Chiari and Nuzzo, 2010).

I also believe it is only possible for individuals to apprehend reality via constructions of it in language; language therefore forms a fundamental part of my particular flavour of constructivism, as I will now argue.

*Distinctions in language constitute the generation and validation of all reality*  
(Chiari and Nuzzo, 1996, p. 178)

My epistemological position is, I assert, particularly relevant in a project of this kind. For Gadamer, for example, the world was presented to us in and through language (White, 1994). He asserted that language is “the medium in and through which we exist and perceive our world” (Gadamer, 1976, p. 29) and that “being that can be understood is language” (Gadamer, 2004, p. 474). Wittgenstein believed that it was impossible to define the meaning of a word by simply pointing out *de facto* examples of it. In his view, words were not defined by reference to the objects they represented, nor by conceptions or ideas associated with them but rather by the way in which they were used pragmatically in everyday conversation. As he put it “the speaking of language is part of an activity, or a form of life” (Wittgenstein, 2009). Supporting Wittgenstein’s point of view, Russell (1946) said there are many things which cannot be defined, only explained. A contrasting view was offered by Macnamara (1984) who argued that children acquire knowledge about objects and about the relationships between them through non-linguistic processing of experience. By relating what they heard to what was going on at that moment children, he said, begin to grasp what the different linguistic forms signify. This was essentially a modification of the behavioural learning model put forward by Skinner (Shaffer, Willoughby and Wood, 2002 and see also Language acquisition p. 40 in this document).

However language is learned or acquired, its development is inevitably bound to the society and the culture in which it occurs (Ingarden, 1925) and the acknowledgement of this socially constructed aspect of meaning (Gergen and Davis, 1985; McNamee and Gergen, 1992; Mühlhäusler and Harré, 1990; Shotter, 2003) also forms a part of my position.

In summary, individual reality is the interaction between an individual and information, tempered by the context in which that information is presented, combined with pre-existing knowledge and experience, viewed through a cultural and sociological lens.

In my case, this pre-existing knowledge – or pre-understanding – is my experience of working with clients, including regarding the phenomenon of pronoun usage, together with my extensive reading of the literature (see Chapter 4).

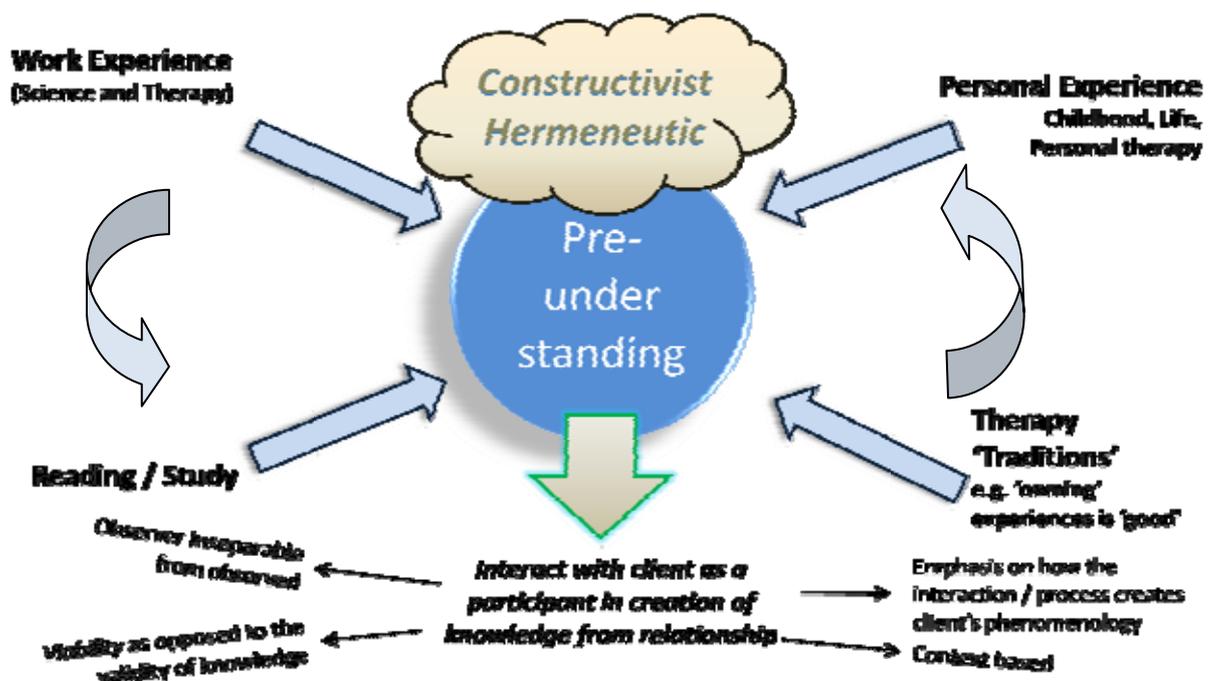
I also carry my own personal experiences of self-dialogue from throughout my life, my experiences as a client in therapy and the theoretical, social and traditional pre-understandings of the profession of counselling and psychotherapy. I take these with me into a study in which I will interact with my clients (research participants) to approach a

consensus of meaning in a dialogue with them. In this perspective I am a participant, not an observer; I am part of a client: therapist system.

In my analysis, I will focus on how this interaction (with specific interventions by me in the area of pronoun usage) contributes to the client’s experiencing within this system. The knowledge we co-create will of course be highly contextual, relating to these specific situations. My findings will be an *interpretation* and one which will go beyond the “immediately given” (Kvale 1996, p. 50 cited in J. McLeod, 2001). My exploration of meaning for my clients (the parts of the research story) will necessarily require a reference to the whole (Alvesson and Skoldberg, 2000), moving in the hermeneutic cycle (see Figure 1). Whatever I offer from this research will be experientially and culturally situated, influenced by my pre-understanding and will later be assimilated into subsequent and similarly personal interpretations by other researchers.

*[The qualitative researcher’s] Weltanschauung (worldview) shapes the entire project. From early curiosity all the way to writing the final report, your personal biography is the lens through which you see the world. Qualitative researchers recognize the importance of reflecting on who they are and how this shapes their research (Rallis and Rossman, 2011, p. 9)*

**Figure 1** - A diagrammatic overview of my methodology



I will now go on to describe how this perspective is manifested in my approach to research, how this shapes what I want to achieve in this project and the impact of this on my choice of methods.

## **Research strategy**

In conducting this study I first and foremost wanted to understand my clients' experience of my interventions around pronoun usage. I wanted to understand what it felt like for them, how they were impacted, how their perception of their problem or presenting issue was affected and in what circumstances they regarded my interventions as helpful or unhelpful. How did my interventions — which ultimately comprised only a small part of a larger whole — relate to that larger whole? Clearly, this called for a qualitative research approach and despite the ethical challenges (see p. 95) the level of relationship and familiarity provided by researching my own clients.

The output from this stage of the study would, true to my constructivist roots, represent my interpretation of my participants' experiences and my explanation of the role of interventions around pronoun use. Of course, I accept that, in research such as this based on a constructivist methodology, there exists no fixed point from which to assess the validity of my knowledge claims. It is what it is and it is for the reader to decide if what they read has relevance to, or meaning for, their own practice, based on their own experience and perceptions. Following von Glasersfeld, my focus is on the notion of the viability of knowledge, a pseudo-evolutionary process where theories are regarded as viable if they prove adequate in the contexts in which they are created (von Glasersfeld, 1984; von Glasersfeld, 1995).

However, I believe that some types of explanation and evidence are more persuasive, even more logically and empirically *plausible*, than others. This is not inconsistent with modern constructivist views (see Price and Reus-Smit, 1998) and as Miles and Huberman argue (1984) "some conclusions are better than others."

I therefore wanted my understanding to be illuminated from a number of perspectives. Mindful of the tradition of quantitative content analysis in psycholinguistics research and knowing also that the tools were available to facilitate such an analysis, I therefore decided to incorporate a quantitative element to this study.

Whilst the client's experience when using different personal pronouns in therapy is clearly individual, relational and wholly subjective and thus is well-suited to qualitative study, the

extent to which different categories of language were used was, I realised, amenable to quantification.

### ***Mixed methods — more or mess?***

I've always been slightly bemused by the debate in the literature about the merits and demerits of mixed methods research. Like the pragmatist philosopher Charles Sanders Pierce, I trained and worked originally as a chemist. Here, the combination of qualitative and quantitative approaches to analysis was entirely normal and natural (see Figure 2). Admittedly, in the laboratory environment, both methods are utilised within the same overall scientific paradigm but even so, I remain convinced that combining different approaches in pursuit of certain research problems is entirely appropriate.

Mixed methods research is not without its critics however (for a review see Creswell, 2011). Much of the criticism of a mixed methods approach falls into one or other of two categories; practical difficulties and paradigm conflict.

Some writers emphasise the practical and technical difficulties of combining approaches which may require different skills in the researcher and the resources available to them (see for example Bryman, 1984). My sense is that the strength of such arguments is receding as people begin to recognise, as I do, that the strength of complementarity outweighs some of the practical challenges which are, in any case, arguably fewer given the development of technology within research methods.

Potentially of more concern are those arguments which fall into the category of what I might call paradigm conflict. Essentially, what authors say is that there are basic incompatibilities between qualitative and quantitative research because they are based on fundamentally different epistemologies. In other words, because different research methods are linked to different paradigms, then mixing methods necessarily means mixing paradigms (Creswell, 2011, p. 275) and this, they say, leads to confusion and conflict.

In an extreme version of this view, purists assert that distinctions exist in terms of ontology, epistemology, axiology<sup>1</sup>, rhetoric, logic, generalizations and causal linkages. In such a view, the perspectives and values held by proponents of qualitative and quantitative methods as

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<sup>1</sup> Axiology — the definition of values, (from Greek *axios*, “worthy”; *logos*, “science”). In this context, concerning the place of values within the research (Hanson, Creswell, Clark, Petska and Creswell, 2005).

being appropriate ways to look at the world are irreconcilable and even conflictual (Onwuegbuzie and Leech, 2005).

### ***A mixed methods approach to solving the riddle of a pollution incident***

In the late 1970s I worked as a chemist for a chemical manufacturer in Huddersfield. One day, the Leeds—Liverpool canal was noticed to be heavily polluted near Bradley. The water took on a greenish hue and was topped by froth. It looked rather like a lager and lime with too much lime in it, though it was considerably less appealing, especially for the fish.



**Figure 2** — The canal at Bradley Mills circa 1977

A number of chemical works, manufacturing firms, textile mills and dyers operated in this locality. My employer, as a manufacturer of, amongst other things dyestuffs, was inevitably a key suspect in the eyes of the authorities. I was part of a team assigned to investigate. My first instinct was to find out *what* was there; a qualitative analysis revealed the presence of a number of heavy metals including copper, chromium, zinc and nickel. Knowing *what* we were dealing with, I was then able to perform a number of quantitative analyses in order to identify the *concentrations* of each of the pollutants. In further analysis, I was able to show that although the concentrations were obviously much lower in the canal, the *proportions* of the pollutants relative to one another, closely matched that of effluent emanating from a nearby electroplating works, thereby absolving my employer of responsibility for the incident and indeed the cost of cleanup.

A less extreme version of this purist approach is held by so-called situationalists (*ibid*) who take the single method (paradigmatic) stance held by purists but accept both methods have value. They believe however that certain research questions lend themselves to qualitative approaches, whereas other research questions are more suitable for quantitative

methods. John Creswell has tended to adopt this position in his writing (Creswell, 2011; Hanson et al., 2005). This seems to me to be entirely sensible and is consistent with my own experience as a social and health researcher. Morgan for example takes the view that mixing paradigms is indeed fraught with difficulty but states that this is quite different to “combining methods within a clear-headed understanding of paradigms” (Morgan, 1998, p. 363). John McLeod, a leading proponent of creative approaches to research design, included a section on mixed methods as one of eight new chapters in the second edition of his book *Qualitative research in counselling and psychotherapy*, published in 2011 (J. McLeod, 2011). He asserts that, “research knowledge needs to be viewed as similar to a mosaic or jigsaw, with each individual piece adding to an overall picture or pattern” (*ibid* p. 286).

Stephen Goss goes further; although actually arguing for pluralism, his comments in a 2012 seminar are, I believe, relevant here:

*Some research models are very good at recording outcomes; some are very good at dealing with stories of the journey; none are good at both.*

*No study should be considered unflawed if it does not explicitly address both quantitative and qualitative kinds of enquiry (even where only one is actively pursued – we must live within resources)* (Goss, 2012b).

At the other end of the spectrum to the purists are ranged the views of the so-called pragmatists. They follow the tradition of Charles Sanders Peirce, who worked within the tradition of pragmatism associated with William James and John Dewey (J. McLeod, 2001). Pragmatists regard distinctions between quantitative and qualitative methodologies as representing a false dichotomy (Onwuegbuzie and Leech, 2005). In their view the optimal programme involves utilising the strengths of different approaches, avoiding overlapping weaknesses, facilitating complementarity. This is known as the “fundamental principle of mixed methods research” (Johnson & Turner, 2003 cited on p. 771 of Onwuegbuzie and Leech, 2005).

So whilst it would be inaccurate to say that for pragmatists anything goes when it comes to mixing methods, they do believe that “the research question should drive the method(s) used, believing that ‘epistemological purity doesn’t get research done’” (Miles & Huberman, 1984, p. 21 cited on p. 377 in Onwuegbuzie and Leech, 2005).

Moreover, pragmatists point out that even within a positivistic perspective, subjective judgements and assumptions are made, for example in deciding which questions to ask. Similarly, qualitative researchers need to provide a logically constructed rationale for

interpretations of their data (Onwuegbuzie and Leech, 2004, p. 777), based on rigorous analytical methods which are transparent and available for inspection (Constas, 1992, p. 254).

What might be called a stronger version of paradigmatic pragmatism also exists; rather than seeing pragmatism as a means of reconciling differences and combining strengths in what some might consider to be conflicting methodologies, some assert that pragmatism is the *best* way for combining different approaches to answer research questions (Tashakkori and Teddlie, 2003).

A logical extension of this view goes to the heart of what we mean when we talk about a paradigm; in his paper in the inaugural issue of the *Journal of Mixed Methods Research*, David Morgan (citing Kuhn, 1970, 1974) argued for a paradigm to be defined not merely as the basis for thinking about research design, but as representing the “shared beliefs of a ‘community of scholars’ in a research field” (Morgan, 2007, p. 50 and p. 53). In my interpretation, this means that if you and I (or indeed any specialist group within an endeavour) share the same view about what is important, about what questions are most meaningful, then we can also agree upon which procedures are most appropriate for answering those questions, without ever engaging in paradigm wars. Kuhn himself was said to favour this definition of a paradigm; *our* work based on *our* agreed-upon paradigm, within what he called a specific research community, comprising practitioners of a particular specialty (*ibid* p. 53).

I therefore invite you the reader to share in my paradigm; I believe the strength of my approach lies in its ability to illuminate “what happened (for the client) when ...” and “how often this happened”, linking both of these categories of knowing, respectively, to subjective perception and quantification of effect. A qualitative approach is, I feel, essential in order to understand my client’s experiences of my interventions around their pronoun usage. I do not know what might be important for them so I believe I necessarily have to use an exploratory and open-ended approach in which I adopt an attitude of curiosity, bounded by the limits of my research question.

In addition, it may be important to investigate what, if anything, changed in the use of pronouns between beginning and end of therapy. One way to do this is to analyse their language, counting the occurrences of different types of pronoun use. There is a rich tradition of this type of investigation in psycholinguistics; the means to do this exists and is available to me and indeed I can compare my findings against existing data, collected in the same way.

These two methods, representing perhaps two different ways of knowing, complement each other in my view and provide for a richer understanding in my exploration of pronoun use in therapy.

Having described my perspective on knowledge, I move on now to apply this perspective to the published literature available on the subject of pronouns in general and in particular their relevance in psychotherapy.

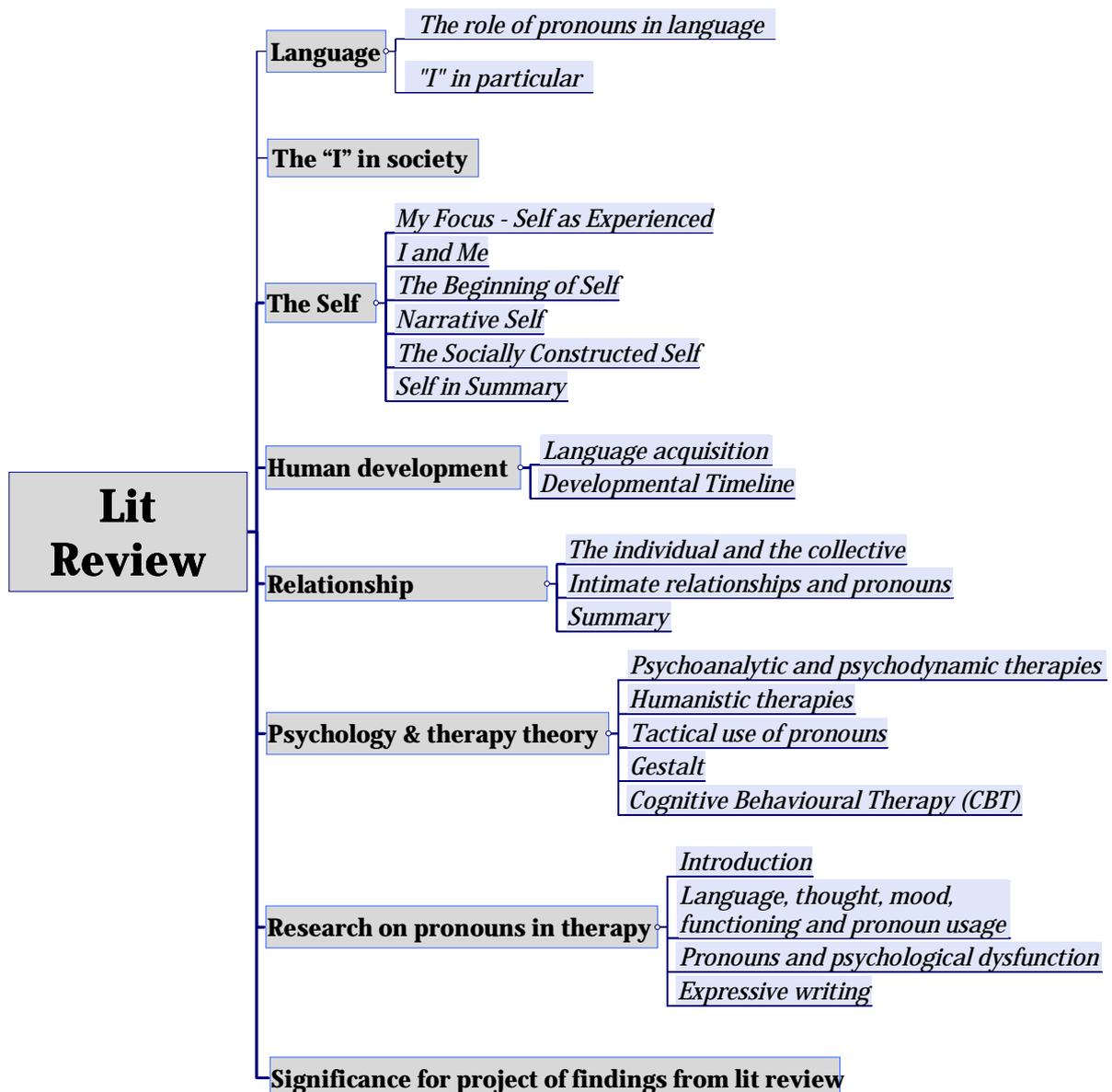
Concerning this last point however, I find many surprises. I discover that evidence supporting the technique of asking clients to own their experiences using the pronoun “I” is thin on the ground and far from conclusive. Indeed, there is evidence to suggest that this might actually be counter-productive. Certainly, there is lots of evidence to suggest that pronouns are very important and that their significance in human functioning is far-reaching but I find what I consider to be huge gaps in our understanding of their usage in the therapeutic encounter.

## 4. Literature review

### Overview

Under this heading is an overview of the literature review chapter. For the benefit of readers viewing this document on a computer, please note that all headings and page references are hyperlinked. Clicking one will take you to the relevant section.

**Figure 3** – Overview of the structure of the literature review



The influence and significance of pronouns is such that any review of the literature necessarily presents challenges. What I have attempted in this section is a review of pronouns which is relevant to psychotherapy and in particular the topic of my research.

However, even this type of review needs to be extensive in order to address potential topics that might emerge from the research and in order for me to interpret the findings in a way which takes account of the potential tensions which exist regarding what is known about the role of pronouns in therapy, in therapy research, human development, culture and society.

Clearly, I am not claiming that this review even begins to approach all that there is to be known about pronouns. What I have aimed to do is to educate myself enough to be aware of when something I discover in my research relates to something which is known already.

I start, perhaps inevitably, with *language* (on p. 21) because pronouns are of course a part of this; a small part based on numbers of words within the overall vocabulary but a large and important part of language in terms of frequency of usage and usefulness in communication. As I am interested in this research on first person pronouns in particular, I devote a short section to this as a subsection of language overall (p. 23).

Although I argue from within the literature that the pronoun “I” identifies the speaker as a separate individual, none of us exist in isolation. Identity or sense of self always exists in relation to others, either in relationship (see *Intimate relationships and pronouns* on p. 49) or as a member of a society (*The individual and the collective* on p. 46). I include brief, yet of course far from complete, reviews of the literature in these domains, sufficient to provide a basic understanding of pronoun usage in these contexts.

Language is a uniquely important part of what it means to be human; so important I would argue, that children develop language relatively early on in an otherwise lengthy maturational process. I include a section entitled *Pronouns and human development* which explores language acquisition (p. 40) and provides a developmental timeline (p. 41).

A key stage in human development is the acquisition of the awareness that “I exist”, the beginnings of which can be identified in infants around the age of 18 months using the Rouge test (p. 43). In fact, by reference to the literature, I argue that it is impossible to explore pronouns without considering their role in the development and maintenance of the self. I therefore include a substantial section on the topic of *Pronouns and the self*. Again this is a huge area and so I describe my particular focus — *Self as Experienced* — starting on p. 26 and continuing with topics that explore different perspectives of self including; the objective and subjective self (*I and Me* on p. 27) and the question of whether self is innate from birth (or even before) or whether it develops afterwards. In this part, I consider different ideas about the genesis and etiology of this process from a number of theoretical perspectives,

some of them scientific and positivistic, others psychodynamic or humanistic. I also felt it important to explore the concept of the *Narrative self* (p. 33) which posits that we become the persons we are via a narrative account of our life story, constructed by ourselves and important others. In my own world view this necessarily has to include the idea that our choice of narratives is limited to those available to us within our society and culture. I explore such perspectives in *The socially constructed Self* (p. 35). The whole question of self is a complex one and so I close this subsection with a short summary (p. 39) and a more general summary of my learning around pronouns across all these domains (p. 51) before I move on to consider *Pronouns in psychology and psychotherapy theory*.

Again, this might be the subject of a whole book. How did I approach this vast area and limit myself to the topics I chose? As my own experience is such an important part of the hermeneutic process used in my analysis, I looked only at those areas in which I myself have training and experience as an integrative therapist. This is not to deny that many other types of therapy have something to say about pronouns; for example psychosynthesis (sub personalities) and existential therapies (changing perceptions of self over life span). However I would not be comfortable interpreting my findings in the context of therapies in which I am not trained and experienced; hence my focus only on an exploration of pronouns in the domains of psychoanalytic and psychodynamic therapies (p. 52) including especially Freud, Bollas and Lacan; person centred therapy under the influence of Rogers and his followers (p. 56) and a look at Martin Buber and “I and Thou” (p. 58) as his ideas on intersubjectivity had a particular impact on me during my training; gestalt therapy in which pronouns and the concept of ownership occupy a privileged place (p. 62) and cognitive behavioural therapy (p. 63) where the idea of self talk and hence perhaps a dialogue between “I” and “me” has importance. Finally, I also include a brief yet I feel fascinating look at what I describe as the *Tactical use of pronouns* (p. 60) where researchers have explored the use of pronouns in sufferers of myalgic encephalitis (or chronic fatigue syndrome) in order to position themselves in relation to their condition. Clearly this might have relevance to clients similarly owning or distancing themselves from their experience in psychotherapy and therefore could be important in this project.

The final main section of the literature review explores previous research that has been conducted regarding the usage of pronouns in psychotherapy (starting on p. 67). I have found very little research which is of direct relevance to my own study; such studies as do exist are reviewed starting on p. 73. Prior to this however, I also report research which explores pronoun use and variation according to demographics; pronoun usage when dealing with loss and grief; pronoun usage in dating and sexual attraction; and pronoun usage and status within groups (all on p. 66).

The history of research into language usage and in particular pronouns, and psychological dysfunction is, I think, rich and interesting. It originally focused largely on diagnosis with innovators such as Walter Weintraub (p. 68) but evolved slowly into attempts to study psychotherapy process (e.g. William Stiles — Verbal response modes p. 72) and then embryonic attempts to use the analysis of language to make psychoanalytic interventions more effective (e.g. The new evidential surface – Donald Spence, p. 73) leading to the more arguably directly relevant studies by Alban & Groman and van Staden, mentioned above.

Unfortunately, these studies were not developed further by the researchers who undertook them. I think this was perhaps largely because of the huge amounts of time-consuming and laborious work involved in analysis, especially in the pre-technological era up to all but the end of the 20th century. I review the history of computerised analysis of text in Appendix A, which I wrote as part of my review of available approaches.

However, it remains the case that the vast majority of work which has looked at the use of language and in particular that has identified the important role of pronouns in personality and in adjustment following life difficulties and trauma, has been based on analyses of writing by research participants and clients. Much of this work on expressive writing has been undertaken by James Pennebaker and his colleagues and I provide examples of relevant learning from this work and other studies (starting on p. 78). I also reference work conducted in the area of management studies by Nancy Harding (p. 84) as this intrigued me with its potential relevance to my own work.

The main purpose of conducting a literature review was to identify either areas of knowledge or gaps in knowledge which might be relevant to my own study. I example a number of these throughout the review. As the review is so lengthy, I summarise at the end in a section entitled *The significance for this research of the findings of my literature review*, which I hope encapsulates my overall learning for the reader.

A visual summary of the literature review structure is shown Figure 3 on p. 18 above.

## **Pronouns in language**

In order to understand the significance of pronouns in therapy, I believe we first need to understand something about their role in language. This is a complex area and a full exploration is beyond the scope of this document. My aim here is to explicate those parts of this knowledge which have influenced my thinking and therefore my perspectives, when planning and later interpreting my research.

## ***The role of pronouns in language***

What exactly do pronouns do? What is their role in talk? It seems to me that they serve to indicate the speaker's participation, presence or role in a piece of speech. Without a pronoun, phrases such as ...

- “open the window” or
- “the report will be published next week”

... provide limited information about who is involved. Pronouns add a context concerning who is connected to, or responsible for, a thought or action. They tell us who is expected to open the window and who is responsible for ensuring the report is published on time. In this latter sense, pronouns also add intentionality in time. So it can be said that pronouns position a statement by attributing responsibility for it to a person and by positioning it in time.

*Without a pronoun, the words are heard as representing in some direct way the current desire, belief, perception, or intention of whoever animates the utterance* (Goffman, 1959, p. 43 my emphasis (i.e. not positioned in time)).

*Imagine what conversation would be like if we constantly had to say things like ‘John Smith and Fred Bloggs will travel in the car belonging to John Smith tonight’ instead of ‘We’ll go in my car tonight.’ Using personal pronouns signifies membership of a club where all the members are assumed to have a particular type of knowledge of the other members* (Priest, 2011).

Colwyn Trevarthen, Emeritus Professor of Child Psychology and Psychobiology at the University of Edinburgh, is credited with emphasising the importance of intersubjectivity in human development from the 1970s onwards. He states that “personal pronouns enable an ‘interlacing of perspectives’ between people by which they keep separate their viewpoints and so understand the meaning in surroundings they share” (Trevarthen, 2012, p. 461).

I assert then that pronouns are ultimately about ownership (perhaps often within shared experiences). Without a pronoun, statements are just out there. They do not necessarily belong to anybody. Nor does a statement necessarily have a life beyond the present moment because it is not positioned in time relative to a particular person. In the case of feelings expressed in therapy then, we should perhaps be particularly cognisant of the pronoun being used by the client because without a pronoun, or else if the pronoun used is somehow

inappropriate, what is said may in some senses not belong to the client; the client may therefore arguably not be taking responsibility for what they are saying.

**Table 1** — First person pronouns and their different forms

	Singular	Plural
Subjective form	I	We
Objective/oblique form	Me	Us
Reflexive form	Myself	Ourselves
Possessive form	My/Mine	Our/Ours

### **I in particular**

For the purposes of this project I am interested particularly in first person pronouns, the singular subjective form of which is “I” (see Table 1 above).

In his seminal work *The Presentation of Self in Everyday Life*, Irving Goffman said that we mostly represent ourselves through the use of a *personal* pronoun, typically “I”. In fact, at 3.64%, “I” is the most frequently used word in daily speech (Chung and Pennebaker, 2007) even though all 19 pronouns collectively account for just 0.06% of all the words in the common lexicon of spoken language (Campbell and Pennebaker, 2003).

Speaking about the pronoun “I” Goffman describes it thus:

*[A]nd it is thus a figure—a figure in a statement—that serves as the agent, a protagonist in a described scene, a “character” in an anecdote, someone, after all, who belongs to the world that is spoken about, not the world in which the speaking occurs. (Goffman, 1959, p. 147).*

“I”, a mere one letter word yet so important; always written as a capital letter, some say perhaps to indicate its power and significance (Straker, 2010). The first-person pronoun “I” is unique in that it has no gender, no cases since it always designates the subject, and no plural. It also differs from the pronoun “me” which designates the objective self or self as observed (Thass-Thienemann (1973) cited in Meissner, 2008).

“I” is important because it differentiates self from other; when we use the word “I” we reference ourselves as a unique individual. It signifies “me” territory; *my* thoughts, *my* opinions, *my* preferences, *my* likes and I believe, importantly, *my experiences*.

At least, this is a common conception of the use of “I”. There are certainly many other ways to consider the use of “I”, which add complexity to this simplistic interpretation of the use of the word.

## **The “I” in society**

I am neither a linguist nor a philosopher and I am not going to explore this area in detail, at least in this section of the document. I am aware however of other interpretations of the use of the word “I” and I will call upon these if they appear to me to provide a useful way in which to interpret my findings later on in the project.

By way of illustration however, note that although I have spoken of “I” as identifying the speaker as a separate individual, none of us exist in isolation. Identity or sense of self seems to me always to exist in relation to others:

*The most important thing about people is not what is contained within them, but what transpires between them* (Sampson, 1993, p. 20).

Our sense of self or identity is arguably therefore always shifting and is perhaps also a source of some existential anxiety (Bugental, 1976; Frankl, 1986), perhaps in some cases even psychosis (Laing, 2010). Laing suggested that when sane people meet, there is a mutual recognition and acceptance of each other’s identity, sense of self and authentic individuality. If there are sufficiently radical discrepancies between my sense of my individual identity and who you identify me to be or vice versa, then one of us, he suggests, must be insane.

Derrida’s concept of *différance* posits that in language, opposites interact and meaning is unstable (Krapp, 2009). The concept of open is meaningless without the concept of closed and this is similar to the distinction between self and other; any thought of “I” *necessarily* requires a consideration of the other (or at least “not-I”).

*Différance is almost Taoist in its intertwining of opposites, where the yin-yang symbol has a white spot in the centre of the black, and vice versa, thus symbolizing how in one thing lie the seeds of the opposite* (Straker, 2006).

For Derrida therefore, self-presence is a *position* not a unity and when we claim identity we are trying to stabilise this ambiguous shifting (Lloyd, 1993 for a reader-friendly exploration of these ideas).

Other interpretations of “I” identify the different animators or narrators possible when using first person singular pronouns in speech. Goffman identifies what he calls two animators; the one present and telling the story in the moment and an embedded animator who is present only in the events being spoken about (Goffman, 1959). This is perhaps similar to the idea of different narrators of self in narrative therapy.

*In this sense, it is useful to view self-definition as an ongoing narrative project (Goodson 1998, p. 11). Through-the-mirror writing helps the writer perceive the character who is myself as dynamically evolving (Bolton, 2010, p. 23).*

Goffman speaks of the flexibility which the use of pronouns creates. What seems to me to be a powerful example of this is the ability to *distance* ourselves from our speech, something which I feel is of particular relevance in this project.

For example, we have the ability to talk about what we wanted or thought at some other time and in some other place.

*[I]f we happen to be recounting a tale of something that happened many years ago, when we were a person we consider we no longer are, then the ‘I’ in ‘I said shut the window’ is linked to us—the person present—merely through biographical continuity (Goffman, 1959, p. 147).*

*Through narrative, we construct, reconstruct, in some ways reinvent yesterday and tomorrow (Bruner, 2003, p. 93).*

I consider this highly relevant in the context of psychotherapy where clients frequently speak about what they did, or what happened to them, in times past, whilst perhaps experiencing some problem or unfinished business with what they are recounting, in the present moment.

I will now consider in more detail the relationship between pronouns and self.

## **Pronouns and the self**

In considering the use of pronouns and especially the use of the first person pronoun “I”, I suggest it is impossible not to encounter the concept of self. The phrase “me, myself, I” comes to my mind immediately as an example of the way these concepts are linked. I, like everybody else, use the word “I” to refer to my thoughts, my experiences, my intentions and

me. So questions such as “who am I?” and matters concerning my sense of my self inevitably arise as I consider this project and indeed will no doubt be present throughout it.<sup>2</sup>

My aim in this review of the relevant literature is to position my research and myself on the huge spectrum of all possible positions regarding the nature of self and then to refer briefly to some of the other perspectives. I merely wish to demonstrate that I am aware of these. Some, such as a social constructionist perspective on self, seem to me to be important and significant. They have inevitably shaped my thinking. Such perspectives may not represent the central part of the lens through which I will view my findings, yet my awareness means I will inevitably be influenced by them.

### ***My Focus — Self as experienced***

*Of all the perceptions we experience in the course of living, perhaps none has more profound significance than the perceptions we hold regarding our own personal existence — our view of who we are and how we fit into the world*  
(Purkey, 2002, p. 1)

In undertaking this project I ask myself “what is my self?”

It is everything I know about me; knowledge of and about myself.<sup>3</sup> For example I know I don’t like cheese — that type of thing. So to know my self is to know what I like and don’t like. My self is a kind of an overarching theory of me. It is based partly on knowledge or experience and partly on my beliefs about who I am, my identity, my perceived role and my sense of where I fit into the world.

This overarching theory of me is something that emerges over time.

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<sup>2</sup> Indeed, a starting point when considering the nature of this final project was the relationship between pronoun use and sense of self. Ultimately however, I considered that this was too large and diffuse a project for my DPpsych. This remains an area of interest for me however.

<sup>3</sup> I find it interesting that the first person possessive pronoun “my” and the word “self” are normally conjoined in the English language to form the word “myself”.



**Figure 4** - “Please do not pull. The door will close by its self”. While theorists may disagree on the nature of the self, few would suggest that inanimate objects have this quality. *Photo: Nicky Tudor*

Magneto-encephalopathy (MEG) imaging studies have shown that when we lose a treasured possession, our response is similar to losing a part of oneself. Interestingly, these studies also suggest the reverse — that self awareness starts initially with processing our own self as an example of a living object; in short, we may initially cognitively process our sense of who we are, as if we were experiencing a separate person (Walla, 2011, p. 245). Recent (MEG) and electroencephalography (EEG) studies (reported by Walla and Panskepp, 2013) have identified that varying conditions of ownership produce differing activity in the insular cortex. In an early time window, the investigators found brain activity elicited by both “my pencil” and “his pencil” differed from a neutral condition (“a pencil”). In a later time window though, “my pencil” elicited different brain activity compared to “his pencil”, a clear sign of self-referential information processing in a part of the brain long thought to be associated with emotional responses (p. 101).

For pioneering sociologist Charles Horton Cooley (1908) the self was indistinguishable from that “which is designated in common speech by the pronouns of the first person singular, ‘I’” (p. 2) and was what he described as “self feeling” (p. 4). For him, this concept was essentially obvious:

*There should be no difficulty in understanding what is meant by it. One need only imagine some attack on his ‘me,’ say ridicule of his dress or an attempt to take away his property or his child, or his good name by slander, and self-feeling immediately appears (Cooley, 1908, p. 172-173).*

### ***I and me***

Within the literature many theorists have identified two different aspects of self ; subjective self (the I-self) and self as object (the Me-self, objective self or the categorical self) (Harter, 1999; Underwood and Rosen, 2011). William James (2007) introduced this distinction,

defining the I-self as the actor or knower, whereas the Me-self was the object of one's knowledge, "an empirical aggregate of things objectively known" (p. 400).

James also identified particular features or components of both the I-self and the Me-self. Components of the I-self included:

1. self-awareness, an appreciation for one's internal states, needs, thoughts, and emotions
2. self-agency, the sense of the authorship over one's thoughts and actions
3. self-continuity, the sense that one remains the same person over time
4. self-coherence, a stable sense of the self as a single, coherent, bounded entity.

Components of the Me-self included the material me, the social me, and the spiritual me (p. 292, *ibid*).

George Herbert Mead elaborated on Cooley's thinking, proposing a socio-interactional process for the development of language and sense of self. Mead (1925) postulated a two-stage developmental process in which the child adopts the attitudes of others toward the self, calling these stages the "play" and the "game". The "play" involved the imitation of adult roles, whilst in "games" there are prescribed procedures and rules.

*We appear as selves in our conduct insofar as we ourselves take the attitude that others take toward us.*

*This organized reaction becomes what I have called 'the generalized other' that accompanies and controls his conduct. And it is this generalized other in his experience which provides him with a self (G. H. Mead, 1925, p. 269).*

*Our thinking is an inner conversation in which we may be taking the roles of specific acquaintances over against ourselves, but usually it is with what I have termed the "generalized other" that we converse, and so attain to the levels of abstract thinking, and that impersonality, that so-called objectivity that we cherish. In this fashion, I conceive, have selves arisen in human behaviour (ibid, p. 272).*

For Mead then, the individual comes to adopt the generalised perspective of a group of significant others. I think this is significant in this project. When clients use the second person "you", or when for example they say "there is", they are often describing what seems to me to be generalised standards in society or examples of givens. I might say that they are using the fourth-person singular pronoun "one" in order to mean all people, or the average

person but they feel uncomfortable<sup>4</sup> speaking in this manner and so they substitute with the second or third person.

*“You don’t like to speak of such things in public”*

Or ...

*“There is a sense that people don’t like speaking about such things”*

To which I might reflect:

*“It sounds like you might perhaps be a little uncomfortable discussing this”*

To summarise then; when clients speak of themselves in therapy they are referring to their objective self. This is their sense of themselves as an object, a separate individual. This sense of objective self, according to most theories, is not present from birth (see p. 30). In terms of pronouns, the client (“I”) is talking about “me” and from a purely linguistic and grammatical point of view they should use the first person, but often do not.

In this section, I have identified that sense of self has an important interactional component. What intrigues me is the question about what happens when that conversation about “me” by a person speaking as an “I”, uses the second person “you”? (or perhaps even impersonal pronouns such as “it is” or “there is”). From an object relations perspective the “I” arguably then finds itself in conversation with, or is talking about, a person outside and separate from the self that is speaking. If for example I say, “I am sad”, I am asserting my objective self-awareness of my subjective sadness (referring to self as object). However, if I say “*you* are sad” (but speak of myself) then, consistent with the views of Meissner (2008) I am conceivably engaging another person in dialogue as an “I” in relation to a “you” that is not “me.” What impact might this additional person have on the outcome of the client’s therapy? Again, this is part of what I hope to explore in this project.

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<sup>4</sup> Grammar Girl in her online tips (<http://grammar.quickanddirtytips.com/one-versus-you.aspx>) suggests that “You is the pronoun you should choose most often, assuming you’re not aiming to look down on everyone else.”

## ***The beginning of Self***

As I said earlier, self is inextricably intertwined with pronouns. Can self exist without language? And is self purely relational? Or maybe even a socially constructed and wholly linguistic concept?

There are some who argue that an innate or core sense of self exists from birth and possibly exists before it. Damasio (2000) a neurologist, said that a non-verbal core consciousness or sense of self must exist before language emerges and can be used to designate this self-concept in words. He explained: “So when my mind says ‘I’ or ‘me,’ it is translating, easily and effortlessly, the non-language concept of the ... self that is mine (p. 186)”. Evidence from neuroimaging by Damasio and others exists to support this argument (Farrer and Frith, 2002).

Damasio (*ibid*) goes on to say:

*There must be a non-verbal self and a non-verbal knowing for which the words ‘I’ or ‘me’ or the phrase ‘I know’ are the appropriate translations, in any language. The idea that self and consciousness would emerge after language, and would be a direct construction of language, is not likely to be correct. If self and consciousness were born de novo from language, they would constitute the sole instance of words without an underlying concept (p. 107–108).*

Also interesting in this regard is the work of Alessandra Piontelli, a medical doctor, psychoanalyst and psychotherapist who conducted extensive observations of both mono and dizygotic twins, both in utero using ultrasound scanning and for several years after their birth.

She describes several examples in which twins’ behaviour, observed in the womb, continued after birth. One set of twins would hit each other in the womb and continued to do so after birth as soon as their development allowed it. Another pair called Alice and Luca stroked each other in the womb through the dividing membrane and when they were one-year-old a favourite game was to stroke each other from either side of a curtain. Also described is the case of Pina, who was described as “the most adventurous foetus until a near miscarriage”. He reportedly demonstrated a similar pattern after birth — great adventurousness soon followed by claustrophobia and near panic (Piontelli, 1989).

Piontelli's work provides evidence for something which some parents have long held to be true; that each foetus, like each newborn baby, is an individual long before it interacts with its environment (Piontelli, 1992).

However, most theories of psychological development assume that at the beginning of life there is no self; there is no "me", at least so far as an inner subjective experience of an objective "me" is concerned.

Freud spoke for example, at least in the original German (Freud, 2000), of "the it" — basic instincts and drives usually translated as the *id* — which in conflict with the "over I" (superego), forms a sense of "the I" (*ego*<sup>5</sup>) (Freud, Riviere and Strachey, 2010).

Mead stated almost 80 years ago:

*Self has a character which is different from that of the physiological organism proper; the self is something which has a development; it is not initially there at birth, but arises in the process of social experience and activity* (G. Mead, 1934).

Object relations theorists replaced Freudian drive theory with a theory in which our primary motivation is to form relationships and this need overrides even our wish for physical gratification.

Acknowledging that a primary state of non-differentiation exists initially, what Michael Balint called a "harmonious interpenetrating mix-up" (Balint, 1992), these external relationships (initially with caregivers) eventually give rise to a series of internal relationships, experienced both consciously and unconsciously as a sense of self.

*The harmonious interpenetrating mix-up' is Balint's version of an idea ... called by such terms as merging, symbiosis, primary narcissism, facilitating environment, self-object states, oceanic feelings, the pure sense of being, and so on. These words*

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<sup>5</sup> "Ego" is the Latin term for the first person singular personal pronoun. It was used by James Strachey in his translation of Freud's "das Ich", from the original German. In his article "Some Notes on English Freudian Terminology", Lewis Brandt writes that the "word 'I' ... represents the speaking person. It has the greatest emotional immediacy of any word in the language. It belongs to the vernacular as much as to any other part of the German language. None of this is true of the word 'ego'." (Brandt, 1961 p. 333) (See also "Pronouns in psychology and psychotherapy", on p. 52 in this document.)

*attempt to describe a state of mind in which self and other merge and drift apart like seaweeds in the sea, as it may be at the very start of the emerging of self from (m)other* (Klein, 1987, p. 113-114).

It was Margaret Mahler (2000) who first used the phrase “separation-individuation” to describe the lifelong process, beginning in childhood, which describes our efforts to develop a separate and individual sense of self, existing in relation to others.

In an object relations perspective, borderline and psychotic states occur when an individual’s sense of what arises from within the self and what from outside, is fragile, distorted or fractured (Gomez, 1997; Mahler, 1971).

Kohut also postulated that we have no sense of self at birth. Rather, we exist in a state of what he called “primary narcissism”, a state of perfect, blissful self-love. From around the age of three months we increasingly engage with primary caregivers who, though attuned to our needs, also frustrate them and therefore enable us to develop a more realistic and independent sense of self (Kohut, 1971/2009; Ornstein, 2011).

Contemporary psychoanalyst Allan Schore has built on Kohut’s ideas, adding weight to the idea that sense of self is not present from birth but that rather, it develops in non-linear stages. He cites evidence from axial magnetic resonance imaging studies showing the myelination of developing infant brains to demonstrate a physiological capacity for the ontogeny of self from around 18 months of age (Schore, 2012, p. 15).

William Meissner, psychoanalytical theorist and Jesuit priest, put forward cogent arguments (2008) in favour of a parallel development of subjective self alongside language. The identification of self and the use of first person pronouns to refer to it can only have meaning, he said, if there is an already-existing self to which they can apply. Similar to Damasio (2000) and others, he believed in the existence of what he called a “body self” which is present even in the womb before birth. However, the infant does not develop the capacity to acknowledge this sense of self until its second year of life, at which point the pronoun “I” can be meaningfully applied.

The idea that individuation arises from an initial fusion with the caregiver was questioned separately by Stern and Trevarthen. Their assertions contributed to a historical debate going back to the time of Anna Freud and Melanie Klein. Kleinians, whilst acknowledging the immature nature of perception at birth, believed that a subjective self was present from the start of life, based on the inner creation of meaning from the interaction of drive and sensation. For Anna Freud, there was no such subjective awareness from birth. She asserted

that the infant responded to objective sensation without elaboration or additional interest. The Anna Freudian baby was purely a stimulus-response creature (Ellman, 2010). Donald Winnicott, a former analysand of Klein, contributed much to this debate, whilst taking sides with neither and contributed the concept of *The Facilitating Environment* (Johns, 2005).

Colwyn Trevarthen, however, proposed that babies have an intersubjective empathy which is readily observable shortly after birth (Trevarthen, 1979). Citing neuro-imaging studies, gathered over decades, which supported his observations, he asserted that neonates coordinate the rhythms of their movements and senses with their caregivers, engaging with “intimate and seductive precision with other persons’ movements, sensing their purposes and feelings” (Trevarthen, 2011, p. 119). For Trevarthen, “I” and “you” were not self-standing linguistic entities but rather, building blocks in an essentially intersubjective perspective of self and identity (Trevarthen, 2010; Trevarthen, 2011).

Daniel Stern argued that the merged state is a mode of relating which becomes possible after differentiation between self and other (Gomez, 1997, p. 170). Similar to Trevarthen, he emphasised the essential intersubjectivity of attachment (2004). He initially proposed (2000) four main senses of self which arise from a series of overlapping and interdependent stages or layers, each one relationally more sophisticated. In the 2000 edition of his 1985 book (cited above), Stern added two more layers to his model, the final one being a narrative sense of self arising from an inner dialogue with the verbal self, the individual’s autobiographical story leading to the creation of identity. This is something which is personally very meaningful to me as I recollect engaging with this process during my childhood. Moreover, as I said earlier in this document on page 6, the idea that “I can talk to me” was, for me, quite a realisation (cf. Zell, Warriner, & Albarraín [2012]).

This narrative sense of self, this internal conversation, forms a second and important part of my definition of self for the purposes of this project. It is to know what I have done in my life and to some extent what I plan to do. In that sense, it is the story of an objective me, as perceived by me, uniquely and of course completely subjectively. This is relevant here because it is this story which clients share with us as psychotherapists and in some senses it is their perspective on this story which changes in therapy.

### ***Narrative self***

The use of words to construct a narrative is of course necessary for us to perceive and communicate our inner state, our feelings and any differences between what we wish for and our actual emotions. Language also provides the basis for the differentiation of our needs

and those of another, including any conflicts or contrasts. In childhood the emergence of this ability to use language arguably leads to the ability to conceptualise relationships as verbal symbols – mental images written in words. Inevitably, this also leads to fantasies and anxiety about the imagined consequences, such as loss of love, loss of relationship and physical harm. Psychoanalysts Robert and Phyllis Tyson assert (1993) that “such fantasies increase the likelihood of internalization of conflict and identification with mother as a means of conflict resolution, an important step in psychic structure formation” (p. 179).

This has relevance to my work here and is yet another reminder of the link between language and inner experience and of the importance of clients owning their narrative in the words they use in therapy.

*Reading of our lives through narrative structures provides the opportunity for us to render meaningful that which previously wasn't* (Payne, 2006, p. 111).

It is this process of constructing a coherent self-concept over the life span which is the enduring legacy of Erik Erikson's work (Baddeley and Singer, 2007). Erikson recognised that our construction of a sense of self is an ongoing process in which identity emerges from what he called a “seething cauldron” of biological, psychological and sociological factors.

Dan McAdams (1987) extended Erikson's work and argued we become the stories we tell about ourselves; the narrative we construct of our life experiences *is* our identity; our life story is *the* fundamental way in which we come to know ourselves. The stories we tell about ourselves come to be the way in which we are known by others (McAdams, 1993).

McAdams also argued that the stories we create are necessarily limited by the repertoire of cultural myths, images, symbols, settings, and plotlines that we learn from family, the media and the society in which we live. Such ideas form the basis of the self as socially constructed.

## ***The socially constructed Self***

In developing my sense of myself and interpreting whatever I encounter during this project, I acknowledge that personal narratives are influenced by ideas from theories concerning the social construction of reality. However, my position is that whilst I might occasionally take a sideways glance towards such ideas, I am not wholly informed by them. (Chapter 3 for details of my epistemological lens).

Our sense of self in a social context is the theme of Erving Goffman's influential book *The Presentation of Self in Everyday Life* (1959). It was here that he first borrowed from Shakespeare the phrase "all the world's a stage" (Denzin, 2003, p. 127).

In an earlier publication (cited on page 128 in Denzin, 2003) Goffman had made the point that societies "must mobilise their members as self-regulating participants in social encounters" and thus in his view, human nature can be thought of in terms of what our society requires us to be in order for us to operate as a member of that society.

Essentially, I think Goffman was saying that as individuals, we agree to take on certain roles. He contends that in interactions, we consciously contrive to give off particular expressions in order to create certain impressions in the others around us (Goffman, 1959, p. 18).

The social environment then becomes the stage on which these performances interact and other people become our audience.

*[T]his mask is our truer self, the self we would like to be. In the end, our conception of our role becomes second nature and an integral part of our personality* (Goffman, 1959, p. 30).

According to Goffman then, society constrains us to adopt certain roles, of which we are aware it approves. He also noted shifts in footing (*ibid*), for example, between "I" and "we", moving between modes of talking for oneself or on behalf of an organization or group or, of particular interest here, giving different aspects of self a voice.

Similar ideas can be found in the work of Donald Winnicott (1991) and his ideas about what he called *The True and False Self*. He asserted that in developing a false self we forgo primary process thinking and infantile omnipotence in order to gain a place in society that could never be achieved by the true self alone (*ibid* p. 143).

Might an awareness of role and societal (dis)approval, or in Winnicott's terms the idea of the false self, contribute to explaining why clients so often seem not to want to own their thoughts and feelings, as perhaps happens when they distance themselves from them by shifting to second, third or even fourth person personal pronouns to speak about experiences? For example, "I can't own that I am a lesbian because the church does not approve of gay vicars" so the client says, "Being in the clergy makes it hard to explore your sexuality" (client quotation).

I assert that such societal injunctions get in the way of the authentic self finding expression. This is something which forms an important tenet within narrative therapy. Indeed, some narrative therapy practitioners have borrowed Goffman's term "unique outcomes" (Goffman, 1961, p. 127 cited in Davy, 2003, p. 161) to describe those situations in which the client is able to identify significant memories that contradict or modify the societally-influenced, problem saturated, dominant client story (Payne, 2006, p. 13).

For example, the female client mentioned above was eventually able to acknowledge that a problem with her sexuality was not her problem; it was the church's problem and society's problem. However, for this to happen she first had to acknowledge and take ownership of those feelings which were *genuinely hers*, before she could let go of those feelings which were actually the opinions of some sections of society.

Discourse analysis (Potter and Wetherell, 1987) provides a framework for studying issues of identity, self and other, and offers a theoretical conceptualization of social action and interaction. Following Goffman, language is viewed as performative, that is, as a way of making sense of our lives and accomplishing things in our social interactions with others. However, unfortunately for my project, it is not concerned directly with the underlying mental mechanisms and cognitive reasoning of a person, rather, how these things are manifested in social discourse.

Many others have developed a view of the self as constructed and indeed constrained by, society (Burkitt, 1991). The implications of this perspective are challenging and far-reaching (Burr, 1995). According to Gergen and Davies (1985), few people are prepared for the wrenching, conceptual dislocation associated with social constructionist perspectives on self.

For example, the notion that we exist as separate individuals and that our emotions are personal, spontaneous expressions of an inner self is questioned in a socially constructed model of the self (Burr, 1995). As Neimeyer put it in his critique of social constructionism in counselling, "the self is dethroned from a position of agency, freedom and conscious self-

determination, vanishing into a proliferation of inconsistent social roles on the interpersonal and cultural stage” (Neimeyer, 1998, p. 135).

Certain social constructionist ideas present a huge conceptual challenge within a project such as this which deals with language, for the idea that language represents an individual’s personal thoughts and feelings is replaced with the notion that such individual responses are constrained by the linguistic concepts available within the society concerned. Society and not the individual therefore, provides the framework of meaning. Emotions have no existence in and of themselves and experiences become available to us through language as ways of structuring our experience. Language essentially comprises signifiers whose relationship to the things they signify is essentially arbitrary (Burr, 1995, p. 53-54).

*Constructionism is an observer’s point of view in which movement for the observer is from the considering of self looking at a universe to the recognition of self as part of a social multiverse* (Fruggeri, 1992, p. 44).

Whilst social constructionism regards our reality and identity as linguistically constructed by social processes (Gergen, 1991) Rom Harré goes further and suggests that concepts such as “I” and “the self” are also mere social constructions.

Harré has contributed ideas that might be called a strong form of social constructionism at “one extreme of social constructionist thinking” (Burr, 1995, p. 129).

Harré (1994), like others, talks about certain words having *indexical* function; words which indicate, or point to, familiar objects, such as desk, cup or calculator. However, he says that we make a fundamental error when we assume that other, more psychological words such as the pronouns “I” and “me”, are indexical in the same way.

We (wrongly in his view) reason that since the words “I” and “me” exist, then the specific entities referred to by those terms must *also* exist; there must be an “I” and a “me” in the same sense as there are desks, cups and calculators. So the existence of the word “I”, he says, creates a fallacious belief in an autonomous individual. (This is of course in stark contrast to the views of Damasio (2000), based on experimental evidence, described earlier).

According to Harré, “I” and “me”, perform a similar function to other concepts we use to organise our experience of the world. Such concepts, he says, are only made possible by the grammatical forms in our language. It is not, he says, that these things existed and that we then found names for them. It is the reverse of this: we create a reality around these concepts *only* because they exist within our language. He cites other cultures such as the

Maoris who have an entirely different reality based on a very different grammar. As he puts it:

*To be a self is not to be a certain kind of being, but to be in possession of a certain kind of theory* (Harré, 1985).

He uses the example of gravity as an illustration. Gravity provides a way of classifying different types of events (for example apples falling from trees, satellites orbiting) as manifestations of the same phenomenon. When we use the word “I” we are, he says, referring to a hypothetical entity (the self) just as scientists refer to gravity when they use the term “g”.

Importantly for Harré, the value of this conceptual framework is not contingent upon us being able to demonstrate that gravity is *objectively real*. Even if gravity was some type of imaginary concept, it would still be a useful way of understanding our world.

Moreover, Harré also suggests that the existence of two words – “I” and “me” – to refer to ourselves in two ways is also problematic. He states that we think of “I” as the authentic, more closely owned or committed self and “me” as referring to a more superficial, social self (Harré and Gillett, 1994, p. 106-107).

The existence of these two ways of addressing ourselves creates the notion of the authentic or real self in some types of psychotherapy, notably so in the person centred approach (C. R. Rogers, 1976). This is obviously important for this project where I am exploring the value of extending an invitation to clients to own a statement by using the first person. However it is also arguably a challenge to any therapist working within any humanistic model which includes the idea of the coherent, unified, self; the notion of people having agency and being the author of their actions and interpreter of their experiences.

Again to quote Hansen in his 2005 critique of social constructionism:

*“Social constructionist epistemic assumptions [...] do not allow for personal identities that exist independent from linguistic communities.”* (Hansen, 2005).

The French philosopher and theologian Frances Jacques (1991) also stated a similarly radically relational position regarding the self as subjectively experienced, stating:

*“It is clear how artificial is the supposition that the personal pronoun I is related to an enduring, unique mental entity equipped with attributes ... the real status of the term ‘me/self’ (moi) is not substantive but pronominal” (ibid, p. 100-101).*

Similar views were echoed in the work of Litowitz and Litowitz (1983) who asserted that pronouns are unrestricted in reference and have shifting application. They concluded that “pronouns refer not to objects but to *relationships*” (p. 402, my emphasis).

So whilst the traditional notion of the self and even the concept of “I” is questioned in some flavours of social constructionist thinking and whilst I acknowledge this, for the purposes of this project I argue that it is *people* who interpret their actions and who bring meaning to their lives, not language or social interaction. Even Harré, writing with Grant Gillett, acknowledges that their ideas raise certain questions which need to be addressed:

*The task for discursive theories of agency is ... to reinsert the agent into the story, the one who initiates the action, the one who, in some way, is significant in giving meaning to what he or she does and who they are. It is not sufficient to acknowledge a certain agnosticism about the inner causes of behaviour (Harré and Gillett, 1994, p. 117)*

I agree with Anderson and Goolishian that the skill of the therapist lies in their ability to help the client construct a new narrative of self. This project explores the role of pronouns in this process.

*Change in therapy is the dialogical creation of new narrative, and therefore the opening of opportunity for new agency ... We live in and through the narrative identities that we develop in conversation with one another... Our ‘self’ is always changing (Anderson and Goolishian, 1992, p. 28).*

### ***Self in summary***

As discussed above, I believe there is a socio-culturally inspired relationship with self but that also there is a more deeply personal and what I call authentic relationship with self. Whilst I think that personal pronoun usage has a role in *both* of these relationships, in this research my focus is on participants’ inner subjective experiences — self as experienced or, what they experience when they talk using differing pronoun positions — rather than on an interpretation of what they say from a social constructionist perspective. Nor will I be exploring the way power, dominance and inequality are enacted, reproduced and resisted by talk in a social and political context.

My research explores a more personal relationship with self not far from Rogers' conceptualisation of the organismic self and the self-concept. Rogers defined the self as "an organized, fluid, but consistent conceptual pattern of perceptions of characteristics and relationships of the 'I' or the 'me,' together with values attached to these concepts" (C. R. Rogers, 1976, p. 498).

## **Pronouns and human development**

I have reviewed several theories about the development of self and its relationship with pronouns and in particular the first person pronoun "I". I turn now to look briefly at the development of pronouns in language during early childhood.

By the age of two, most children have developed sophisticated language capabilities. That this capacity occurs so early on in an otherwise lengthy childhood and maturational process is evidence, I suggest, for the importance of language in human experience. Vygotsky (1978) described language as the most important tool in human thinking.

### ***Language acquisition***

The behaviourist B.F. Skinner proposed that language was learned by imitation; adults influence the speech of children by reinforcing the parts of their babbling which sound most like words (Shaffer et al., 2002). Bruner's hypothesis (early rule structure) suggests that the use of personal pronouns is learned through a sequence of language games (Bruner, 1975; Harré, 1984, p. 92). However several theorists have asserted that there are problems with these ideas because not all words can be learned by direct imitation and pronouns are a particularly good example of this.

For example, when hearing mummy and daddy refer to them as "you" and parents referring to themselves as "I", children would naturally assume that these terms are a type of name (Clark, 1978).

In fact the word "I" will never mean the same thing when it is used by the language-learning child using direct imitation. As C.H. Cooley put it (1908) "an apple is an apple to all alike, but 'I' is different for every user of the word".

Other theorists, notably Noam Chomsky (2006) proposed that from birth (or as some contend, even before it [Neaum, 2012, p. 28]) children have the basic building blocks of language and mathematics, the essential elements of which need to be in place in order to enable them to make sense of what they see and hear. In fact, children have been shown to

prefer speech sounds over non-speech sounds, as demonstrated by their frequency of sucking on a pacifier (Vouloumanos and Werker, 2007) and to have the ability to differentiate between different languages up to the age of 10 months, although they cannot understand them (Werker and Tees, 1984). Research has also shown that children's crying is phonologically different between different countries (Devlin, 2009) and that children prefer the sound of the language native to their mother from as early as two days old (Moon, Cooper and Fifer, 1993).

It is likely also that language development is an interactional process, with children driven by an innate need for relationship, which encourages them to learn to communicate with others as they acquire knowledge of the world. The main proponent of this approach to language acquisition is Lev Vygotsky (1978), who also proposed a socio-cultural model of learning with an emphasis on collaboration.

### ***Developmental timeline***

Basic language comprehension has been demonstrated experimentally in children as young as six months old, with babies associating frequently used words with objects by this age (Tincoff and Jusczyk, 1999). By the age of seven months, children will usually respond to their own name and by nine months they have typically used the words “mamma” or “dada” (or similar). At one year they have normally uttered at least one and usually several words, reaching a vocabulary of about 15 words, usually nouns, by the age of 15 months (Rauh, 2012). For a few months after the appearance of the first two-word sentences, proper names are often used by children where pronouns would be used by an adult (Figure 5).



**Figure 5** – Typical language use in infants up to age 24 months

From age two, language development is usually exceedingly rapid and pronouns start to be used from this point onwards with increasing sophistication (Neaum, 2012, p. 30-31).

Cooley (1908) noted that, initially, his child used pronouns, albeit incorrectly, by direct imitation:

*e. g., 'I carry you,' meaning 'you carry me' is first recorded at the end of the twenty-third month. The use of the third person pronoun 'she' by imitation was also observed around this time (page 343).*

Elizabeth Bates, in her studies of how the brain is organized to process language (Jagoda, 2003), stated “it is quite common at age 20 to 24 months for a child to say ‘carry you/hold you/help you’ to mean ‘carry me/hold me/help me’” (Bates, 1990, p. 177).

A child with an autistic spectrum disorder may typically fail to use pronouns correctly until much later than a child demonstrating typical development. Such children will often not refer to themselves voluntarily in any way, may not use the word “I”, and frequently may not point to themselves when answering a question about him/herself, as a child of that age often does (Kanner, 1943; Katz, 1979).

Interestingly, pronoun use in twins is lower up to the age of five years, when compared to single children. Although usage is lower (based on percentage of total words used and percentage of parts of speech used) at every age up to five years, pronoun usage increases at a faster rate in twins than in single children between the age of 24 and 36 months (Day, 1932, p. 193-197).

The true use and understanding of first person pronouns probably requires the child to have the ability to recognise itself and with this, attain so-called self meta-representation or in other words, awareness of the existence of “me” and with it the knowledge of the recursive relation “I know that I know”. The ability to self-recognise is normally demonstrated by use of the Rouge test.

## ***The Rouge test***

**Figure 6** - The Rouge Test of self recognition



**Figure 7** - Slightly older children will respond to the dab of colour on their face



This test was developed as a way of measuring self recognition in young children (Amsterdam, 1972). A small dab of rouge is applied to the child's face, usually the forehead or nose, without its knowledge. The child is then placed in front of a mirror and its reaction to the reflection observed. A very young child will not make a connection between the reflection and itself. Frequently, the child will look behind the mirror to determine the source of the stranger it sees (Figure 6) From around the age of 18 months however the child will look at the reflection, notice the red mark on its face and respond in a way which

indicates it recognises that this is not what it expects to see, in other words “not a part of me” (Figure 7). As Prof Mark Howe at the University of Lancaster explained in the BBC Horizon documentary *How does your memory work?*

*What we're interested in [in this test] is the child's ability to know that they are someone, that they are separate from other people (original emphasis) (Gillings, 2008).*

Or as Doris Bischof-Köhler put it:

*From this perspective one can realize that there is an outside to the self, which can be encountered in one's mirror image (Bischof-Köhler, 1991, p. 254).*

Lacan (2006) regarded what he called the mirror stage as a turning point in child development, the beginning of a permanent structure of individual subjectivity (Webster, 2002).

It is believed that autobiographical memories, or in other words recall of “the things that happened to *me*” can be created only after this sense of self is established. Before this point there is simply no “me” in existence to whom things can happen.

*Before we can know what we are like, we first need to know that we exist (Underwood and Rosen, 2011, p. 77)*

Fifteen months is the earliest age children show self recognition; at 18 months about half of children demonstrate recognition whereas by 24 months almost all children can demonstrate this (Lewis and Ramsay, 2004). Children who demonstrate self recognition in the Rouge test use more personal pronouns than those who fail to display self recognition (Underwood and Rosen, 2011).

Age two and especially the beginning of the third year, also marks the beginning of increased self-references in the child. Whereas earlier they mostly talk about their environment, for example, describing their activities and naming objects, they now increasingly comment on their own activities, especially inner states of wanting, liking, fear, and so on (Galatzer Levy and Cohler, 1993; Greenspan and Shanker, 2005).

Bates viewed this time of rapid language acquisition and self recognition as being an incredibly important “period in which the child learns to map the concept of self (a shifting

self seen in the eyes of others) onto an equally complex set of grammatical and lexical forms” (Bates, 1990, p. 181).

Children with Asperger’s syndrome (AS) use pronouns at lower rates than developmentally healthy controls (Rumpf, Kamp-Becker, Becker and Kauschke, 2012). Colle et al. (2008) also reported a limited use of personal pronouns by adults with AS/high functioning autism. One explanation for this may be that the proper use of anaphoric pronouns<sup>6</sup> requires taking the other person’s point of view, something with which persons with this developmental deficit have difficulty (Colle et al, *ibid*, p. 31).

Some theorists have suggested a strong link between linguistic ability and so-called theory of mind<sup>7</sup> (De Villiers and De Villiers, 2000). Whilst other researchers contest this claim and offer rival hypotheses (Colle et al, *ibid*, p. 30), there nevertheless exists considerable evidence to suggest that sense of self, particularly the recursive relation “I know that I know”, correlates with linguistic ability and in particular the ability to use pronouns effectively (Harter, 1999; Lewis and Ramsay, 2004).

To summarise then, the use of pronouns in childhood seems to coincide with the development of a sense of self recognition and the emergence of a sense of “me”. Indeed, it seems that our enduring memories, that which helps us get a sense of who we are and enables us to narrate the story of our lives, can only develop from around that time at which pronouns are first used.

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<sup>6</sup> An anaphoric pronoun is one which “refers back” to another constituent of a sentence. For example, in the phrase “Simon loves *his* cat” the pronoun “his” refers back to Simon, so “his” is an anaphoric pronoun. The other type of pronoun is a deictic (or indexical) pronoun. For example, the phrase “I will buy you lunch” is meaningful only if the reader or listener knows who “I” and “you” are. Rom Harré has joked that he will pay only if he says “*Rom Harré* will buy you lunch!” (Discussed on p. 106 in Harré and Gillett, 1994).

<sup>7</sup> Theory of mind is the ability to attribute mental states—beliefs, intents, desires, pretending, knowledge, etc. It is to be oneself and to understand that others have beliefs, desires and intentions that are different from one’s own (Premack and Woodruff, 1978).

## **Pronouns in relationship**

If pronouns are inextricably linked to our sense of self and indeed, if as some suggest, our sense of self is linguistically constructed from the words and concepts available to us in our culture (Harré, *ibid*), it is perhaps not surprising that substantial evidence exists which suggests that pronoun usage can influence the nature of our relationships with others. This is a huge and developing area of study and I include here only a brief summary of the literature in the hope that this may place my findings into a helpful context.

If the pronoun “I” is synonymous with our sense of self and with individuality, then the first person plural pronoun “we” might indicate a sense of collectivism, group identity or family, couple or collegiate functioning.

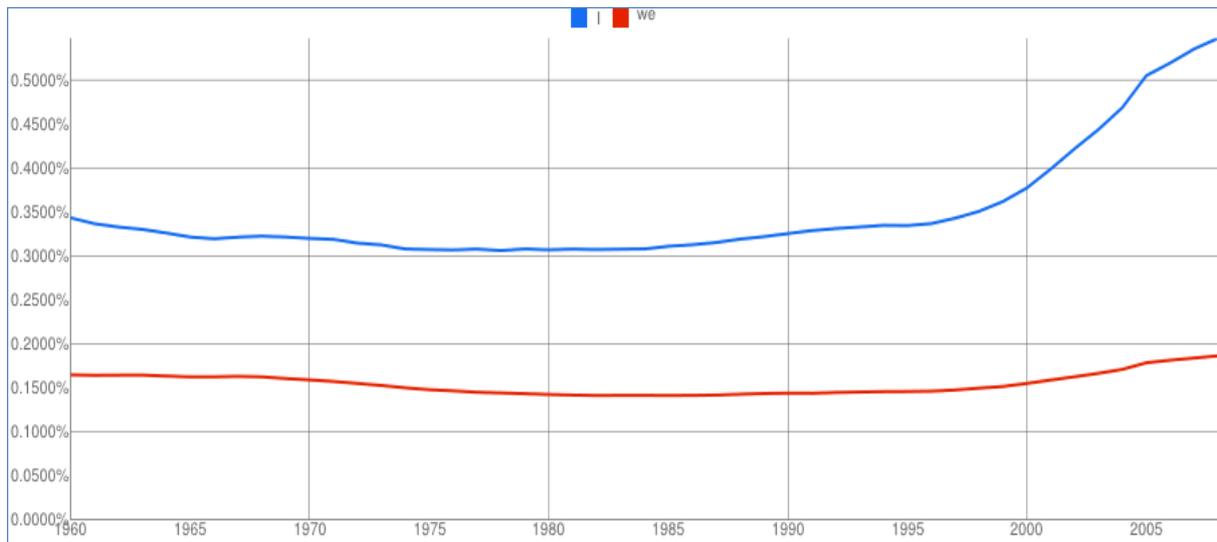
### ***The individual and the collective***

Let us assume for a moment that first person singular (FPS) pronouns (e.g., “I”, “me”, “my”) represent individualism and that first person plural (FPP) pronouns (e.g., “we”, “us”, “our”) represent collectivism. Using *Google Ngram Viewer*, an application that reports on the relative use of terms in the Google Books Project over time (Michel et al., 2011), it is possible to show an increase in individualism relative to that of collectivism, in English language books in the past 40 years, with the trend accelerating, especially in the last 20 years (see Figure 8).

This is consistent with a far more detailed and sophisticated study conducted by Campbell and Gentile (2012) which examined trends in individualism and collectivism from 1960 to 2008 and is consistent also with the findings of a study by de Wall et al. (2011) which looked at individualism in American popular song lyrics from 1980 to 2007 (both cited in Chung and Pennebaker, 2012).

Of course, “we” might be used in the context of the so-called “royal we”, as when for example, a sales manager says to his team “we need to pull out all the stops in order to meet this month’s target”. Is there any evidence to suggest that use of FPP pronouns is indicative of a sense of collectivism or togetherness?

**Figure 8** — Results from a comparison of “I” versus “we” in books scanned and digitised by Google



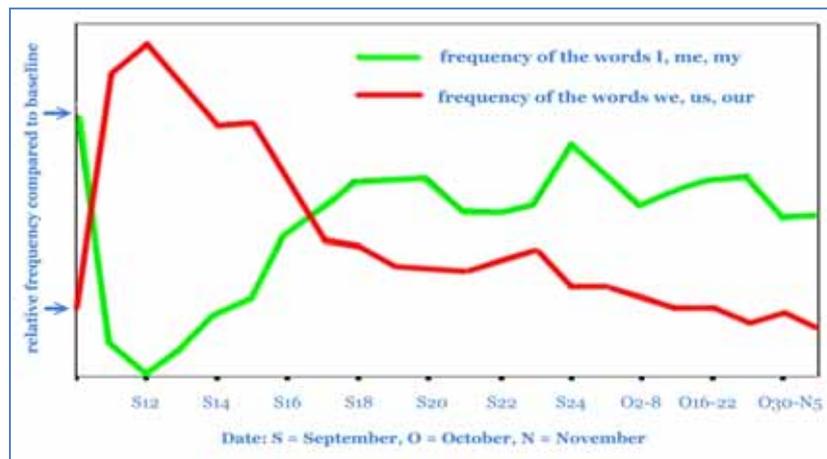
There exists in the literature good evidence to suggest that the answer to this question is yes. An analysis of postings to *LiveJournal.com* following 9-11 (the attacks on the World Trade Center, September 11, 2001) (Cohn, Mehl and Pennebaker, 2004) found a significant reduction in FPS pronouns (“I”, “me”) and an increase in FPP pronouns (“we”, “us” etc) in the weeks following the atrocity. Although the effects were generally stronger for individuals highly preoccupied with September 11, even participants who hardly wrote about the events showed comparable language changes (Figure 9)

Similar effects have been found in response to a smaller, though by no means less traumatic, tragedy. In the early morning hours of Thursday, November 18, 1999, approximately 5000 logs collapsed as they were being assembled for the annual Texas A&M University bonfire. Twelve students were killed and 27 others were injured. In the first few weeks following the incident, FPP pronoun usage in local newspaper articles increased by a factor of 2.66 compared to the period prior to the incident (Gortner and Pennebaker, 2003).

In their review of the literature, researchers Jinkyung Na & Incheol Choi (2009) reported that studies repeatedly demonstrate that exposure to FPS pronouns induces an individualistic self-view, whereas exposure to FPP pronouns leads an individual to adopt a collectivistic self-view.

In their own series of three experimental studies which took advantage of a particular characteristic of pronouns in the Korean language<sup>8</sup>, they also found that participants who had a collectivistic orientation, preferred to use first-person plural possessive pronouns.

**Figure 9** — Changes in relative frequency of pronoun use in postings to Live Journal.com following the 9-11 attacks on the World Trade Center<sup>9</sup>



There is also evidence to suggest a connection between the use of pronouns, in particular the first person plural “we” and functioning in relationships. However, the connections are, I feel, far from straightforward and sometimes counterintuitive.

For example, in an analysis of e-mail correspondence of 10 people, the best marker of relative status was found by examining the rate at which the two correspondents used first FPS pronouns. I might imagine that the person who used “I” the most would be the person

<sup>8</sup> In Korean, there are two first person possessive pronouns: *nae* and *wuri*. *Nae* is a FPS possessive, equivalent to “my” in English, whereas *wuri* is a FPP possessive, equivalent to *our* in English. Korean grammar allows both *nae* and *wuri* in places where English only allows “my”. Although *wuri* indicates that something belongs or relates both to oneself and to one or more other people (just as “our” does), *wuri* is also used in place of *nae* to show one’s intimacy to something or someone. For example, Koreans can say either *nae wife* or *wuri wife*. Thus, the Korean language provides an ideal setting in which to examine whether one’s cultural orientation determines one’s preference for the first person possessive pronoun (Na and Choi, 2009, p. 1493). Although there is no equivalent to this in general UK English, certain dialects, for example Yorkshire, include the use of phrases like “our kid” to mean “my brother/sister” or “our lass” to mean “my wife”.

<sup>9</sup> Between September 10 and November 5, 2001 following the attacks on the World Trade Center. From a talk at Penn State University by J. W. Pennebaker (Lieberman, 2005).

of higher status in the dyad but the reverse was actually true (Pennebaker, Facchin and Margola, 2010). Interestingly, this might explain why females tend to use FPS pronouns at higher rates than do males: women have traditionally held lower status positions relative to men (Chung and Pennebaker, 2007).

Increased use of first person plural “we” predicted better team task performance (Sexton & Helmreich, 2000 cited in Tausczik and Pennebaker, 2010). However, Gonzales, Hancock, & Pennebaker (2010) found that task performance of groups of 4 to 6 individuals was unrelated to first person plural usage. Moreover, decreased use of “we” was correlated with increased sense of group cohesiveness.

The authors suggest that this apparently counterintuitive finding is explained by group members trying to create cohesiveness in an otherwise non-cohesive group. In other words, perhaps the use of “we” suggests that liking, which is rarely explicitly stated, was being compensated for by individuals attempting to unify the group linguistically (*ibid*, p. 15).

### ***Intimate relationships and pronouns***

Married couples who used “we” more often and “you” less, have been found to have lower divorce rates and report greater marital satisfaction (Seider, Hirschberger, Nelson, & Levenson, 2009 cited in Ireland et al., 2011; Simmons, Gordon and Chambless, 2005).

Participants in a study on expressive writing and relationship breakup were significantly more likely to reunite with their partners than those in the control group assigned to write about impersonal relationship topics (Lepore and Greenberg, 2002).

In a study of the impact of expressive writing on relationships, one partner in dating couples either wrote about his or her deepest thoughts and feelings concerning the relationship or (in the control condition) wrote about their daily activities. An analysis of instant messaging communication between partners found those who wrote about their relationship were significantly more likely to still be dating their original partner three months later. However, no significant changes in use of first person plural (FPP) pronouns (e.g., “we”, “us”, “our”) were found between the two groups (Slatcher and Pennebaker, 2006).

However several other studies (based on analysis of talk rather than expressive writing) have shown FPP use in relationships to be significantly correlated with relationship satisfaction, coping under stress and positive health outcomes.

A study published in 2010 confirmed other studies which have shown that how people think and talk about their relationship reflects how they feel about their relationship (Williams-Baucom, Atkins, Sevier, Eldridge and Christensen). It found that couples experiencing relationship difficulties used more second and first person pronouns and fewer FPP pronouns (e.g. “we”) than did their non-distressed counterparts.

A study of long-term marriages in middle age and old age which started in 1989 (Seider, Hirschberger, Nelson and Levenson, 2009) found that what the authors called greater “we-ness” (FPP usage) was associated with a number of desirable qualities during interaction in a conflict situation, including lower cardiovascular arousal, more positive and less negative emotional behaviour (Table 2). Moreover, the more a partner used individualistic language, evidenced by greater use of FPS, the less satisfied they tended to be in the marriage.

**Table 2** – We-ness words (FPP) and words denoting separateness (FPS)

<i>Me- and You- Words (separateness)</i>			<i>We-Words</i>	
I	my	your	our	we’d
I’d	myself	yours	ours	we’ll
I’ll	you	yourself	ourselves	we’re
I’m	you’d	me	us	we’ve
I’ve	you’ll	you’re	we	
mine	you’ve			

The authors concluded that FPP pronoun usage implied a shared identification between spouses, even when the conversation was focused on an area of conflict. The effect was strongest amongst the older couples who by definition had been together the longest time. Interestingly, in the context of discussions of marital conflict, when one spouse used “we-ness words”, the primary soothing or emotion-regulating effect was on the other spouse, a theme which emerges also among couples coping with one partner having a challenging health condition.

For example FPP (“we talk”) during a conjoint interview, predicted a more favourable outcome following heart failure over the next 6 months (Rohrbaugh, Mehl, Shoham, Reilly and Ewy, 2008). Not only did use of FPPs in discussions about coping with the patient’s heart condition predict positive change in heart failure symptoms; the study also found evidence that a communal orientation by at least one partner in the relationship had adaptive consequences, for not only the couple (cf. Simmons et al., 2005) but also for the

*other* partner's health. In fact, the most significant prognostic marker was the spouse's use of FPPs (and *not* the patient's).

A further and more recent study on this theme by Rohrbaugh and Mehl et al (2012) found that FPP use was a meaningful marker of communal coping in couples where at least one partner continued to smoke despite having a serious health problem (e.g. heart or lung disease). Undergoing a smoking cessation program, it was found that FPP usage by the patient's spouse (but not the patient) predicted successful smoking cessation by the patient 12 months after quitting. Increased FPP usage by *both* partners *during* the course of smoking cessation intervention tended to predict outcome as well. The authors tentatively proposed that communal coping — marked by what they called “*we-talk*”— was a possible mechanism of change in a couple-focused intervention.

## **Summary**

In summary pronouns have an important role in connecting speech to a particular person and to a particular place, time and context. Personal pronouns such as “I”, “me” or “mine” serve to distinguish that which is “of a person” and that which is not.

This important role extends beyond the material world to the person him or herself; we use pronouns to distinguish that which is self and that which is other. Some would argue that this distinction can be blurred and that this shifting sense of self/mine and oneself/other, can be a cause of anxiety, avoidance of responsibility, misrepresentation and even madness. The use of a particular pronoun is arguably an unconscious representation also of the nature and perhaps even the quality, of the relationship between self and other. All of this arguably has potential implications for psychotherapy.

Pronouns, I assert, are inextricably linked with ownership, not just of material objects, but of feelings, emotions, experiences and sense of self. Even if, as some say, those experiences can never be separated from the social context in which they occur, pronouns remain a crucially important part of the way we represent our selves in language.

The sophistication of, or capacity for, this representation is not present from the day we are born. It develops over time and there are a variety of theories about exactly how this happens. In terms purely of language however, it develops early on, underlining its importance in the human experience.

My review of the literature suggests to me that because pronouns are so important in our experience of the world, of relationships and of ourselves, it is crucial that we have a

comprehensive understanding of their use and indeed misuse or non-use in therapeutic dialogues.

My undertaking of this project underlines this opinion. However, before conducting it, it was important that I took account of what was known already about pronouns in the world of psychology and psychotherapy. I now turn to this in the following section. After a brief look at views about pronouns in some of the main therapeutic modalities, I go on to describe the few research projects conducted so far which have explored the role of pronouns in therapy and specifically with regard to therapeutic outcomes.

## **Pronouns in psychology and psychotherapy theory**

### ***Psychoanalytic and psychodynamic therapies***

#### ***Sigmund Freud***

Freud proposed (1916) that personality is encoded in language and that the feelings that are most available to us appear in language. In other words for a thought to become conscious, it has to forge a link with and be expressed through, language (D. L. Smith, 1995, p. 4-5). Thus, for Freud, language formed a central tenet of his theories. Analysis of language revealed the personality and in particular the unconscious. A notable example of this is the phenomenon of parapraxis or slips of the tongue where “a person who intends to say something may use another word instead” thereby revealing, according to Freud, the unconscious wishes of the speaker (*ibid* p. 25).

Freud (2010) famously used the term “das Ich” (“the I”) to refer in part to the experiencing subject. This was translated, rather poorly some say, as “ego” (Solms, 1999). Lewis Brandt in his *Notes on English Freudian terminology* (1961) stated:

*The word 'I' ... represents the speaking person. It has the greatest emotional immediacy of any word in the language. It belongs to the vernacular as much as to any other part of the German language. None of this is true of the word 'ego'.*

*When Weiss writes “... the body as well as the mind of the individual is experienced in the 'I' (Principles of Psychodynamics. New York: Grune & Stratton, 1950, p. 15), one may add that neither is experienced in the 'ego'! In speaking of the ego one removes this concept from direct experience, intellectualizes it, and thus builds up a defense against psychoanalysis (Brandt, 1961, p. 333).*

I believe what Freud was actually trying to convey with his use of pronouns was something rather more subtle.

Freud used “das Es” (*“the it”*) to describe basic, unaware, drives and instincts. In this, Freud’s topographical model of the psyche, “das Es” was one end of a duality between untamed passions (*ungezähmte Leidenschaften*) and reason and good sense (*Vernunft und Besonnenheit*) (Nicholls and Liebscher, 2010, p. 281).

When the British psychoanalyst James Strachey translated Freud’s writings from German into English, he translated “das Es” into the Latin word “Id”, which literally means “it.” However, an adult German speaker at that time would have used “das Es” — the pronoun “it” — when referring to a young child (das Kind) a noun whose gender is neuter. This might offend our modern sensibilities of parenting. However, what is meant by this is not an insult or an attempt to objectify the child. Rather, it was an acknowledgement that, from birth to around the age of two, a child does not really have a sense of his/her self or of people as individual and separate to itself. In other words, and as described in my previous section on child development and pronouns, the child has little or no self-awareness. Freud’s term, “das Es”, therefore attempts to express a basic state of mind when and where the child’s experience is simply of primitive drives and instincts; hunger, fear, discomfort, libido, pleasure and so on.

Freud’s term “das Ich”, *“the I”*, — representing the other pole in this duality — was translated by Strachey as “Ego”. However, this translation again misses the point. The use of “the I” was, I believe, an attempt by Freud to convey the emerging state of awareness during the transition from toddler to child, a stage during which aspects of self-identity start to emerge. This gradual transition from a “das Es” to “das Ich” represents the beginning of identity and of the recursive relation “I’m aware that I’m aware”; it is the journey to awareness of our own identity and individuality; it is also the beginning of an acknowledgement of this in other people. During this time the world begins to coalesce into self and other, a fundamental aspect of our existence, the intersubjective world advanced by a post modern view of the self (Meissner, 2008).

In the original German account of his topographical model, Freud was trying to acknowledge the two different ways we experience the world: through our infant-self, our “das Es” self, and our more mature “das Ich” self. Strachey’s original translation lost this subtlety, replacing Freud’s down-to-earth and everyday German (“Freud wrote for everyman” (Ornston, 1985, p. 385)) with a more technical and arguably scientific sounding Latin, aimed

perhaps at generations of medical professionals familiar with this language (Bettelheim, 1982).

Of course, as adults, our infant-self, our “das Es” self, co-exists alongside our more grown-up “das Ich” self (not to mention the “uber Ich”). Strachey’s use of the Latin pronouns “id” and “ego”, I suggest, obscured the point Freud was trying to make in his use of everyday pronouns to express different layers of our awareness and existence.

### ***Bollas***

Christopher Bollas said, “We come to know who we are by giving form and meaning to our past” (Bollas, 2003). Bollas conceptualised the self as a continuously shifting process, formed over many years by countless experiences, some of which cannot be put into words and which may not be accessible by the conscious mind. He suggested that each of us begins life:

*... as a peculiar but unrealized idiom of being, and in a lifetime transforms that idiom into sensibility and personal reality. Our idiom is an aesthetic of being driven by an urge to articulate its theory of form by selecting and using objects so as to give them form* (Bollas, 2003, p. 151).

The self, for Bollas, is an “aesthetic movement that can be felt psychically” (*ibid p. 172*). He described it as an internal object formed from multiple sources as a result of our moving through our lives as a unique set of evolving theories that generate insights and new perspectives about ourselves. In the experiences we encounter we raise ever more questions about who we are (Bollas, 1995, p. 69).

Bollas’ view of the self as a shifting internal object leads naturally to the idea of a relationship with that object and in particular a dialogue. With my own experiences in mind, this immediately piqued my interest; the idea that “I can talk to me”, which I mentioned earlier. But how does Bollas conceptualise such a dialogue and what in his view is its significance?

He saw this as a commonplace process, typically one in which we refer to ourselves in the second person (“you”) as if we are a separate person. It is a form of object relationship not dissimilar to that described by Freud when he identified the “uber Ich” (*super ego* in Strachey’s translation) as the part of the mind that speaks to us as its object. Bollas recognised that this important intrasubjective relationship changes according to the person’s state of mind (Bollas, 1997) and certainly I see examples of an unhelpful, even cruel, type of self conversation every day in the way clients speak about themselves in therapy. And

of course I also witness this objectification of the self when clients speak about their experiences or their feelings in the second person. Again, this is an area I hope to illuminate within the qualitative research in this project.

### **Lacan**

Jacques Lacan, like Freud, was concerned with the relationship between different aspects of the ego as represented by “*je*” (“I”) and “*moi*” (“me”). In his *First Seminar* Lacan described the “*moi*” as an organised being that can be considered (by that being) as an object. In his *Second Seminar* he described “*moi*” as a primary libido that gave life and focus to the speaking subject. Without it, the person speaking would be a neutral automaton, mouthing the clichés and conventions of a given culture (Feldstein, Fink and Jaanus, 1991). This is similar, I feel, to the idea of the objective self or self as observed (Thass-Thienemann (1973) cited in Meissner, 2008).

The objective self, or as Lacan called it the “*moi*” arises from the individual being able to reflect on their physical and experiential (neurological) aspects, rather than from being a person who is beyond their view. Lacan regarded this as creating the misconception that individuals have free will and control of their lives, rather than being objects of alien fictions and desires (Seminaire I, p. 218 cited on p. 59 in Ragland-Sullivan, 1986).

For Lacan one purpose of language was to impose rules and conventions on an otherwise narcissistic and aggressive “*moi*”.

*The speaking “I” (“je”) “stabilizes the “moi” by anchoring its sliding identifications and spontaneous fusions through naming and labeling these responses ... [and] provides a sense of unity to the opaque yet potent force [of the moi] (Ragland-Sullivan, 1986, p. 59).*

It might be tempting to think of Lacan’s “*moi*” in the same way as Freud’s “*id*”. Certainly the “*moi*” is fixed early in life by a few narcissistic fictions that provide a unity to perception (Ragland-Sullivan, 1984). However, whereas the “*id*” is impersonal and instinctual, the “*moi*” can never form part of an integrated and more or less stable whole (Ragland-Sullivan, 1986, p. 60), as Freud claimed for the *id*, or Kohut for the cohesive self - the “organizing center of the ego’s activities” (Kohut, 1971/2009, p. 120).

## ***Humanistic therapies***

### ***Carl Rogers & person centred therapy***

Rogers (1976) posited, in contrast to psychological models popular at the time, that behaviour was not just the result of past experiences but was tempered by the individual meanings attached to these experiences. He termed this the phenomenal field. In other words, behaviour arose, not from reality *per se*, but from an individual's *perception* of reality. In the Rogerian view, experiencing is filtered through an individual's self-concept which emerges over time from a more innate and authentic self which he called the organismic self.

Specifically, whilst the phenomenal field is the sum total of all experiencing available, an individual will select from this a subset of experiencing (called the phenomenal self) that which is consistent with those characteristics which the individual regards as important. The self-concept represents a yet still smaller portion of the phenomenal self defined as "a stable composition of what the individual believes is the essence of self" ( Burns, 1979 cited on p. 103 in Pienaar, 2004).

Rogers contributed what he called "a process conception of psychotherapy" (C. R. Rogers, 1958) in which he described the seven stages of process in the client. In the early stages of therapy he described (p. 143) client communication as being "only about externals" and stated that "feelings and personal meanings are neither recognized as such nor owned". In the second stage for example, Rogers says, "problems are perceived as external to self" and provides the example (p. 144) of a client who says "disorganisation keeps cropping up in my life" (use of the third person pronoun). Although Rogers does not refer specifically to pronoun usage in this article, he notes that as feelings become more fully experienced in the later stages, as they "bubble up" or "seep through" (as he puts it on p. 145) into the client's conscious experience, so there is a "dawning realization that the referent of these vague cognitions lies within her" and with this "increasing ownership of self feelings" and "an increasing quality of acceptance of self-responsibility for the problems being faced". He provides as an example from a client "The real truth of the matter is that I'm not the sweet, forbearing guy that I try to make out that I am. I get irritated at things". Note the client's use of the first person pronoun.

In the final stages of therapy Rogers states "experience and awareness is vividly experienced as it disappears into congruence" (p. 147).

The concept of congruence (authentic experiencing and expression) and ownership of feelings is therefore central to person centred therapy, placing responsibility for the experience on the experiencer and reflecting this in the use of appropriate language (C. R. Rogers, 1976).

Rogers emphasised the importance of the congruent therapist in assisting the client towards congruence (Kolden, Klein, Wang and Austin, 2010). He therefore wanted to model this in his own professional communication (H. Kirschenbaum and Land Henderson, 1996) so he pioneered first person personal expression in his academic writing, at a time when most theorists were writing in a third person impersonal style.

### ***Person centred — the next generation***

Later generations of person centred and person centred-inspired humanistic therapists developed Rogers' approach further. Of relevance to this project is Robert Carkhuff (1969) who took Rogers' ideas and developed them into what I might describe as a manualised version of person centred therapy (aimed at non-counsellors), with an emphasis on a structured approach to problem management. Also Thomas Gordon (1974) who similarly developed a version of this approach suitable for use by non-therapists involved in helping (such as teachers and parents) (cited on p. 72 in Kottler and Brew, 2007). Common to both approaches was an emphasis on "who owns the problem?" this being reflected in the appropriate use of pronouns. So for example, a teacher who confronts a student carving his initials on a desk, would be discouraged from saying something such as, "Young man, do you have a problem?" replacing this with a statement in which the teacher owns the problem by saying, "Excuse me. I have a problem with what you are doing to that desk. I appreciate that you are expressing your artistic talents, but I am the one responsible for this property. So we have a problem that we need to work out" (p. 73 *ibid*).

Stewart writes that "owning the problem is a crucial step in the client's progress towards healing" (W. Stewart, 2005, p. 322) and goes on to say that:

*Personalising a statement in this way makes it pertinent and real. In one sense it is 'owning the problem'. Being specific opens the way for a realistic acknowledgement of feelings. Owning and not merely reporting such feelings opens the door to exploring them. While this may be uncomfortable for the client, it is vital (ibid p. 105).*

## ***Martin Buber – “I and Thou”***

My review of the literature on pronouns would not, I feel, be complete without a mention of Martin Buber. Although not a psychotherapist, he had an enduring interest in psychology and psychotherapy and wrote extensively on these topics, including maintaining a dialogue with Carl Jung and existential psychotherapist Ludwig Binswanger (M. Buber, Buber Agassi and Roazen, 1999).

I was introduced to Buber’s ideas during my diploma level training in counselling, during which the tutor slightly misquoted him as having said, “all being is meeting and all meeting is dialogue”<sup>10</sup>.

Buber’s “I and Thou” (*“Ich und Du”*) (2000) had a significant influence on me and I think on psychotherapy in general, with Buber often credited with introducing a dialogical or intersubjective perspective to therapy.

*The sicknesses of the soul are the sicknesses of relationship ... if the doctor possessed superhuman power, he would have to try and heal the relationship itself, to heal the ‘in between’* (M. Buber et al., 1999, p. x).

“The between” was described, eloquently I think, in the following extract from Robert Wood’s book on Buber:

*The Between is the place where the I—which is the conscious self—and the manifest Other arise simultaneously. But both arise as embedded in nature, which is the depth within which the columns of Buber’s bridges are actually sunk, and both are held together by reference to the Transcendent, which is actually the keystone holding the arches of each of the bridges together. However, these two—the depths and the heights—are for Buber not comprehensible but only apprehensible* (Wood, 1969, p. 111).

I think it is impossible to sum up Buber’s work and ideas on intersubjectivity in a paragraph. Perhaps Pamela Vermes puts it better than I ever could when she says that we can either meet whatever confronts us and encounter every aspect of it holistically as a “you”; or we “can hold ourselves apart from it and view it as an object, an ‘it’” (1994, p. 40-41).

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<sup>10</sup> In fact, Buber said, “All real living is meeting” (M. K. Smith, 2009)

Sarah Scott says of Buber's ideas:

*The "I-Thou" relation is the pure encounter of one whole unique entity with another in such a way that the other is known without being subsumed ... the "Thou" is not reducible to spatial or temporal characteristics. In contrast to this the "I-It" relation is driven by categories of 'same' and 'different' ... An "I-It" relation experiences a detached thing, fixed in space and time, while an "I-Thou" relation participates in the dynamic, living process of an 'other'* (Scott, 2010).

So we engage either in "I-You" ("I-Thou") or "I-It" relationships. In his own dialogues, Buber was noted for the characteristics and qualities that very much put me in mind of person centredness, especially with regard to listening:

*When I sat opposite him, trying to put a fugitive idea into words of everyday speech, and felt his eyes on me, burning and searching, I responded with a similar intensity, saying things I had not consciously thought out and had not realized were buried so close beneath the surface. It was Buber's concentration on what I was about to say, his commitment to my not-yet-spoken words, which made them come alive* (Aubrey Hodes, a student and follower of Buber's ideas, 1971, p. 16 cited on p. 16 in Cissna and Anderson, 1994)

Carl Rogers too was of course noted for his active listening, testing his understanding through "checks of perception" (H. Kirschenbaum, 1980).

Rogers and Buber maintained a dialogue via Buber scholar/translator Maurice Friedman, in which they were able to exchange ideas. It was noted that Rogers cited Buber far more often after they met in 1957 (Cissna and Anderson, 1994, p. 18-19).

I have a copy of the reprint of Ronald Smith's original English translation of *I and Thou* (complete with lovely original typography) in which "*Ich und Du*" is translated as "I and Thou". Buber's German was highly idiomatic and often unconventional, written in a style which has been described as oracular prose (Gordon, 2001, p. 141), that is, enigmatic and difficult to interpret, let alone translate.

The German pronoun "*Du*" had no direct equivalent in 20th-century English except in a biblical context. In a footnote to its introduction (p. vi *ibid*) Smith argued that his use of "Thou" invoked the theological and reverential implications which Buber (a Jewish religious scholar) intended. Essentially though, "*du*" represented the German pronoun used to refer to the second person, either singular or plural, where there was a level of familiarity and

intimacy, similar to Spanish, in which “*tu*” is used where the more formal and respectful “usted” would be inappropriate. Similarly in French (“*tu*”/“*vous*”).

In his later translation, Walter Kaufmann, a prolific translator of German philosophical texts, asserted that this wording was archaic and impersonal. He used “you” because, as with the German “du”, in English it was used colloquially in intimate conversation.

### ***Tactical use of pronouns***

Harvey Sacks (Sacks and Schegloff, 1979) highlighted the different tactical functions associated with different pronominal forms. For instance, he commented that there is a flexibility about “you” that allows it to function tactically as “a way of talking about ‘everybody’ – and incidentally, of ‘me’” (Sacks and Jefferson, 1995, p. 166; both cited on p. 536 in Yates and Hiles, 2010)

### ***Me and ME***

One example of this type of usage was observed in a study of people diagnosed with myalgic encephalitis (ME), also known as chronic fatigue syndrome (CFS) (Guise, Widdicombe and McKinlay, 2007). Of relevance here was the finding that in eight of the ten extracts from the group discussions conducted, participants used the second person pronoun when describing what it was like to have ME. For example: “you can be sitting [...] and it’s like somebody switches you off or you fall asleep” (*ibid* p. 98). Another participant omits the personal pronoun altogether, even when describing symptoms that are quite specific and which might be considered to relate only to his own personal experience (p. 98). When a participant uses the FPS (“I”) the authors observe that she follows this up in the group by seeking the collaboration of the participants — “I don’t know about you” (p. 99)

The authors suggest that these linguistic devices were used by sufferers to suggest that their symptoms are “generally associated with ME” and to avoid therefore the suggestion of an individual or psychosomatic component, stating for example that “[ these devices] emphasize their passive role in developing symptoms, and implied that *they* were not responsible for developing ME/CFS (my emphasis)” and “[ second person pronoun usage ] helps to avoid personalizing sufferers’ experiences, because it allows the recipient to infer that what is said is generally applicable” (p. 104).

The history of ME/CFS within the medical profession has been controversial, with some claiming that the condition simply does not exist as an organic illness (see for example Mouterde, 2001 and associated correspondence in the *Lancet* under the heading Does

myalgic encephalomyelitis exist?). Similarly Åsbring and Närvänen, (2003) reported that clinicians in their study regarded CFS symptoms as not serious and sometimes questioned patients' work ethic. Werner, Isaksen & Malterud (2004) reported chronic pain syndrome sufferers' frustrations at not being believed by doctors and described the efforts to which they went in order to create credibility for themselves. Du Plock (2008) talks about a challenge to individual identity in his experiences with health care professions. With this kind of background it is perhaps not surprising that those diagnosed with ME/CFS might seek to establish an objective and independent credibility for their experiences by avoiding the use of the first person and preferring instead to use a term which might be implied to mean "everyone, everywhere", and incidentally, "me also".

I wonder; does an English speaker's use of a single pronoun to refer to both intimate and formal forms of second person address, and as a stand-in for the generalised other (commonly accepted norms in place of the pronoun "one"), remove from dialogue a certain amount of potential finesse? Essentially, it means that there is no gradation between the pronoun "you" being used to indicate "everyone, everywhere", "you and me intimately" and everything in between. This means therefore that listeners must judge for themselves the context in which the pronoun is being used. Speaking for myself as a professional listener, this is perhaps the source of my discomfort when I hear clients speaking of their intimate relationship with their self, using a second person pronoun in the context of "everyone, everywhere".

Moreover, the same may be true but in reverse for the client: I find myself wondering with keen interest how *my* use of pronouns, particularly second person pronouns used to address the client, might change over the course of therapy.

And is it possible, I wonder, that this pronoun-based discomfort I sometimes experience arises from my frustration at feeling that I have not engaged as well as I might with my client in an "I-Thou" dialogue?

At the moment I have no way of answering the questions posed by these musings and my hope is that by the end of this project, I might be at least slightly better informed.

I move on now though to look at a therapy where concepts of holism and contact, whether between individual and experience or between individuals, are key concepts.

## ***Gestalt***

In gestalt therapy the ego is regarded as a *function*, an agent of “the self in contact: the capacity to identify oneself with, or alienate oneself from, parts of the field” (Lobb & Lichtenberg, 2005, p. 30 cited in Brownell, 2010)

There is an emphasis on responsibility and ownership and gestalt psychotherapists arguably emphasise the importance of pronouns and in particular the first person singular (FPS) pronoun “I”, more than in any other type of therapy.

This is because Fritz Perls believed that circumlocution in language deadened the possibility of contact (Polster and Polster, 1973, p. 153) and was an important way in which the client might avoid responsibility. This was a point made also by Harré (1985), who argued that pronoun use represents one of the main ways that people take or abrogate moral responsibility. Perls felt that avoidance of responsibility should be avoided at all costs (Levitsky and Perls, 1970). He identified two main ways in which clients might do this; avoidance of the use of personal pronouns and a switch from active to passive voice:

*We hear the patient first depersonalize himself into ‘it’ and then become the passive recipient of the vicissitudes of a capricious world. ‘I did this’ becomes ‘It happened.’ I find that I must interrupt people repeatedly, asking that they own themselves. We cannot work with what occurs ‘somewhere else’ and ‘happens to one’. And so I ask that they find their way from ‘It’s a busy day’ to ‘I keep myself busy,’ from ‘It gets to be a long conversation’ to ‘I talk a lot.’ And so on (Baumgardner and Perls, 1975, p. 45).*

*When we say “I”, we take power, when we say “it”, we become passive, lose power (Goulding, 1996, p.140)*

*When using a first-person singular indexical, the speaker is implicitly assigning responsibility for any particular speech act to themselves as an agent (Mühlhäusler and Harré, 1990, p. 7).*

Gestalt therapy is sometimes criticised for being confrontational (Alam, 2009, p. 246; Dryden, 2007, p. 228; Hagood, 2000, p. 41; Joyce and Sills, 2009, p. 136; Nevid, 2011, p. 461) and I only have to view the so-called “Gloria tapes” with Fritz Perls (Shostrom, 1965) for examples of this. However, this need not be the case. For example Petrůska Clarkson provided a nice case study (contributed by Sue Fish) of how she used humour with a university lecturer client called Gary who repeatedly used the personal pronoun “one” to, as

she put it “deflect the emotional impact of his experience”. For example, Gary might say, “One naturally feels bad at wanting to leave someone who loves one so much”.

*[A] type of intervention I used was the use of humour — ‘Gary, if one feels like that, how do two and three feel about it?’*

*As therapy progressed, Gary left that relationship. He became more able to mobilize and use his own resources, including supporting himself in an interdependent relationship with another woman* (Clarkson, 2004, p. 100).

### ***Cognitive Behavioural Therapy (CBT)***

Nowhere is the link between language and emotions (or perhaps I should say affect) more evident than in CBT, the roots of which lie in behavioural psychology (J. McLeod, 2009). Much of the theory of CBT is based on the idea that what we feel is determined by what we think, and since we tend to think in words, there is an emphasis on changing the nature of what is called self talk. Whilst it is natural for many people to assume that it is events which make them feel the way they do, CBT therapists encourage clients to recognise that negative thinking about a difficult, traumatic, unfortunate or unhelpful event can exacerbate the impact of that event (Willson and Branch, 2010).

CBT also invites clients to take responsibility for themselves, to own responsibility for solving their problems (Mueller, Kennerley, McManus and Westbrook, 2010) and to be unafraid to own their own needs and opinions, even when they conflict with those of others (M. J. Smith, 1985).

Part of this involves a process of the therapist helping the client to recognise and challenge beliefs that are illogical, cannot be supported with evidence or which are unhelpful and therefore dysfunctional (David, Lynn and Ellis, 2009, p. 4).

On the basis of this theoretical model and considering my own training in CBT, I would suggest that clients’ use of pronouns, particularly in the area of ownership of problems, might receive particular attention within CBT. Despite a search of CBT books and journals, I have however found surprisingly little emphasis on pronoun usage, suggesting perhaps that an audience may exist for my findings amongst CBT and cognitive therapists.

## **Previous research on pronouns in psychotherapy**

### ***Introduction***

My continuous extensive search of the literature between 2009 and present day has revealed what I consider to be surprisingly few examples of research which addresses the role of pronouns in psychotherapy, particularly their impact on outcome.

Those studies which exist, I submit, tell us little of direct relevance to this project; for example, how pronoun usage might inform therapist interventions or how client pronoun usage might be a useful indicator of progress or outcome.

My search of the literature has at times been frustrating, with some studies seeming to offer promise yet delivering little or nothing of relevance to my own project. For example Anna Madill, Christos Sermpezis and Michael Barkham's study entitled *Interactional positioning and narrative self-construction in the first session of psychodynamic–interpersonal psychotherapy* (2005) used positioning theory to identify factors present in the client's narrative of self in the first session which might be indicators of successful outcome at the end of eight-session therapy. I found this to be a fascinating and well executed piece of research but despite pronouns arguably forming an integral part of positioning theory (Mühlhäusler and Harré, 1990) the study did not make a single reference to pronoun usage.

In this section then, I will identify those few authors and studies that I feel have offered useful learning on pronouns in talking therapy. Subsequently I will make reference to the, fortunately extensive, body of literature on pronouns in clients' *written* accounts of recovery following trauma and in therapy that uses writing as the principal *modus operandi* (see for example Wright and Chung, 2001; Wright and Bolton, 2012). Relatively few studies have explored the differences between spoken and written language (Tausczik and Pennebaker, 2010) and so studies involving analysis of writing may or may not have applicability. However, such studies represent the greatest source of learning available to researchers and practitioners such as myself who work within talking therapy.

## ***Language, thought, mood, functioning and pronoun usage***

Before I explore highly relevant studies I first review in this subsection those studies which have explored the relationship between pronoun usage and psychological functioning or well-being.

It has long been asserted that language is a window on the psyche (Pinker, 2007). Speech “may afford an almost instantaneous account of the cognitive content of the mind as it reaches awareness, thus making it the fastest method of introspection” (Cohen, 2010, p. 4).

I have mentioned already Freud’s idea that parapraxis represents unconscious communication, the role of language in all-important social interaction and in relationship, that language may be linked to personal responsibility or the avoidance of it and that the nature of self dialogue is, in a CBT perspective, of enormous importance. Moreover, pronouns arguably have an incredibly important role, not just in terms of communication, but in terms of defining who we are, how well we relate and how well we fare in terms of psychological health. So what else is known about these important little words and their relationship to psychological well-being and therapies which aim to promote or improve this?

When it comes to understanding people and personality, it is known that people are more consistent in terms of *how* they speak, rather than what they say which, research has shown, varies from topic to topic and between different social situations (Forgas, 2012).

Even when the content of the message is the same, people express themselves verbally with their own distinctive styles (Pennebaker and King, 1999). Moreover, language is spontaneous and natural and, except for very short periods of time, people find it impossible to consciously control their language (Groom and Pennebaker, 2002).

Function words, of which pronouns form an important part (along with articles and prepositions) exhibit far greater reliability across speech and writing than other classes of words and form a useful indicator of mood and personality (Groom and Pennebaker, 2002; Pennebaker and King, 1999; Pennebaker, Mehl and Niederhoffer, 2003).

### ***Pronouns and demographics***

An analysis of 14,000 written samples (Newman, Groom, Handelman and Pennebaker, 2008) found that women used more personal pronouns than men. The authors attributed this finding to women's greater attention to social dimensions. Men, on the other hand, were found to use more non-pronoun articles (e.g. "a", "an", "the").

Our use of pronouns has been shown to change across the life span. Use of FPP ("we") words is highest among people younger than 14 and in people over the age of 70. This was interpreted as indicating an increase in early and later life in the use of social language (Pennebaker and Stone, 2003). Alongside this, the use of FPS pronouns ("I", "me") declines sharply over the life span, especially in those aged 55+ (*ibid*).

### ***Pronouns, loss and grief***

In studies of emotional distress, personal pronouns were found to be a better indicator than the use of negative emotion words (Cohen, 2010). Adriel Boals and Kitty Klein (2005) found that among college students experiencing relationship breakup, increased first person pronoun singular (FPS) usage in written narratives about the event was highly correlated with self-reported measures of grief, whereas usage of words connoting emotion were not.

### ***Pronouns and attraction***

Analysis of almost 100 four-minute speed-dating sessions found a correlation between people who were judged by daters as both friendly and flirting, and the use of "you" by males and "I" by females. Men who were seen by their prospective dates as awkward used significantly lower rates of "you". Another study using the same data found that pronoun cues were generally accurate: men who reported flirting really did use more "you" and more "we"; similarly, women who reported flirting used more "I" and less "we" (Jurafsky, Ranganath and McFarland, 2009).

### ***Status and pronouns***

In a study of groups of three crew members, a captain, a first lieutenant, and a second lieutenant who were engaging in flight simulations, the use of greater first person plural (FPP) correlated with higher rank. Also, increased use of FPP and increased use of question marks in simulations predicted better team performance (Sexton & Helmreich, 2000 cited on p. 33 in Tausczik and Pennebaker, 2010).

## ***On reflection***

When people sit in front of a mirror and complete a questionnaire, they use more first person singular words such as “I” and “me”, than when the mirror is not present (Davis & Brock, 1975 cited on p. 30 in Tausczik and Pennebaker, 2010).

## ***Pronouns and psychological dysfunction***

### ***A Brief History***

Interest in a putative relationship between patterns of speech, word usage and psychopathology dates back to the beginning of the 20th century. As early as 1916 Southard made the suggestion that standard grammatical terminology might be more appropriate in describing psychopathological conditions than the then-existing psychiatric language. Whilst he did not proceed to investigate the speech of his patients or even suggest that such a study be made, he suggested that “[as] thought and language are so largely identical in mechanism”, the language used by an individual would reflect his general psychological adjustment (Southard, 1916 cited on p. 834 in Sanford, 1942).

Sanford’s 1942 paper (*ibid*) provides a useful history of investigations into the relationship between speech and psychopathology in the first 40 years of the 20th century. Published just after he received his doctoral degree from Harvard when he was aged 28 (Acosta, 2001), he summarises and cites over 100 publications.

Research during this time was largely observational and descriptive, with findings that barely challenged common sense ideas, let alone the experience of psychiatrists and analysts. As Sanford himself put it:

*That the frequency of the first person singular is related to egocentrism is neither a new nor [an] erudite notion, but such a relationship has never been thoroughly examined. Certainly we would expect to find individual differences in pronominal usage, and we would not be surprised if these individual differences correlated with the degree of what G. W. Allport (4) has called the “extension of the self.” One man might talk half a day with his Ego remaining entirely dormant. Another, like the chronic gesticulator in a telephone booth, might find his conversation completely stalled if “I” and “my” were taken from his vocabulary (ibid p. 820).*

It would not be until the second half of the 20th century that systematic analysis of speech and empirical investigation of the relationship between forms of talk and pathology would

begin to emerge. Beginning in the 1950s, a small group of researchers in psychology and medicine began to conduct research which found that the ways people spoke were related to their physical and mental health problems (Argamon, Dhawle, Koppel and Pennebaker, 2005). See Appendix A for a history and review of approaches to text analysis.

### ***Walter Weintraub***

An innovator in experimental psychiatry, Weintraub became interested in language and started to take careful note of the speech of his patients, trying to correlate their speaking styles with their thinking and behaving (Klee, 1998).

He began to hypothesise a link between language and psychiatric diagnosis, based on the development of what has been described as “the first truly transparent text analysis method” (Tausczik and Pennebaker, 2010, p. 26).

Using this, he found that impulsive in-patients and binge eaters used a lot more of what he called adversative expressions such as “but”, “however” or “nevertheless”, compared to a group of control subjects (Weintraub and Aronson, 1964; Weintraub and Aronson, 1969). In psychoanalytic terms, such expressions were seen as undoing, interpreted as taking back or dismissing what has previously been said on impulse (Reischies, 1993).

Similarly, Weintraub found that obsessive-compulsive and delusional patients used more causal words, so-called explanatory expressions, which he hypothesised were an attempt to rationalise their behaviour (Weintraub and Aronson, 1965; Weintraub and Aronson, 1974).

*Such a person feels compelled to perform repetitive, apparently senseless acts, such as washing his hands over and over again or checking repeatedly to see if his door is locked before retiring for the night. If our subject attempts to resist his compulsion, he becomes anxious and cannot long maintain his resolve. Since compulsive patients are logical to a fault, they must provide themselves and others with reasons to justify their repetitive acts* (Weintraub, 2005, p. 138).

I find it hard to convey quite how revolutionary this approach was at the time. Freud’s medically and physiologically inspired approach meant he had studied the physical side of the mind-body equation and the structures and functions of the nervous system for almost 20 years by the turn of the 19<sup>th</sup> century (Kaplan-Solms and Solms, 2002). By the 1950’s however, most psychoanalysts eschewed the scientific methods employed by other disciplines and frequently substituted dogma for experimental evidence. Psychoanalysts such as Weintraub and Spence (about whom more later) were breaking with this tradition

and were trying to understand what worked and why, even if it meant overturning established ideas.

*[T]here were opposing camps of theory and practice, with some hard liners on both sides claiming possession of the whole truth, but few of us believed that anyone had all the answers. It was an exciting time ... most of us attempted to continue the tradition of synthesizing approaches from many directions* (Klee, 1998).

Because Weintraub was primarily interested to examine verbal mannerisms as a way of determining how people coped with stress, he gathered samples of speech under moderately stressful conditions. Working with Aronson, he summarised years of research in a series of five papers entitled *The application of verbal behavior analysis to the study of psychological defense mechanisms*, each dealing with a different aspect of psychopathology (Weintraub and Aronson, 1962; Weintraub and Aronson, 1964; Weintraub and Aronson, 1965; Weintraub and Aronson, 1967; Weintraub and Aronson, 1969; Weintraub and Aronson, 1974)<sup>11</sup> and authored two books (Weintraub, 1981; Weintraub, 1989).

Of relevance to this project, he noted that:

- First-person singular pronouns (FPS) (e.g., “I”, “me”, “my”) were reliably linked to people’s levels of depression and anxiety. This was consistent, he said, with an unhealthy self focus (self-preoccupation)
- Emotional expression involved far more than just the use of emotional words and included function words; he reported that high use of FPS pronouns, rather than first person plural pronouns (FPP) was correlated with emotional expression
- High levels of FPP “we” and low levels of “I” in speech suggested avoidance of intimacy, commitment and responsibility, especially when non-personal references were high, for example using pronouns where proper names might be more appropriate
- The first person objective form (“me”) was found to be used most by passive speakers, in particular those lacking in confidence and assertiveness and patients in victim mode who felt persecuted e.g. “you’ll never guess what’s happened to me this week”, or who experienced powerlessness arising from very low mood in depression.

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<sup>11</sup> See also “*The application of verbal behavior analysis to the study of psychological defense mechanisms V: Speech patterns associated with sociopathic behaviour*” (Eichler, 1965)

Weintraub described such a person as the “grammatical recipient of action” (Weintraub, 1989, p. 100).<sup>12</sup>

- The frequent use of FPS and FPP in active voice<sup>13</sup> combined with the infrequent use of qualifiers (e.g. “maybe”, “perhaps”) indicated an achievement-oriented person
- In contrast, the use of passive sentence construction, rather than the FPP followed by an action verb, suggested they had trouble in executing plans, rendering them less successful in life<sup>14</sup>
- It was reported that a male politician’s use of FPS or FPP reflected a need to present himself either as his own person (high “I” score, low “we” score) or as a spokesman for a party or cause (low “I” score, high “we” score). Communist leaders traditionally seemed to reflect political humility by using “we” as their preferred personal pronoun. One sign that Gorbachev was a “new” Soviet leader was his relatively frequent use of “I” when interviewed by journalists (Weintraub, 1994 cited on p. 25 in Feldman and Perotti, 2002)
- Consistent with psychoanalytic ideas, Weintraub felt that progress in therapy was marked by increases in verbal spontaneity and markers of this, he said, included qualifying phrases (e.g. “I think”, “sort of”, “probably”).

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<sup>12</sup> Weintraub and Aronson perhaps foreshadowed van Staden’s much later work here by suggesting a link between depression and a passive role or lack of agency in language (cf. van Staden, 2003)

<sup>13</sup> In the active voice, the subject acts upon the object and the action is described by a verb. E.g.: “I asked you to write the report by the end of the week. “I” is the subject, “write” is the verb and “you” (the writer) is the object. In the passive voice, the sentence starts with the object of the active voice sentence; “you” becomes the subject of the passive voice sentence, so the passive voice is indirect. E.g. “You were asked by me to submit the report by the end of the week”. Note that the FPS “I” (the object) now becomes “me”, as in the previous example in the main text.

<sup>14</sup> Weintraub posited three stages of decision—making (1989) which he termed preparation, decision and reconsideration. All of these stages could be affected by different types of psychopathology. For example, someone using qualifiers more frequently could be experiencing difficulty in the preparation phase. If they used the passive construction, rather than the FPP followed by an action verb, this could indicate trouble in executing plans.

In his book *Verbal behaviour in everyday life* he concluded that “unconscious psychological conflicts, as well as conflict-free ego and superego structures, are reflected in styles of verbal behavior” (Weintraub, 1989, p. 176)

Weintraub’s work received widespread acclaim. Over the years, he was invited to comment on the verbal styles of famous political leaders, from post-war presidents to dictators such as Saddam Hussein. Much of what he reported from his research made intuitive sense; depressives and those experiencing anxiety retreat inside and become preoccupied with themselves and their thoughts so they use more expressions of “I” relative to healthy controls; politicians use pronouns that reflect their personal style. Other findings were perhaps slightly more surprising; pronouns being correlated with emotional expression, for example.

His findings were echoed by other researchers.

- In their analysis of speech affective disorders Andreasen and Pfohl (1976) found that depressed patients used more FPS and personal pronouns generally
- Lorenz & Cobb (1952) and Lorenz (1953) reported, that in mania – in addition to an increased amount of language production – there was also relatively increased pronoun use and less use of adjectives and prepositions (both cited on p. 515 in Reischies, 1993)
- Wilma Bucci (about whom more in Appendix A) and Norbert found that, in a study of the spontaneous speech of five elderly female in-patients diagnosed as having major depressive disorder with no evidence of organic impairment, depression was correlated with FPS and a lack of second person and third person pronouns. The authors interpreted these findings as reflecting a weakness in interpersonal relating (Bucci and Freedman, 1981)
- Louis Gottschalk and Goldine Gleser (1969, p. x) noted differences in the speech of a group of psychotic individuals compared with so-called normal controls. Psychotic speech was found to have a lower rate of words per minute and to contain far more references to self, negative words and verbs. In contrast, this group demonstrated a lower rate of use of FPPs (“we” and “us”)
- In a separate study they found that self references were correlated with anxiety. In fact frequency of references to self in two of four studies served equally well as an indicator of anxiety as the score in an index of total anxiety (*ibid* p. 116).

Aronson and Weintraub’s work (*ibid*), though revolutionary in its time, was hugely labour-intensive and conceptually complex. The development and availability of, first mainframe

and then personal, computers created a revolution in the quantitative analysis of speech and with it, enormous leaps forward in our understanding of the relationship between health, pathology, speech and in particular, pronoun usage.

This project will use a quantitative text analysis program which evolved from these early developments. However, in selecting it, I felt it was appropriate to review all of the options available in order to select the most appropriate analysis tool. This review is quite extensive and so can be found in Appendix A.

### ***William Stiles — Verbal response modes***

One of William Stiles' contributions to the field of psychotherapy research and linguistic analysis was his development of six modes of "help intended" verbal responses, identified originally by Jerry Goodman, Stiles' clinical supervisor during his training.

1. Question, for gathering information
2. Advisement, for guiding another's behaviour
3. Silence, for providing interpersonal space
4. Interpretation, for explaining or classifying another's behaviour
5. Reflection, for expressing empathy and
6. Disclosure, for revealing one's personal condition.

Stiles was attracted to this way of describing talk by his observations of the therapeutic power of reflections. He went on to investigate the effects of different response modes in psychotherapy, hypothesising that client-perceived high spots in therapy sessions would be associated with reflections more than with other types of therapist responses.

He further classified responses based on "source of experience" and "frame of reference". For example in reflection, the therapist attempts to describe the client's experience viewed from within the client's own frame of reference.

In contrast, in an interpretation, the therapist might talk about the client's experience but from the perspective of an external frame of reference, such as the therapist's own opinions or a guiding psychological theory.

Stiles then developed these ideas over two decades, ultimately producing a sophisticated taxonomy (see Appendix A for details). This incorporated the use of pronouns as a means of classifying the verbal response. For example, the first person plural "we" is used when the

speaker is confirming the other person's experience, from their own frame of reference (Stiles, 1992).

Each of the eight basic modes (e.g. advisement, confirmation, question etc) is then classified as informative or attentive, as either directive or acquiescent and as either presumptuous or unassuming.

Stiles conducted a number of studies and published a series of papers investigating the therapeutic effectiveness of different styles of interaction in psychotherapy (Stiles, 1979; Stiles, Shapiro and Elliott, 1986; Stiles, Shapiro and Firth-Cozens, 1988) including studies which challenged some of the assumptions which had underpinned many conventional studies of psychotherapy process and outcome (Stiles and Shapiro, 1994).

Throughout his research Stiles found that therapists working according to different theoretical models used different verbal response modes. Clients, however, had similar response profiles, despite these differences in therapist mode use. He asserted that the common elements that made therapy effective lay in the speech and behaviour of the client, rather than that of the therapist (Stiles and Sultan, 1979).

Stiles proposed (1987) that a common element in successful psychotherapy might be the power of disclosure. He suggested (*ibid*, p. 261) that people who were distressed become preoccupied with their problems, to such an extent that they may become trapped in their own frame of reference; the subjective meaning of events—including their feelings — become so persistent that they overwhelm other thinking and normal functioning. In this sense, Stiles occupied common ground with Weintraub (1989) and Pennebaker (King and Holden, 1998) who developed a theory of emotional suppression being associated with impaired physical health.

### ***The new evidential surface – Donald Spence***

Donald Spence had much in common with Walter Weintraub as a psychoanalytic innovator. The power of psychoanalytical rhetoric, he argued, needed to be backed up by clinical observations based on research. He wrote (1994) about what he saw as the displacement of evidence in favour of theory in the world of psychoanalysis, arguing that it was not much closer to being a science than it was when Freud first wrote about it.

He conducted research that demonstrated a correlation between repression of certain ego-threatening words and increased frequency of other words—in this case, words which expressed a health threat in disguised form.

In interviews conducted with cancer patients, those who admitted being afraid used the words “death” and “cancer” more frequently in interviews than did those who denied being afraid<sup>15</sup>. At the same time, however, those in what he called the “defensive group” used 12 other words associated with fear and anxiety significantly more frequently than the consciously afraid group, leading him to conclude that the defensive patients’ repressed anxiety was expressed in disguised form through these other words (D. P. Spence, 1977). (See also Spence, Scarborough, and Ginsberg, 1978 cited in Spence, 1994).

Spence argued (chapter 9, 1994) for the analyst’s entering of the analytic space to be moderated by evidence-based principles and practices, on the timing and context of interventions.

With the psychoanalyst in the role of participant-observer, rather than as a dispenser of views of objective reality it was important, he said, to search for the appropriate moment to enter the shared analytical space. In earlier studies, Spence had reached the conclusion that monitoring the co-occurrence of pronouns marked the presence of the two users of that space:

*If the words ‘you’ and ‘me’ co-occur equally often in the patient’s discourse, we have reason to believe that she is jointly considering the analyst and herself in her thoughts, fantasies, and plans. It stands to reason that an intervention at this particular moment would have a greater likelihood of being heard and understood than an intervention at some other time (for example, when only first person or third person pronouns are being used) (Spence, 1994, p. 187).*

Spence of course recognised that it would be impossible for an analyst to have a *quantitative* sense of the numbers of different types of personal pronouns used in the session, let alone the separation in time of pairs of co-occurring pronouns such as “you” and “me” but the earlier work with cancer patients convinced him of “our remarkable sensitivity to minor variations in the language” (*ibid*) and he set out to explore this sensitivity. He worked with the transcripts of the case of Mrs. C.—a successful, six-year analysis that had been investigated by many research teams previously.

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<sup>15</sup> It may not only be patients who avoid “difficult” words. Darlene Weissblatt Mood (1980) published a study which found that nurses’ use of the impersonal pronoun “it” increased significantly when they discussed death, as opposed to other care-giving activities.

He found that the analyst was attending (probably at a preconscious level) to the co-occurrence rate of shared pairs of pronouns and using this rate to determine when he should make an intervention. As the sessions progressed he found an increasingly strong correlation, reaching a high of .82 ( $p < .01$ ) in the final block of 10 hours of sessions. Spence suggested that when the final treatment phase was reached, the analyst was using pronoun co-occurrence as the *primary* method of determining when to enter the analytic space, even if he was not conscious of it.

In an even more detailed analysis of the last block of treatment he found that the analyst was monitoring the *spacing in time* (in the patient's discourse) between members of such pronoun pairs as "you"/"me". If the pairs were spaced far apart, he remained quiet; when close together (within the same sentence, for example), he would tend to make an intervention. This was demonstrated to a high degree of statistical significance, the probability of this result occurring by chance alone being  $< .005$  — in other words — less than one in 200.

In this remarkable research, Spence was starting to explore the phenomenon of patients' pronoun usage in the context of the ability of the therapist to influence the effectiveness of the therapy and hence the outcome. However, perhaps because of the huge amount of work involved in conducting this type of analysis, there was no rush by other researchers to pick up and continue with this potentially important type of investigation.

### ***Distancing from the Self — Alban & Groman***

If, as is often suggested, owning experience in spoken communication is associated with healthy functioning, then a relationship might exist between increased use of FPS pronouns and recovery, or improved functioning, in clients in psychotherapy.

The late Lewis Sigmund Alban and the late William Groman were among the first to address this topic (Alban and Groman, 1976). Working with 45 undergraduate students in experimental conditions, they looked at the extent to which an individual distances his/herself from their experiences in speech which uses pronouns other than "I" or has pronoun omission, when in fact the speaker is referring to self. They named this measure distantiation.

They hypothesised that negative stress on their experimental subjects would increase the frequency of distantiated pronoun usage to a significant degree, whereas neutral or positive stress conditions would not. They also hypothesised that higher neuroticism scores (established using the Maudsley Personality Inventory [MPI] and the Taylor Manifest

Anxiety Scale [TMA]) would correlate with greater frequency in the use of inappropriate pronouns.

They found that subjects rated as having medium levels of neurotic anxiety distanced to a significantly greater degree in negative stress conditions. However those with high or low neurotic anxiety distanced similarly across all three experimental situations (positive, neutral and negative stress). Moreover and contrary to expectation, there was no significant correlation between neurotic anxiety and the distancing measure.

In discussing their results, the authors suggested that the similar responses of low and high neurotic anxiety subjects might have arisen for quite different reasons. That is, the distancing performance of high and low neurotic anxiety subjects in the three stress conditions may have had *dissimilar* causes, with different stress thresholds for the differing levels of neurotic anxiety being put forward as one explanation.

They also questioned the validity of MPI and TMAS as appropriate measures of neurotic anxiety in this particular experiment and suggested that different types of neurotics might have different types of speech habits, exemplifying dysthymia and hysteria as quite different types of neuroticism connected, respectively, with introversion and extroversion, thereby confounding the assumption that all neurotics, regardless of type, would use distanced speech correlated with their level of anxiety.

These were interesting results, though certainly not conclusive and the authors called for more research to investigate further but I have been unable to find further publications on this subject by these authors. Indeed it appears many years went by before the relationship between pronoun usage and recovery was addressed by another researcher.

### ***Patient pronoun usage as a marker of recovery in psychotherapy – Werdie van Staden***

In 1999 C. W. (Werdie) van Staden submitted a thesis in partial fulfilment of his medical degree at the University of Warwick (van Staden, 1999) in which he reported empirical evidence of change in first person pronoun usage during recovery in psychotherapy.

Using verbatim transcripts of psychotherapy sessions, made in the 1970s as part of the Penn Psychotherapy Project (Luborsky et al., 1980), van Staden selected ten patients with the best outcomes and 10 with the worst outcomes from a sample of 73 patients.

40 sessions of each outcome group were transcribed and compared for change in pronoun usage between start and end of psychotherapy. There was no significant difference between the best and worst outcome groups in frequency of use of types of pronoun. In fact, both groups demonstrated a small increase in FPS usage start to finish, suggesting perhaps that the therapeutic process itself encouraged ownership of experiences in language.

However, van Staden found that the outcome groups differed significantly in terms of what he termed “semantic usage”. Two positions were identified (termed alpha and omega). The best outcome group showed an increase of alpha positions and a decrease of omega positions, whereas the worst outcome group showed the reverse.

Van Staden acknowledged that the concept of semantic positions might be unfamiliar outside philosophical logic and indeed he called upon the mathematical logic of Gottlob Frege’s semantic theory in his papers. (See Heck and May (2006) for a detailed discussion of Frege’s contribution to the philosophy of language and in particular May (2006) for his work on indexicals).

My interpretation is one acknowledged by the authors; that the correlation referred to in this work is based upon illness and recovery being associated with FPS usage that expresses *agentic* aspects: if the experience of illness is associated with incapacity (or loss of agency) then recovering autonomy and hence agency, might be associated with success in most types of psychotherapy (van Staden and Fulford, 2004). In other words, pronoun usage may be a secondary marker — an indicator of something else — with that something else hypothesised as being agency.

When this research was published in the Journal *Philosophy, Psychiatry, & Psychology*, it was accompanied by several responses from other writers and researchers and generated a great deal of debate (Falzer and Davidson, 2003; Suppes, 2003; van Staden, 2002). In my correspondence with Prof van Staden, he confirmed that he never followed up on his research in what he called “this rather difficult area”. He invited me to keep in contact with my progress (van Staden, 2011).

### ***Expressive writing***

A large number of studies providing information about the use of pronouns and psychological well-being have been conducted on expressive writing and disclosure, especially in the area of recovery following trauma.

There is of course no guarantee that what holds true for written expression will also be the case in spoken language, as is the case in my study. What is the evidence for comparability?

On the one hand, written language demands of the writer greater integration and more structure than is the case with spoken language (Redeker, 1984 cited in Kacewicz, Slatcher and Pennebaker, 2007). Moreover, interventions where people have been asked to talk to professionals about emotional upheavals have sometimes been found to either be unhealthy or to have no effect (Small, Lumley, and Donohue et al cited in Pennebaker, 2002).

On the other hand a study conducted by Murray, Lamnin & Carver (1989) found that those assigned to brief psychotherapy showed greater levels of cognitive reappraisal and dramatic improvements in positive affect, as well as greater changes in attitude about the stressful event, when compared to those assigned to writing therapy.

There is however some evidence to suggest that either expressive writing or talking with a therapist about emotional events produces comparable effects. For example Donnelly and Murray (1991) found similar improvements in positive emotion, cognition and self-esteem in traumatised participants receiving writing and talking therapy, compared to those who merely wrote about trivial events.

Moreover, what both writing and client-driven spoken therapy have in common is that the participant is required to acknowledge that there is a problem and either talk or write about its causes and consequences. The act of disclosure is a powerful therapeutic agent (Pennebaker, 1997). Furthermore, and perhaps for me most persuasively, evidence supporting the relationship between pronoun usage and psychological health in studies of written disclosure is, I believe, so strong as to warrant an exploration of relevant findings here.

### ***The Pennebaker studies***

A good deal of the research done on expressive writing has been conducted by James Pennebaker and his colleagues, latterly at the University of Texas at Austin.

In the early 1980s Pennebaker worked as an instructor in the polygraph unit at the FBI training facility in Quantico, Virginia.

He noticed that when people confessed to crimes, there was a notable reduction in their physiological markers of stress, as measured by the polygraph. Even though they often faced imprisonment, he noticed that after they had confessed, their heart rates and blood pressure

decreased and their hands got drier (King and Holden, 1998). In contrast, individuals who were victims of violence and who had kept this experience silent, were significantly more likely to have adverse health effects than those who talked openly with others (Pennebaker and Susman, 1988). People reporting sexual traumas were more likely to be diagnosed with cancer or heart disease and were three times more likely to have gone to hospital in the previous year. Whilst any trauma had adverse physical health effects, undisclosed trauma doubled the risk of illness (King and Holden, 1998).

This sparked Pennebaker's lifelong interest in the relationship between disclosure and stress and over the past 20 years a large number of studies have demonstrated the positive physical and psychological health benefits of expressive writing.

Coronary-prone Type A interviewees who used first person singular (FPS) pronouns more frequently exhibited higher blood pressure than did those who referred to themselves less frequently (Scherwitz, Berton, and Leventhal (1978) cited on p. 349 in Chung and Pennebaker, 2007).

As hormone levels dropped in the weeks after patients undergoing HRT received testosterone injections, their use of non-I pronouns increased; patients began making more references to other people. No consistent mood or other linguistic correlates of testosterone emerged suggesting, said the authors, that one function of testosterone may be to steer people's interests away from other people as social beings (Chung and Pennebaker, 2007; Pennebaker, Groom, Loew and Dabbs, 2004).

A study of 50 healthy college undergraduates showed that writing about traumatic experiences was physically beneficial, as evidenced by changes in two measures of cellular immune-system function and frequency of visits to the university health centre (Pennebaker, Kiecolt-Glaser and Glaser, 1988). Other studies have shown that the reduction of frequency of visits to the doctor can last for months (Pennebaker and Beall, 1986) or even years (Pennebaker, Barger and Tiebout, 1989).

Of significance to my own research, one study showed that the more participants changed between FPS pronouns and all other personal pronouns (e.g., "we", "you", "she", "they") from day to day in their writing, the more their health improved (Campbell and Pennebaker, 2003). Nor did it matter if people moved between an "I" focus to a "we" or "them" focus, or vice versa (Kacewicz et al., 2007).

### ***Expressive writing and depression***

Depression has, across several studies, consistently been linked with higher than average usage of first person pronouns (Bucci and Freedman, 1981; Gortner, Rude and Pennebaker, 2006) and suicidality (Stirman and Pennebaker, 2001). In fact, pronouns were found to be a better marker of depression than participants' use of negative emotion words (Mehl, 2004; Rude, Gortner and Pennebaker, 2004)

A study by Szabadi, Bradshaw and Besson (1977) concluded that depressed patients almost completely deny the existence of words denoting aggression, asserting that this is in agreement with their interpretation that depressed patients repress their own aggressive feelings.

Several studies have found evidence that expressive writing can assist with depression, for example by reducing levels of intrusive thoughts (Lepore, 1997), depressive rumination and brooding (Gortner et al., 2006; Sloan, Marx, Epstein and Dobbs, 2008) and depressive symptoms in victims of domestic violence (Koopman et al., 2005).

A recent study by Linda Friedel (2012) analysed patterns of first person pronoun use in a group of 40+ year old patients receiving a writing intervention in the treatment of mild-to-moderate depression. She hypothesised that the patients who improved more on measures of depression and positive thinking would use fewer FPS pronouns. The hypothesis was not proven; there were no significant differences between the improved and not improved group in their total use of FPS. This study is interesting to me because it used the same software to analyse pronoun frequencies as is used here in my study. It included 33 respondents and used the Mental Health Continuum Short Form (MHC-SF) as a measure of positive mental health (Lamers, Westerhof, Bohlmeijer, ten Klooster and Keyes, 2011) and the Center for Epidemiological Depression Scale (CES-D), a self-report questionnaire, to measure symptoms of depression (Bouma, Ranchor, Sanderman and van Sonderen, 2012).

Note that this study again hypothesised that depression is associated with increased FPS usage and that improving mental health would be associated with a reduction in such usage, as concluded in other studies cited on the previous page. The results also present a different perspective to that found in van Staden's work (*ibid*).

### ***Expressive writing, stress and trauma***

It was recognised early on that free expression of stress-related thoughts and feelings appeared to reduce the negative psychological and physical health effects of stressful life events (King and Holden, 1998; Smyth, 1998).

In a cognitive interpretation of stress, traumatic events comprise experiences which are difficult to reconcile with prior assumptions about the world and one's place in it (Wu, Tang and Leung, 2011). Such events are therefore stored, pending processing, in active memory where they not only remain available to, but can also intrude into, conscious awareness as distressing trauma-related thoughts, images, dreams or feelings (Follette, 2006). Such experiences may become so persistent that they may overwhelm other thinking and functioning (Stiles, 1987).

Much attention has been focused in research on the benefits of expressive writing in helping people overcome the effects of stress, distress and post-traumatic stress. Writing about traumatic events is hypothesised to help the person process those events by constructing a meaningful narrative about them and placing them in a temporal context.

Campbell and Pennebaker (2003) found that the way individuals wrote about emotional topics in an expressive writing exercise was related to a measure of health improvement. Three separate groups of participants (two different types of college undergraduates and a group of prison inmates) were invited to write for three to four days about their deepest emotions regarding traumatic events or, in the control condition, wrote non-emotional descriptions of superficial topics. Attendance at health centres and other medical facilities was monitored across all three groups for two months before the exercise and for either two or four months afterwards, in order to determine a measure of health improvement.

The way in which individuals wrote about emotional topics was related to that measure of health improvement. Latent Semantic Analysis (LSA) similarity ratings demonstrated that *changes in writing styles* were consistently associated with better health, whereas similarity in the *content* of writing was unrelated to health outcome. Closer analysis revealed that pronouns best predicted the health changes. Individuals who altered their individual and social perspectives from day to day i.e. alternated in the perspective taken in use of pronouns, were the participants most likely to obtain health benefits from the disclosure exercise. In no case within the control groups did the similarity scores correlate significantly with changes in the frequency of visits to healthcare facilities.

### *Childhood sexual abuse*

Women tend to use “I” more than men when describing traumatic life experiences (Gleser, Gottschalk and Watson, 1959). This effect has been noted when participants recount personally relevant trauma and not traumatic experiences in general (Pennebaker and Lay, 2002). In a study of female survivors of childhood sexual abuse, both survivors (CSA) and women who had not experienced abuse (NSA) used more personal pronouns when asked to write about their deepest thoughts, feelings and experiences concerning sex and sexuality, compared to writing a neutral essay about events they experienced in the previous 24 hours.

However, in the case of the word “I” specifically, there was a significant difference between the CSA and NSA groups; CSA women used “I” less in their neutral essays, but more in their sexual essays. The authors noted that these results were consistent with the literature showing increased “I” usage in depressed and depression-vulnerable individuals (e.g. Rude et al., 2004). They noted also that use of FPS can be a marker of cognitive inflexibility and an inability to take on other’s perspectives, particularly in depressed women (citing Campbell and Pennebaker, 2003). Indeed, it was found that women in the CSA group were significantly more likely to report a history of mental illness and to meet clinically relevant cut-offs for sexual dysfunction, than women in the NSA group.

One thing I find especially interesting among the findings from Pennebaker studies is that language use seems to reflect mental health rather than cause it. Deliberately asking research participants to change the words they use in expressive writing studies has been found not to improve the health benefits of such writing. Pennebaker himself maintains that changing the words a person uses to refer to themselves and their experiences will not change what is going on inside their head (Pennebaker, Facchin and Margola, 2010).

This is interesting in the context of what I call the “tail wags dog theory”. As I said in my learning agreement, a wagging tail is a sign of a happy dog. If certain types of pronoun usage are associated with better psychological functioning and if we therefore encourage such usage in clients who are functioning less well, do we end up with happier clients? Pennebaker seems to be saying that this will not be the case. Their pronoun usage might change as they recover, perhaps because of other factors in the therapy; however, merely encouraging changing language use would not produce improvement in their functioning. If this is true then asking clients to own their statements by stating or restating them in the first person will not benefit them. I tend to disagree with this and I am hopeful that part of what emerges from my study will shed some light on this area.

*Changes in natural language use as an indicator of change in psychotherapy for personality disorders*

In a recent study (Arntz, Hawke, Bamelis, Spinhoven and Molendijk, 2012) 299 participants with diagnosed personality disorders and 108 control participants wrote short essays about their lives on three occasions whilst undergoing two years of psychotherapy. The results showed that use of FPS pronouns declined over the study, which the authors interpreted as reflecting a reduction in maladaptive functioning and self focus. However, this change in self focus did not correlate positively with any of the outcome measures defined for the research (e.g. the Personality Disorder Beliefs Questionnaire), suggesting perhaps that reduction in self focus was a consequence of other more significant changes arising from psychotherapy. The authors suggested that a reduction in the use of negative emotion words and negations over the course of treatment was proportionate to outcome.

This finding is consistent with previous studies: van Staden (2006) found that negative words were used more frequently by the worst outcome group in the Penn Psychotherapy Study and suggested that the frequent use of the negative at commencement of psychotherapy was a predictor of poor outcome.

The authors' interpretation is based on the assumption — indeed supported by much research, already cited — that first person pronoun usage is associated with unhealthy psychological functioning (for example rumination, depression, neuroticism and anxiety). They hypothesised upfront that, as patients underwent psychotherapy and became healthier, they would observe a reduction in FPS pronoun use and that this would be a good thing. Again, this is at odds with one of the central tenets of my own research; that is, owning experiences by talking about them in the first person, is to be encouraged in client work because it leads to greater self responsibility and the processing of difficult and perhaps unresolved emotions and experiences. Indeed, Pennebaker notes that if you simply ask people to write about their thoughts without their feelings, or to write about their feelings without discussing the trauma itself, there is no health benefit to disclosure. As he puts it, “the secret is in *integrating* your thoughts and feelings” (King and Holden, 1998, p. 362, my emphasis). So if owning feelings, rather than just talking about experiences is what helps, surely appropriate first person pronoun usage has an important role?

I believe this apparent contradiction between on the one hand, FPS pronoun usage being associated with unhelpful aspects of functioning and on the other, such usage being an important part of ownership of experiences, needs to be resolved.

Are we talking about the same phenomenon here? Is there indeed a difference between written and spoken pronoun use? Is there a need to differentiate between FPS usage in some contexts (in life generally perhaps, rather than in therapy or in particular types of presentations) and FPS usage in specific therapeutic situations (perhaps with specific types of clients, perhaps concerning those with certain types of psychopathology such as personality disorder or psychosis?) Again, findings in the literature such as this not only inform my research but support its importance, the need for it and indeed larger and more comprehensive studies.

### ***Different types of “I” — Nancy Harding***

Nancy Harding is Professor of Organization Theory at the University of Bradford School of Management. In 2008 she published a paper in *Qualitative Research in Organizations and Management* (Harding) in which she proposed a method for the “development of theories of how others construct their identities through the swift-moving concatenation of selves appearing, disappearing and reappearing in the moment-to-moment construction of the self”. Based on the psychoanalytic theories of Christopher Bollas and the socio-linguistic work of Muhlhausler and Harré, Harding’s approach pays close attention to how people explore who they are as an “I” and a “me” within their dialogue, revealing the multiple selves which appear in processes of identity formation.

I find this an intriguing possibility and one which I will keep in mind as I conduct my analysis.

In her worked-through example of a female senior manager, Harding identifies the following different types of “I”:

- the embodied I, who is there as a body
- the workplace I, achieved through thinking
- the gendered I
- another workplace I, but an I achieved through feelings
- I who lacks confidence and feels inefficient
- The I achieved through interaction with people.

She also identifies the importance within dialogue of the common phrase “you know”, which she says signals that the speaker is talking to her self and justifying her actions and statements. In personal correspondence (2012) Harding suggests that questions about the appropriateness of the use of personal pronouns in therapy and the tension between

unhelpful self focus (for example in depression) and helpful self focus (for example within psychotherapy sessions where the client owns and therefore assimilates difficult experiences) might be resolved by reference to the different types of self associated with FPS pronoun usage, as demonstrated in her research. “It’s what is signified by the use of first person pronouns that is important” (*ibid*).

Harding says that she is interested in how each version of the “I” that is present interacts in different ways with the other. Although not directly relevant to this present study, Harding also emphasised to me the existential aspects of “I”. Citing Jonathon Dollimore’s book on death in western-European culture (1998), she writes that “western Europe has, since Ancient Greece, had such a strong sense of the individual ego, the ‘I’, that death is all the more fearsome –it is necessary to have the sense of an ‘I’ in order to fear its disintegration” (*ibid*).

### **The significance for this research of the findings of my literature review**



**Fig 10** - Speech without pronouns seems empty and impersonal (Illustration by Author)

In this part of the document I will draw together and summarise those parts of the literature review which I believe have particular significance for this study and of which I was mindful during the analysis process.

Pronouns are inextricably woven into the fabric of relationships; they help differentiate self from other and convey responsibility (or ownership) within shared experiences. Without them, statements are just statements that do not belong to anyone. Talk without a pronoun has a kind of impersonal emptiness about it. Try it and you will see what I mean (see Fig 10 on p. 85). It is clear to me that the pronouns we use are central to our experiencing as conveyed in language. I submit this is of enormous importance in psychotherapy, where clients talk about experiences – often those with which they are

uncomfortable. If a client uses pronouns in an inappropriate way, my review of the literature suggests that what they say may feel as if it does not belong to them. As Goffman described (1981), the flexibility of pronouns enables us to distance ourselves from our experiences, a

topic explored in research by Alban and Groman (1976) but not, I feel, entirely successfully (see p. 75).

Clients speak frequently about what they did, or what happened to them, in times past, whilst perhaps experiencing some difficulty or problem in the here and now with what they are recounting. How can clients access, let alone process, experiences for which they do not take responsibility, or with which they do not feel connected? For example, they frequently use the second person “you” when talking about their experiences. Similarly they may say, “there is”, to describe feeling or experience which exists “out there”, rather than seeming to belong to them (p. 60).

Whilst much humanistic therapy literature suggests that this is an example of emotional or psychological distancing (p. 56), I have become aware that there may be other explanations.

For example, they may be describing what they perceive to be generalised standards. Again, the work of Goffman (1959) reminds me that, society constrains us to adopt certain roles of which we are aware it approves. Indeed this development of a sense of ourselves as seen by others may be an integral part of the process of developing a sense of self, perhaps the idealised self we would like to be (Goffman, 1959, p. 30).

Might an awareness of role and societal (dis)approval, or in Winnicott’s terms the idea of the false self (1991), explain why clients often seem not to own their thoughts and feelings? This was one of the theories put forward to explain why ME/CFS sufferers seemed to want to describe their experiences of their illness as being “out there” (i.e. not belonging to them but existing independent of them) because the medical profession’s prevailing view is one of scepticism or even disbelief.

Without having analysed the data, it seems plausible that societal injunctions might be one factor which, in therapy, blocks the authentic self from finding expression, leading clients to use “you” as the more down-to-earth substitute for the use of the fourth person singular pronoun “one” to mean all people everywhere, or the average person.

Moreover, social constructionists question the idea that emotions are personal, spontaneous expressions of an inner self (Burr, 1995) and some like Harré go further and suggest that concepts such as “I” and “me” are also mere social constructions (1994) and that pronouns do not index an autonomous individual at all. I will not be addressing such challenges in this research, however I am mindful, particularly in the qualitative study, of identifying those factors which might relate to psychological distancing, from those which reflect societally-influenced ways of speaking about the self and experience.

Assuming the client speaks of his/her self in therapy, they are referring to what the literature calls their objective self (Harter, 1999; James, 2007; Underwood and Rosen, 2011), what Lacan called “moi”, the “cohesive self” (Kohut) or Freud’s concept of ego (see p. 55 this document). This is their sense of themselves as an object, a separate individual.

Whilst arguments persist as to whether this exists from (or even before) birth or whether it develops in interaction between the individual and its environment (see p. 30), for the purposes of this investigation I strive to understand situations where the client might, for example, say “you are sad”, when really they should say “I am sad”, in other words when they are conceivably engaging *another person* in dialogue as an “I” in relation to a “you” that is not “me.”

The ideas of Freud and Bollas (amongst others) alert me to the idea of the self as a shifting internal object and to the concept of an internal dialogue, something very meaningful to me personally (p. 6). Each day in my work, I see examples of unhelpful, even cruel, self conversation when clients speak about themselves in therapy. Bollas also recognised, as do I, that the intrasubjective relationship changes according to the person’s state of mind (Bollas, 1997). Discussing with clients the idea of inappropriate pronoun usage as a sign of poor self relationship or self-esteem might conceivably open interesting avenues of exploration in this study.

Self dialogue is another reminder of the link between language and inner experience, and of the importance of clients owning their narrative in the words they use in therapy.

This narrative sense of self forms an important part of this project because it is this narrative which clients share in therapy. How will their perspectives on that story change as a result of being invited to use different pronoun positions?

I am alerted from this review of the literature to the idea of different “narrators of self” (Bolton, 2010), Nancy Harding’s (2008) different narrators of “I” and also the notion that the client telling the story in therapy is a different person to the one to whom those events occurred (Goffman, 1959); that via narrative, clients construct, reconstruct and perhaps reinvent yesterday and tomorrow (Bruner, 2003).

### ***Making therapy more effective***

Whilst many studies have addressed the factors which make for effective therapy, my review of the literature has revealed few which have explored linguistic aspects of therapeutic success. Notable exceptions include William Stiles who suggested (1979) that a common element in successful psychotherapy might be the power of disclosure. Stiles suggested (*ibid*, p. 261) that people who were distressed may be so preoccupied with their problems, that they become trapped in their own frame of reference, foreshadowing, I suggest, the work of Campbell and Pennebaker (2003) who later identified that in writing therapy at least, changing pronoun positions in emotional disclosure was associated with better physical health in the months following their study.

Although Stiles also concluded (*ibid*) that the elements which made therapy effective lay in the speech and behaviour of the client, rather than that of the therapist, I find myself wondering with keen interest how my use of pronouns, particularly FPP pronouns (“we”) in relation to the client, might change over the course of therapy. And with what, if any, impact? I feel the best place to explore this will be within the quantitative study.

Others whose work has influenced my own include Donald Spence (1994), almost certainly the first to explore the phenomenon of patients’ pronoun usage in the context of the ability of the therapist to influence the effectiveness of the therapy and hence the outcome. Clearly this work is of great interest to me in this study. Spence’s study was computationally daunting at a time before access to desktop computer analysis, exploring as it did the timing of co-occurrences of “I”/“you” pairs of pronouns between therapist and client. Even with the tools now at my disposal, this type of analysis is beyond the scope of this present study, although it conceivably represents a potential area of exploration in post-doctoral research.

Perhaps closest to my own study in terms of topic is the work of van Staden (1999; 2003; 2004) who set out to explore the relationship between FPS usage and recovery, proposing that certain types of FPS usage, essentially describing agentic aspects, were associated with better outcomes than others.

However, van Staden’s ideas, like my own and indeed many others in the humanistic therapy world (p. 56), contrast with the many voices cited in this review which maintain that FPS usage in clients is associated with unhelpful aspects of functioning, which can preclude positive outcomes. For example, FPS usage is associated with depression, even suicidality (e.g. Rude et al., 2004) and can be a marker of cognitive inflexibility and an inability to take on other’s perspectives (Campbell and Pennebaker, 2003). This type of thinking was again

demonstrated in a recent study (Arntz et al., 2012) of patients with diagnosed personality disorders, where the researchers associated FPS usage with unhealthy psychological functioning (for example rumination, depression, neuroticism and anxiety). They hypothesised that, as patients became healthier, they would observe a reduction in FPS pronoun use.

I believe this apparent contradiction between on the one hand, FPS pronoun usage being associated with unhelpful aspects of functioning and on the other, such usage being an important part of ownership of experiences and hence resolution, needs to be resolved. I submit that, if owning experiences using the first person in therapy truly benefits the client, it must be the case that this type of usage is somehow contextually or experientially different from that involved in self-blame, rumination and obsessive, inwardly directed, thinking in psychopathology. For me, this is one of the big questions which need to be addressed. It is unlikely that this research will fully answer this question, yet working towards such an explanation is certainly part of my aim.

Finally, I return to my “tail wags dog” theory. As I said in my learning agreement and elsewhere (A. Priest, 2011), a wagging tail is a sign of a happy dog. If certain types of pronoun usage are associated with better psychological functioning and if we therefore encourage such usage in clients who are functioning less well, do we end up with happier clients? The Pennebaker studies suggest that language use seems to reflect mental health rather than cause it. He maintains that changing the words a person uses to refer to themselves and their experiences will not change what is going on inside their head (Pennebaker et al., 2010). He says that asking research participants to change the words they use in expressive writing studies has been found not to improve the health benefits of such writing.

If so then neither will asking clients to own their statements by stating or restating them in the first person. I tend to disagree with this and I think it is possible that both positions have merit in different contexts. Again I am hopeful that part of what emerges from my study will shed some light on this area.

To sum up then, my review of the literature suggests to me that because pronouns are so important in our experience of the world, of relationships and of ourselves, it is crucial that we have a comprehensive understanding of their use and indeed misuse or non-use in therapeutic dialogues.

I next summarise the aims and objectives of the study, after which I describe my research methods in outline. After this outline, the document splits into separate sections (2 and 3) covering the qualitative and quantitative studies respectively. A final section (4) brings together the findings of both studies in a discussion of the findings, reflects on the methods used, discusses the limitations of the research and draws some conclusions about the work overall.

## 5. Aims and objectives

The aims and objectives of this project are as follows:

- To enhance understanding of how the client's experiencing in therapy changes when they move between second and first person personal pronoun usage
- Draw upon both existing and new research to develop a model or hypothesis of client pronoun usage and its significance for the client and their outcome in psychotherapy
- To begin the process of developing and refining this model by supporting this with a quantitative analysis of both client and therapist personal pronoun usage within psychotherapy sessions, exploring any links with outcome
- During the life of the project and beyond, to disseminate learning from the project which advances psychotherapy practice, stimulating debate on this topic within the professional community
- To generate knowledge relevant to the training and professional development of psychotherapists and others involved in delivering talking therapies.

## 6. Research methods

### Introduction

Having previously explained my general and philosophical approach to this study (Chapter 3 - Methodology p. 9), I now describe data collection methods and sample in overview. I place some emphasis under the next heading (*Structure*) on the way in which I have attempted to integrate the two aspects of my mixed methods approach. I also consider the challenges I encountered, how I attempted to overcome these and review my learning from the project.

In overview, I combined a qualitative study of clients' experiences of my interventions around pronoun usage with a quantitative comparison of their language use in the first and last sessions. Language usage was also explored in the context of outcome, as determined by CORE-OM.

Methodological precedents for this study are unfortunately rare; relatively few have combined qualitative and quantitative approaches to linguistic analysis. Almost all of these have applied qualitative and quantitative content analysis techniques to writing samples rather than spoken content, as is the case here (see for example Johnston, Startup, Lavender, Godfrey and Schmidt, 2010).

Setlock, Fussell & Neuwirth (2004) used analytical software called Text Analysis and Word Count (a modified version of LIWC), as well as qualitative text analysis, to explore and contrast the communication of participants undertaking a problem-solving task via either face-to-face or instant messaging communication.

Greaves (2011) undertook a thematic analysis of qualitative interviews with a small sample of participants receiving support from secondary psychiatric care services. Like me, Greaves used CORE-OM as a comparative measure of pre and post distress after providing an intervention based on group therapeutic puppetry.

To my knowledge, only one study has combined my chosen quantitative analysis approach (LIWC) directly with CORE-OM. A study published in 2010 (Zinken, Zinken, Wilson, Butler and Skinner) analysed word use in written samples from participants to predict successful participation in guided self-help for anxiety and depression. There were differences in the information sought and methods of data collection.

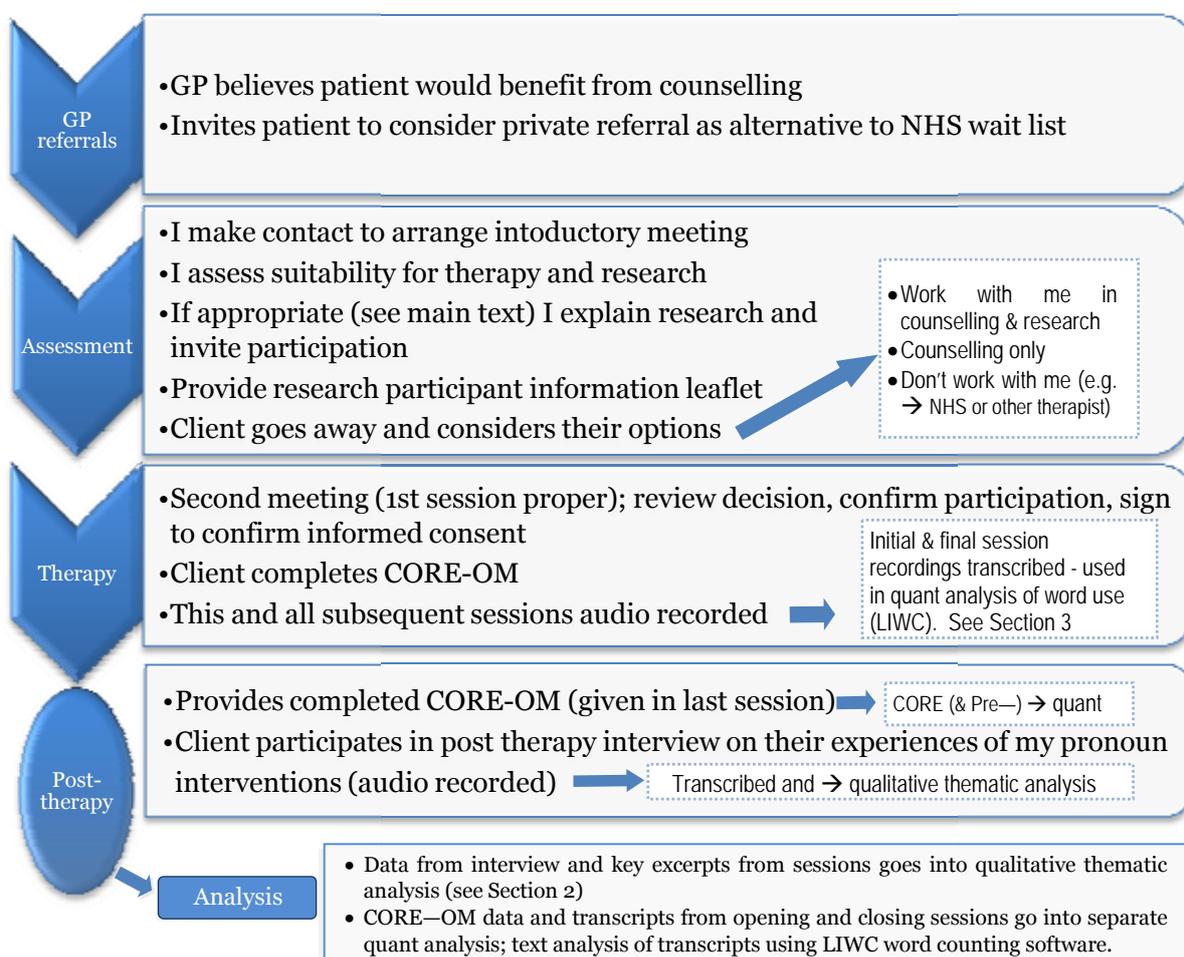
The study by van Staden (van Staden, 1999; van Staden and Fulford, 2004) is similar in intent to the quantitative part of this study. However, van Staden was using transcripts from

the Penn Psychotherapy Project (Mintz, Luborsky and Christoph, 1979), with outcomes rated by independent judges rather than an instrument such as CORE-OM.

In designing this present study then, there was little I could use as a pre-existing template. However, although the totality of the study reported here may not have direct precedent, it is nevertheless based on integrating well-established elements of previous studies and I reference these where appropriate.

## Structure

**Figure 11** – Diagrammatic overview of the research process from recruitment to analysis



Mixed methods research has been defined as “the collection or analysis of both quantitative and qualitative data in a single study in which the data are collected concurrently or sequentially, are given a priority, and involve the integration of the data at one or more stages in the process of research” (Creswell, Plano Clark, Gutmann & Hanson, 2003 [p. 212] cited on p. 224 in Hanson, Creswell, Clark, Petska and Creswell, 2005).

In selecting a mixed methods approach my intention was, as some suggest (Silverman, 2010) to approach the qualitative and quantitative elements as complementary parts of my attempt to meet the aims of my study, incorporating an element of triangulation to enhance its usefulness and reliability.

Other considerations included the following:

- Although I originally considered that I had the time and resources to gather and analyse multiple datasets, I massively underestimated the amount of work involved, not just on a practical (time available) level but also on an intellectual level. I was conscious of the danger that one or other of the datasets would be under-analysed and my efforts to ensure this didn't happen cost me dearly, with time, personal and financial cost implications
- An inherent weakness of the qualitative interviewing process was that, at the end of what might have been a fairly lengthy therapeutic relationship, clients might conceivably provide answers which they thought I wanted hear. Although I tried in the instructions I gave to participants to avoid this danger, I am unsure as to how successful I was
- Although I saw my combination of methods as providing different sources of illumination on the same set of questions (and whilst this met, I believe, with considerable success) this inevitably generated datasets that were substantially different in character. They produced potential contradictions. Whilst I was wary of feeling I needed to reconcile these different sources of information, I was nevertheless aware of the tensions between them.

*One should not adopt a naively 'optimistic' view that the aggregation of data from different sources will unproblematically add up to produce a more complete picture (Hammersley and Atkinson, p. 199 cited on p. 134 in Silverman, 2010).*

## ***The ethical challenge***

My approach — researching my own clients — inevitably presented ethical challenges (Bond, 2004). Although met to the standards required by the Metanoia and Middlesex University ethics bodies, this challenge nevertheless required me to confront personal and methodological difficulties. I was incredibly conscious of the danger of imposing my need to conduct the research, on potentially vulnerable or disempowered individuals seeking help. My aim throughout was to:

- a. Ensure that the client's need for therapy, the quality of that therapy and their outcome were in no way compromised by my own need to conduct the research. This is something which was paramount. For example, did I feel comfortable asking a client to participate? Some of the clients who presented in their initial session were very distressed. Some were experiencing very difficult circumstances or had endured significant trauma. This was the most difficult of all the challenges; did I feel okay about asking the client to do something for me, at what was often such a difficult time for them? In practice, there were some clients and some situations in which I simply did not feel comfortable asking anything of the client, other than to consider whether they wanted to work with me. This was clearly an entirely subjective decision on my part but at the end of the day, I had to feel comfortable; I had to feel, in my personal ethical core, that there was no way I was expecting too much of my clients, or that I was asking them to make a decision when they might not be able to make an appropriate choice. If I was at all unsure, if I had the slightest hesitation, I erred on the side of caution and I did not mention my research (see Table 3).
- b. Ensure that the client's experience of therapy with me was as similar as possible to the experience they would have had, had they not participated in the research. In practice, the main differences were minimally invasive audio recording, my provision of a book in which to write notes and comments between sessions (if they wished) and voluntary participation in a post therapy interview.
- c. Ensure that clients were made fully and completely aware throughout of what was involved in participation, that their participation was entirely voluntary and that they realised they could withdraw at any stage without prejudice. I strove to achieve this by providing a detailed research participant information form, which clients were able to take away and read before reaching a decision. Moreover, I emphasised in two separate places in this form their freedom to withdraw at any time (see Appendix

B) and reiterated this choice in the consent form which I asked them to sign (see Appendix C).

I feel I achieved these aims. In post therapy interviews a number of clients commented as to their lack of awareness of participating in a research project (see Table 8). Furthermore, I learned later that the differences which existed for a research client were often experienced as beneficial; many clients found writing in their notebooks aided their progress or was useful in and of itself. Similarly, the post therapy interview, I was told, was for some a chance to reflect helpfully on their therapy, to identify what had helped and how. It was chance for further learning and in many cases a pleasant and helpful way to end their therapy journey.

Clients frequently commented in the interview that they had found the process interesting, had enjoyed the work, and had found it useful. Some commented that they had themselves intervened with family or friends regarding their pronoun usage.

Ultimately, the thing which reassures me most was the outcomes achieved by the clients in this study. The mean average reduction in CORE score (i.e. improvement) between beginning and end of therapy was 34.8, ranging from a maximum of 79 in one case (A659) to a minimum of 8 in the case of a client who discovered her husband's infidelity near the end of therapy (K666). This compares to 35.3 for clients seen over the last 12 months who did not participate in the study.

### ***Recruitment procedure and sample***

As mentioned and for ethical reasons, I designed the research method to mirror closely my normal way of working with clients in order to minimise the impact of the research on clients' progress through therapy. For an overview of the process see Figure 11 on p. 93.

I have worked for 17 years with a group of GPs who regularly invite patients to consider therapy with me as an alternative to NHS provision and a long wait for assessment. The arrangement I have with these GPs is that such patients are offered an initial meeting and assessment at no cost. I used this exact same system to identify potential research participants.

I briefed GPs on the nature and objectives of my research and provided them with literature that explained what participation involved for potential clients. They were able to give this to potential participants.

When GPs encountered patients whom they felt might benefit from short-medium term counselling and as is their normal practice, they explained to the patient that they could be referred through the normal NHS process to IAPT or outside the NHS to a private provider. Some GPs make it their policy to offer a list of several private providers locally, including myself.

When such patients contacted me I invited them to an introductory meeting explaining that this would be an opportunity for me to find out more about what had brought them to therapy and for them to find out more about my approach. I know that clients are often nervous as they make this call and it is usually fairly brief. Unless the potential client specifically mentioned the research to me at that point, I left all explanations of the research until the initial meeting.

This initial meeting proceeded as a standard assessment session during which I determined the suitability of the client's presentation for the type of counselling and psychotherapy I offer based on my experience.

Assessment, in my view, is never a precise process; initial and relatively straightforward presentations sometimes grow into complex ones. As well as assessing the client's suitability for therapy, I was also assessing whether they might represent a potential research participant. My considerations included:

- Was English their first language? No matter how well someone speaks English as a second language, their use of English will be impacted by the cultural and linguistic determinants of their first language (Fink, 2007). In a small study such as this, I did not have the capacity to take into account these additional dimensions and so I recruited only native English speakers. The use of pronouns by foreign language speakers might one day be worth investigating however
- Was their presentation suitable for relatively short-term work? I sometimes work with clients for several years. However I was looking here for clients whom I might expect to have up to perhaps 30 sessions and ideally perhaps no more than 20, simply because of my intention of completing my final project in a reasonable period of time. If I had reason to believe they might work for longer than this, I did not invite them to participate
- Would they be able to commit to their therapy? Clearly, this is a hard question to answer on the basis of an initial assessment. In normal circumstances clients sometimes drop out of therapy and I accept that. However for the purposes of my

research project I preferred to exclude anyone where I was concerned they would have difficulty making a commitment, perhaps because they themselves said as much. I took this approach simply because of the amount of work involved in transcribing initial sessions and I preferred to avoid this effort being in vain

- Was the client suitable for therapy? This is something I would always consider in assessment; in order to benefit, I believe a client has to have the propensity to make psychological contact, to form a therapeutic relationship (Rogers, 1957) and possess a certain psychological mindedness (McCallum and Piper, 1997). When a client has no insight into their actions whatsoever, it might be more appropriate to refer them to a different service or to consider contracting with them in pre-therapy to facilitate self-expression (Gendlin, 1998; Greenberg, Watson and Lietaer, 1998). These questions took on a particular importance when considering clients suitable for participation in my research because their ability to develop and sustain a dialogue with me was crucial to understanding their experience of different types of pronoun usage. Inevitably therefore, I excluded some potential participants on these grounds

These considerations notwithstanding, and even considering that for each client I invited to participate there was at least another one where I did not (see Table 3), there nevertheless remained a number of clients and situations where I felt able to explain my research and invite them to consider participation. I briefly explained to them an outline of the purpose of the study and what would be involved in participation. I also gave them a copy of my participant information leaflet (see Appendix B). This explained the research and their participation in detail, as well as emphasising the confidentiality of the research and the measures taken to safeguard their content and identity. It also emphasised their right to withdraw at any time without any negative consequences and finally provided points of contact should they have any concerns during or subsequent to, their participation.

As is my normal practice, I then invited clients to take time to consider whether they wanted to contract with me in therapy, and additionally, whether they wished to participate in my research project.

Inevitably, some clients chose not to have therapy at all, or to pursue self-help options. Some chose to explore other approaches such as hypnotherapy or self-funded CBT, or opted to go on the waiting list for IAPT-based NHS counselling.

Some made a decision to proceed with therapy and research immediately at the end of assessment. Likewise some chose to proceed with therapy but not the research. Others contacted me with these decisions subsequently.

**Table 3** - Numerical analysis of clients invited into and participating in, research project

Stage	Number
Number of clients referred to me in period 1/9/2011– 25/7/2012	43
Of which ...	
Did not proceed (DNA or cancelled first session)	9
Actual number assessed	34
Of which ...	
Did not continue beyond assessment	4
Not invited to participate (including 3 previous clients re-presenting)	15
Invited to participate	15
Of which ...	
Participated	11
Participated and later withdrew	
<ul style="list-style-type: none"><li>• health problems during pregnancy</li><li>• transferred to occupational health counselling</li><li>• DNA session then lapsed</li></ul>	3
<b>Therefore, final total sample</b>	<b>8</b>

On my second meeting with clients who chose to participate in the research I again emphasised that participation was entirely at their discretion and reminded them of their option to withdraw at any time without any negative consequences or potential for embarrassment. I again restated that such a decision would not affect my commitment to work with them to the very best of my ability.

At this point, where clients confirmed their willingness to proceed, I asked them to sign a research participant consent form (see Appendix C). I also signed this, gave a copy to the client and retained a copy for my own records. These are available for inspection if required.

I had originally intended to recruit 10 clients into the study and initially I exceeded this, recruiting 11. Unfortunately, three clients withdrew and the eventual sample comprised eight participants. There was insufficient time in which to replace these clients and complete therapy (and hence the post therapy interview) with them. I was able to complete a post

therapy interview with six of the eight clients who participated in the research. Of the remaining clients, one moved 200 miles away, making an interview impractical; another, despite expressing a wish to participate, never completed an interview. I was however able to use these client's opening and closing (or later) session transcripts in the quantitative analysis.

There were 15 potential clients I did not ask to participate. This was for a number of reasons; the client's first language was not English (2); my concern that discussing the research or inviting participation might impact detrimentally on the client's process (e.g. already traumatised by events and/or in need of urgent immediate support) (5); I felt concerned the client might not commit fully to therapy (and hence drop out of research) based on assessment (3); inappropriate for other reasons (e.g. my asking for participation might mirror presenting issues and prove unhelpful) (2). An example of this last issue was a woman who had been in an abusive relationship with a man for whom she had worked. We discussed the research and agreed there were potentially unhelpful echoes (role confusion, man in position of power using his position to ask for help). Nor did I invite the participation of previous clients who had been re-referred (3); invitation to the research would have meant a different experience for them to the one they had encountered previously. I felt this might be inappropriate.

I work also with a number of employee assistance providers (EAPs) but I was not able to secure permission to work with clients referred by these organisations. This was unfortunate because such referrals typically tend to be for short term counselling, making these potentially ideal candidates for my project. A further 10 client referrals might have been available had I been able to secure such permission.

### ***Participants***

In this part of the document I provide an overview of the clients who kindly agreed to participate in the study. Participants comprised nine women and two men aged between 24 and 55. Mean average age was 38 (S.D. = 8.81). Three participants withdrew from counselling, leaving a sample of eight. Of these, six participated in a qualitative interview and all eight contributed transcripts to the quantitative research. See Table 4.

**Table 4 - Overview of research participants**

Identifier	Gender	Age	No. of sessions	Occupation	Interview completed	Presenting Issue
N603	Female	39	>26	Police officer	No. Therapy ongoing <sup>a</sup>	Depression. Later explored childhood abuse
J623	Male	39	5	Staff nurse	Withdrew from therapy <sup>b</sup>	Anxiety and obsessive tendencies
J626	Female	40	19	Doctor	Yes	Relationship breakup
E631	Female	55	12	Deputy head teacher	Yes	Relationship breakup
F632	Female	46	28	Head teacher	Yes	Stress/Depression
L645	Female	38	8	Salesperson	Lapsed attender <sup>c</sup>	Relationship difficulties
J650	Female	36	3	Nursing sister	Withdrew from therapy <sup>d</sup>	Work-related issues
A659	Female	43	18	Production supervisor	No	Depression, later relationship breakup
H663	Female	31	6	Retail manager	No. Unable to arrange <sup>e</sup>	Terminal illness of partner
K666	Female	26	16	PR executive	Yes	Dealing with chronic debilitating health problem
C669	Male	24	11	Unemployed graduate	Yes	Depression & identity issues

**Notes on Table**

- a. Continued her therapy beyond the duration of research project so interviewing not conducted
- b. Discontinued therapy after five sessions and transferred to employer's occupational health therapy service
- c. Did not attend session 9 and did not respond to contact afterwards – lapsed attender
- d. Withdrew from therapy due to complications with her pregnancy
- e. Completed therapy but was unavailable for interview

## ***Research procedure***

### ***Overview***

In this section I provide an overview of the research procedure.

My aim was to conduct the research as transparently and as unobtrusively as possible from the client's perspective.

In overview, clients completed a CORE-OM in the first session and again in the final session. Data from these was used in the quantitative analysis in which I looked for correlations between outcome as measured by CORE and pronoun usage. This is discussed in the next chapter on quantitative method.

Save for the fact that all sessions were audio recorded, therapy sessions then proceeded as normal, during which I made a number of interventions around pronoun usage, as is my normal practice. Clients were provided with a notebook in which they could record their responses to such interventions, or anything else they felt was relevant. Following completion of therapy, clients attended a post therapy interview in which I discussed with them their experiences of my interventions. This process was assisted by the client referring to their notebook and me referring to my case notes, in which I had recorded details of any pronoun intervention. This interview was audio recorded and provided the raw data for a qualitative thematic analysis.

As mentioned previously, all sessions were recorded but only the first and last sessions were fully transcribed. These sessions were then used as the basis for a content analysis using LIWC — again, Section 3.

The reason for recording all of the sessions was so that I could refer in the qualitative interview specifically to those parts of sessions in which I had made an intervention on pronoun usage. I did not fully transcribe each and every session, nor attempt to analyse them quantitatively (only the first and last sessions were so analysed). This approach echoes that used by van Staden (1999), the only other researcher to have attempted an analysis of change in pronoun usage between commencement and termination of therapy. The main difference between van Staden's approach and my own was that he analysed two sessions from the beginning and two sessions from the end of therapy. Van Staden's sessions were transcribed already, whereas mine were not. I analysed one session from the beginning and one at the end for pragmatic reasons concerning availability of time and resources. The data remain available for future analysis however.

I now provide further details of the research process under relevant headings below.

### ***CORE monitoring***

At the outset, and again in the final session, I invited clients to complete a Clinical Outcomes in Routine Evaluation Outcome Measure (CORE-OM) questionnaire. This has been my normal practice since 2006 when I introduced the use of the questionnaire as part of evaluation procedures within the counselling service at Calderdale Royal Hospital in Halifax. I became convinced at that point in my career and have remained so convinced ever since, that services offering short-term and medium-term counselling needed to build an evidence base in order to demonstrate efficacy and value and justify investment in services. The importance of such evidence is becoming increasingly important, I feel, with the advent of local Care Commissioning Groups who are free, if they wish, to commission therapies from any provider who can demonstrate their effectiveness and value in meeting the needs of the communities they serve (Marsh, Priest, Quodoos and Stacey, 2012).

Specific to this research, a reason for asking clients to complete CORE-OM was to enable me to explore any correlations between changes in levels of distress, measured by CORE, and changes in pronoun usage (See section 3 on Quantitative research, chapter 8, p. 192).

## Section 2 - The Qualitative Study

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## 7. Qualitative research

### Qualitative aims and objectives

The specific research questions which I aimed to answer in this part of the project were:

*What changes occur in the client's experiencing when they move to using first person pronouns (I, me, my etc) in accounts of their experience in psychotherapy sessions, as distinct from using second person personal pronouns (you, your etc)?*

Subsidiary questions include<sup>16</sup>:

- *In what circumstances and how is client usage of the first person experienced as beneficial?*
- *How, if at all, is the client's use of second person pronouns beneficial or experienced by them as helpful?*
- *How does the client's experience differ when using first person plural pronouns (e.g. 'we', 'our' – perhaps suggestive of a focus on a socially connected self), compared to using first person singular (perhaps suggestive of focus on the self as an individual)?*

This was an exploration into the client's *experience* of different types of pronoun usage, attempting to understand what occurred for them when I invited them to experiment with moving from second/third to first person, in response to them discussing personal beliefs or experiences.

One important benefit of conducting research with my own clients, ethically challenging as this was (see p. 95), was that I was able to build on my learning and modify my approach in subsequent sessions, in order to explore all aspects of the phenomenon.

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<sup>16</sup> I am grateful to Jenna Baddeley at the University of Texas at Austin for her suggestions in relation to these subsidiary questions.

## Qualitative method

### *My interventions*

The purpose of the qualitative part of the research project was to understand the client's experience when I intervened, asking them to use the first person pronoun ("I") following them using second or third person pronouns ("you", "there is" etc) in situations where I felt they might be distancing themselves from that situation and their feelings about it.

Such interventions form a normal part of my working, however I was conscious of the need to intervene in this way, in order to generate material to discuss with clients in the post therapy interview. There were one or two situations in the very first sessions with my very first participants, where I might have chosen to intervene a little over-zealously. However I believe I soon settled down to what felt to me like my normal practice, intervening in only what seemed to be the most obvious examples of inappropriate pronoun usage, typically once or at most twice a session. In fact, throughout the whole of the sessions for which I have transcripts I only ever intervened in a single session three times, on one occasion. In an example of one client's work, comprising 14 sessions, I intervened a total of three times.

I illustrate an actual example of an intervention below (Table 5), in which the client is talking about her stepdaughter and the way she can hurt "people" with what she says. I ask the client "does she sometimes say things like that to you?"

**Table 5** — Extract from session 3 with client J626 on 20 September 2011

T=Therapist, C=Client

26:49	C:	She hasn't done, not really, not for a long time. I mean, no. She ... when she was younger, I mean in her teens, you know — sort of — that kind of girly bitchy stuff that goes on anyway, I think, erm, erm ... yeah, no, not for a long time, erm.
27:10	T:	The reason I'm asking that is that I'm just thinking, you know, is there part of you — maybe not now but in the past — that has felt quite hurt?
	C:	Hmm
27:20	T:	Yeah
27:23	T:	So it's almost like you are saying " <b>I</b> have felt hurt by _____ [stepdaughter] in some of the things which she said to <b>me</b> " [ <i>I emphasise the words "I" &amp; "me"</i> ]

27:28 C: Yeah, hmm, definitely yeah  
T: Hmm  
C: Yeah  
27:31 C: Hmm  
27:48 T: I guess what I'm doing is just inviting you to 'own' that a little bit and say well "sometimes \_\_\_\_\_ has hurt **me**"  
27:55 C: \_\_\_\_\_ has sometimes hurt me, yes  
T: And that feels different when you say it like that?  
28:03 C: *[begins to cry]*

### ***My notes***

During the course of therapy I made notes subsequent to each session, as is my usual practice. One additional dimension when working with research participants was that I would also make a note of any pronoun usage interventions I made, my observations of the client's reactions and my own feelings, together with an estimate of the time during the session that this happened (to help me more quickly identify that part of the session in the audio recording).

Figure 12 below shows an extract from my notes associated with the session cited above and relating to my intervention.

**Figure 12** - Extract from my notes session 3 with client J626 on 20 September 2011

There was a point about 25 or 30 minutes into the session where [client] talked about [Partner's] daughter \_\_\_\_\_ having a way of identifying people's vulnerabilities or idiosyncrasies and then using them — something which often reminded [client] of the bullying she experienced in childhood, which left her feeling uncomfortable. However, I noted she spoke about this in what seemed to me to be a very distant third person way. I suggested that perhaps she was talking about *her* experience of feeling hurt and not "people's". My doing this perhaps facilitated her to feel sad. She slowed down and cried – perhaps an example of changing pronoun usage being associated with experiencing feelings?

## **Notebook**

At the start of therapy I gave clients a notebook. I invited them to write whatever they wished about their therapy in this.

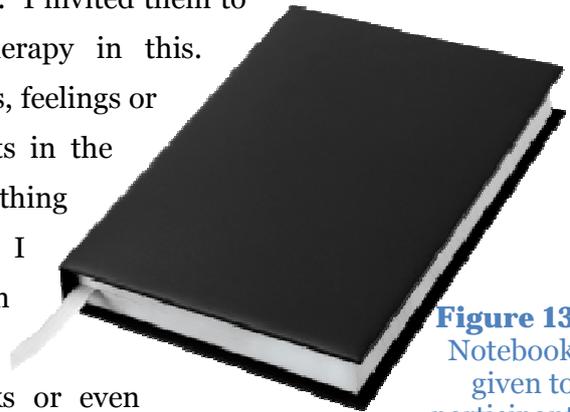
Specifically, I asked them to record any thoughts, feelings or observations they had in response to moments in the session when I might ask them to restate something

in a different way (obviously, knowing that I would make interventions in which I asked them

to rephrase statements using a different pronoun). I was conscious that many weeks or even

months might elapse between the beginning and end of therapy and that some

of the situations relevant to our post therapy interview, would have occurred early on in therapy. I therefore intended the notebook to be a means of clients capturing their responses to my interventions, whilst these reactions were fresh in their minds. I asked that they dated their entries. However, I also pointed out that the book was theirs to keep and emphasised that at no time would I require access to it. Nor would I ask them to divulge content to me – I merely asked that they made it available as an *aide memoir* in their post therapy interview.



**Figure 13**  
Notebook  
given to  
participant

Each notebook contained a printed brief description of the purpose of the research (mentioning again their right to withdraw at any time [see p. 95] for a consideration of research ethics), a reiteration of how I had invited them to use it and a space in which they could write the dates and times of their appointments if they wished. See Appendix D for an example.

I observed that in some cases, I never saw the notebook in the session from the day I gave it to them to the end of therapy. In other cases, clients brought it with them to sessions, assiduously noting the time of their next appointment and sometimes even referring to it during the sessions. Some clients wrote very little, others rather a lot and one almost filled her notebook.

I had hoped that perhaps the notebook would become important to clients as they proceeded through their therapy. Certainly I regarded it as an important part of recording their experiences in sessions with me. For this reason, I purchased for them a nicely bound volume containing high-quality paper. To my knowledge, in one case at least, the notebook became very important for the client, serving not only its intended purpose but also the purpose of being the receptacle of clients deepest thoughts and reflections between sessions and in that sense, a treasured item.

I want to emphasise also that inviting clients to write about their thoughts and feelings between sessions frequently forms part of my normal way of working where, as an adjunct to talking therapy, I might offer the client the Pennebaker Writing Protocol – written instructions on writing about their deepest emotions (see for example Pennebaker and Chung, 2011). The main difference here was that I provided the notebook in which the client could write.

### ***Audio recording***

Participants were informed in advance that all sessions would be audio recorded and gave their informed consent to this in writing (again, discussed on p. 95). Even so, I felt it made no sense to draw undue attention to the recording equipment, a digital device smaller than many modern mobile phones. When working in my therapy room at home, I took to enclosing this in a small black velvet bag, placing it unobtrusively within a bowl of creative objects (pebbles, buttons, shells and suchlike) on a coffee table to one side of the client.

Only one client, a police officer, ever referenced the recording device during the sessions and she did this to ensure that it was switched on and functioning.

When working in rooms within GP practices, it was often hard to use the recording device unobtrusively. I found it interesting to note that all of the clients who withdrew from the research were those whom I saw in such circumstances. This might merely be a coincidence but I wonder if the recording device was a constant reminder that this was not a normal therapy session and hence contributed to some discomfort for the client about participation in the research.

### ***Partial transcription for qualitative analysis***

I fully transcribed the initial session following an assessment. This was for use in the quantitative part of the study. I also fully transcribed the final session of therapy for the same reason.

Sessions between the first and the last one were not fully transcribed; I did on some occasions transcribe specific parts of sessions where I made a pronoun-based intervention. I was then able to refer to such examples during the post-therapy interview and gain some feedback, in a process redolent of that used in interpersonal process recall (IPR). Central to the IPR process is reviewing a recording in order to stimulate recall of one's thoughts, feelings and bodily sensations at the time of interview (Kagan, 1984), however IPR itself did not form the basis of my enquiry process.

The use of transcriptions during the post therapy interview represents an example of how I developed the research process further during the course of the project. It was only after I had conducted my first interview that I had the idea of using transcriptions in this way. I believe it significantly enhanced the interview process.

### ***Post therapy interview***

At the end of therapy, participants were invited to attend a follow-up interview in which they were able to review their experiences in therapy generally, with of course particular focus on my interventions around pronoun usage. Accepting that participants' experiences would not be completely transparent to them, they would nevertheless have at least partial access to them (Polkinghorne, 2005) and this awareness was enhanced by inviting them to draw upon the notes they had made.

Having made notes following each session I called upon these in this closing interview, encouraging a full discussion around clients' experiences in regard of the phenomenon. I also drew the client's attention to transcripts of relevant sections of previous sessions in order to refresh their memory and help them connect with their feelings concerning the specific event.

My approach has parallels with Watson and Rennie's study of clients' subjective experiences of significant moments during therapy (1994).

I prepared an interview guide (See Appendix E) to ensure that basic questions were addressed, but my primary aim in the interview was to engage the participant in an in-depth, interactive dialogue, in which spontaneous, creative and richly descriptive responses would have the optimal possibility of emerging (Cooper, 2005).

Interviews were audio recorded. Again, I transcribed interviews myself which, although time-consuming, was an excellent way of familiarising myself with the data (Riessman, 1993 cited in Braun and Clarke, 2006) and maintained client confidentiality – again central to my concern to offer the same safeguards to these research participants as I would any other client.

### **Qualitative analysis**

In this section of the document I describe the analysis process in sufficient detail as to render it replicable and transparent, enabling the reader to see clearly the processes which made the data accessible for my interpretation.

Data comprised audio recordings and transcripts of post-session interviews conducted following the conclusion of therapy. They also included notes made by me immediately following each session, or between sessions, in which I reflected on my experience of working with the client. The client was also able to draw in the post-therapy interview upon his/her notes made after or between sessions in a notebook provided by me for this purpose.

The client's experience and the individual meaning for them of their experience were central to this part of the project. My aim was to understand and engage with those meanings, rather than measure their frequency as this was addressed in the quantitative part of the project.

In order to do this in a systematic, transparent and structured way, I adopted a thematic approach to analysing and reporting participants' experiences of my pronoun-based interventions.

## ***Thematic analysis***

### ***Introduction***

Thematic analysis is a term which can be used to describe a number of approaches to the analysis of qualitative research in psychological therapy. These approaches include content analysis, interpretive phenomenological analysis and grounded theory (Pistrang and Barker, 2010).

### ***Thematic approach***

In thematic analyses, free standing units of text are first separated from their source with their meaning intact. Although often called by different names (segments, incidents, meaning units) Tesch describes a unit as "a segment of text that is comprehensible by itself and contains one idea, episode, or piece of information" (Tesch, 1990, p. 116). The units are then re-contextualised and assembled into themes based on an accumulation of evidence over the duration of the analysis (see *Thematic analysis process* on p. 113)

This analysis method seemed to me to be entirely appropriate here. Unlike the quantitative part of the study, which takes no account of context or meaning, my thematic analysis, whilst systematic in approach, referenced the meaning behind the use of the language, in what is essentially an hermeneutic process (Joffe and Yardley, 2003).

The advantages of this are obvious; context, meaning and symbolism are taken into account by the analysis. However, the pitfalls are also equally clear; the person taking those factors into account and making the interpretation is me the researcher, complete with all my pre-existing ideas, experiences, bias and cultural/social introjects.

Some scholars assert that it is desirable and should be possible, having identified those pre-existing beliefs, to bracket them off (Creswell and Miller, 2000; McLeod, 2001; H. Priest, 2002) in order to reach a type of knowing untainted by pre-experience.

However I argue that, in this project at least, it would be inappropriate and counter-productive to bracket off my pre-experience. McLeod reminds me (2011, p. 35) that the very thing that some might wish to bracket-off may represent an important part of an inquiry. This is a piece of research in which I am inextricably linked with the enquiry as a participant and the relationship between my clients and me — my research participants — is fundamental. It would be impossible, I assert, to remove me from the equation. This approach is emic and the world of my participants is fused with my world in an attempt to co-construct an understanding.

As Mearns and McLeod point out (1984), the usefulness of the findings may depend more on the quality of the relationship between researcher and participant than it does on the rigour of the analysis of the data. My relationship with clients who also were my research participants, developed over several weeks or even months, was clearly of enormous importance in this study.

Accepting that this is a study which is highly context dependent, I have nevertheless built into the method processes which attempt to ensure my interpretations are those intended by the participant and are a faithful representation of their experience.

For example, in advance of starting the research, I acknowledged my pre-existing experience and ideas by writing a reflexive statement in my research journal (see Appendix E). This stated my anticipated concerns, my pre-understanding of how pronoun intervention worked in therapy and what I believed I might find in my enquiry.

I also included other processes to introduce alternative perspectives in those cases where I made decisions as to the similarity between themes and combined them according to my own judgements, because an analysis which does not consider alternative readings of the data is open to accusations of weakness (Braun and Clarke, 2006). I detail these processes under the heading *Analytical Triangulation* on p. 118.

### ***Using Nvivo qualitative analysis software***

Before the advent of the personal computer, Miles described qualitative data as “an attractive nuisance”, a term he borrowed from legal doctrines which speaks of the liability one may incur unless one takes responsibility for what, on the face of it, is an attractive proposition<sup>17</sup>. He argued that qualitative analysis was among the most demanding and least examined areas of social research (Miles, 1979).

There are no shortcuts in the production of good qualitative research (Delamont, 2001) yet computer analysis at least facilitates faster and more comprehensive means of inquiring into the data and provides a systematic and efficient system for collecting, storing and reporting it, thereby facilitating transparency (Basit, 2003; Bazeley, 2007; DeNardo and Levers, 2002; Welsh, 2002). Someone once told me that it wasn't curiosity which killed the cat; it was all the data involved in being curious. Analytical software can help manage the avalanche of data ready to overwhelm the researcher at any moment.

Middlesex University provides access for its students to Nvivo qualitative analysis software, version 9 (QSR International, 2011). Nvivo is essentially a front end (user interface) for an SQL (Standard Query Language) database. Reviewing version 9, as used here, *Quirk's Marketing Research Review* described Nvivo as enabling “researchers to manage and discover insight in the silent, relentless avalanche” of data, whilst placing “the researcher at the centre of the interpretation [and] leaving plenty of room for her or his skill and intuition” (Macer, 2011).

### ***Thematic analysis process***

One of the first to formally offer a structured account of the thematic analysis process was Richard E. Boyatzis (1998) however I largely followed Braun and Clarke (2006) in structuring my approach. The experience of other researchers also influenced my approach and I cite these sources accordingly hereafter.

In summary, the process involved reading through the transcripts of interviews and identifying freestanding textual units of content which were relevant to, or could potentially inform, the topic of my enquiry. In one sense then, I approached the data with specific

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<sup>17</sup> Miles (*ibid*) provided the example of an old car left rusting away in the garden. In legal terms, this is an example of “an attractive nuisance”. If children should choose to play in it and hurt themselves, the owner is responsible for any harm they suffer.

questions in mind (see *Qualitative aims and objectives* p. 105). However, I was also open to any phenomenon or finding which had any bearing, in the widest possible sense, on clients' experiences of my interventions on pronoun usage. Sandelowski observed (2007, p. 373) that at this stage, one selects phrases simply "because they make some as yet inchoate sense", i.e. connect with some not fully formed or developed connection to the topic.

I worked systematically through each transcript, giving full and equal attention to every paragraph, breaking the dialogue down into textual units which were freestanding, including a little of the surrounding text if necessary to ensure some context.

I did not attempt to limit the number of such textual units; I highlighted anything and everything which might have relevance to the enquiry. This included paying attention not only to the literal content, but also to the process in the interview. If, for example, a participant mentioned something that might have been a problem with an intervention but said it wasn't, I still noted it as being of interest. For example, several participants, when asked, said that my interventions had not been too frequent but said also that it would have been problematic if they had been. This seemed important; they might just be being polite, so I noted this.

At this stage I attempted to focus all my concentration on just this task. If the content distracted me by bringing up theories or provisional ideas I simply made a note of them (memo) and continued. My aim was not to introduce structure or any system at this stage, even though it soon became clear that the same types of content were appearing repeatedly in the various transcripts.

The typical number of textual units per interview was about 100 but this varied, with one interview producing 135 and another 55 units. Each individual, their speech rate and the amount they had to say on the topic, produced these variations. An example of one complete transcript with relevant textual units highlighted can be found at Appendix H.

### ***Coding***

The next stage was to begin the process of organising the data, coding it into what Tuckett calls meaningful groups (2005). In this process, the units were coded – perhaps more accurately I should say encoded – but in practical terms effectively labelled with a short description of each unit which captured the essence of what it was coding. I followed the editing approach described by Miller (1999).

The main question I asked myself during this process was “what is this expression an example of?” Other questions I kept in mind when coding include the following, taken from Kathy Charmaz’ account of coding in grounded theory but relevant, I submit, in any qualitative coding process.

- What process is at issue here? How can I define it?
- Under which conditions does this process develop?
- How does the research participant think, feel, and act while involved in this process?
- When, why, and how does the process change?
- What are the consequences of the process?

(Charmaz, 2008, p 96)

The coding process was described as abduction (as distinct from induction or deduction) by Peirce (Douven, 2011)<sup>18</sup>, who described a process, relevant especially in the quest for concepts not explained by current knowledge, in which the researcher assembles a series of features of the data that are relevant to the enquiry. The researcher then abducts a provisional description, explanation or rule, which is incorporated into a code, checked against other occurrences of the same phenomenon within the data, subsequently assembled into a category of similar codes and then later themes (McLeod, 2011, p.34).

In addition to a code label, I also applied a longer and more user-friendly descriptive label, to both remind my collaborators of what the code was trying to capture, and indeed myself. I gave instances of the same phenomenon or content the same code and I generated new codes as required (cf. Cooper, 2005).

I undertook this process within the Nvivo program, which refers to codes as “nodes” to indicate either a terminal point or a connection in the branching network of what it assumes is interconnected data. Assigning data to nodes in Nvivo is “much like designating a hanging file for each topic [unit]”. At this stage these nodes “do not presume any relationships or

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<sup>18</sup> Peirce’s conception of the term abduction did not mean what it is often taken to mean in some modern texts. One main difference between his conception and the modern one is that, whereas according to the latter, abduction belongs to what the logical empiricists called the “context of justification”—the stage of scientific inquiry in which we are concerned with the assessment of theories—for Peirce abduction should be located in the context of discovery, the stage of inquiry in which we try to generate theories which may then later be assessed (Douven, *ibid*).

connections - they serve simply as ‘dropping-off points’ for ideas about data [that] you want to hang on to” (Bazeley, 2007, p. 83).

This is where the advantages of using analytical software started to become apparent. Unlike manual systems in which the data may be physically manipulated, for example cut up into sections and separated or highlighted in some way, in Nvivo, as Bazeley points out (*ibid*):

- the source always remains intact
- information about the source and location of a quote is always preserved
- it is always possible to view the coded passage in its original context
- changes to the document are immediately reflected in the text viewed through nodes
- passages can be coded at multiple nodes, with Nvivo queries later able to find passages coded by co-occurring nodes.

After conducting this coding process for all the interview transcripts I had a list of 88 codes. Codes 16 to 19 inclusive are illustrated (with example quotations) in Table 6. I then reviewed and edited this list of codes. I noticed that, particularly with coding conducted on different occasions often several days apart, I had sometimes created a new code to describe something which I had coded previously i.e. I had two or more codes describing the same thing. I combined those with very similar meanings into one code. I also deleted two codes as being not relevant to the aims of the project. For example I had included a code identifying the client as talking about what I called “generic benefit of therapy (not specifically related to pronoun intervention)”.

**Table 6** - Illustrative examples of codes and descriptions with examples

<b>Code Name</b>	<b>Description</b>
<b>Created awareness outside of session</b>	Intervention(s) in session facilitated self—awareness outside of session.
Example: <i>I certainly ... try much harder. And I suppose in a way that is sort of using me as a person, trying to put myself in there. [Client 632, para 29, 14m:06s]</i>	
<b>Created change in thinking or conceptualising</b>	Intervention(s) caused client to think about things differently to previously.
Example: <i>What have I been doing to myself and how is that affecting either other people's view of me, or how they react to me? [Client 669, para 108, 28:45]</i>	
<b>Creates new awareness</b>	Intervention(s) facilitated new awareness of feelings
Example: <i>It does enhance your awareness of what you're, what you are feeling I think. [Client 626, para numbering not available, 41:46]</i>	
<b>Depression made worse</b>	Acknowledgement of feelings may lead to (deepened) depression (possibly self blame)
Example: <i>But it could have very easily, I think, brought me right down and thought "well no, I'm not worth anything, I'm the one that's messed all this up". [Client 669, para 170, 42:03]</i>	

At the end of this process I had a revised list of 79 codes; see Figure 14 for illustrative examples of some of the changes I made. Amendments are shown in red. A full list of the original codes, together with the descriptions of the changes I made at this stage, is given in Appendix F.

Columns from left to right in the table below are:

- hierarchical name of code (node)
- marker for referencing purposes
- description of code
- column ticked when change made in Nvivo
- code nickname (short form)
- number of examples in the data set

**Figure 14** — Extract from Appendix F showing changes to some original codes

Nodes\\Negatives\\Raw feelings	Feelings <del>that will be</del> accessed by changed pronoun usage were just too raw <del>for/unprocessed</del>	✓	Raw	2
Nodes\\Negatives\\Self help mantras	Describes intervention as reminding her of speak out loud self help mantras read <del>about</del> in books — <del>negative response</del>	✓		3
Nodes\\Negatives\\Unable to comply <i>Restucture In hierarchy so not Included within Negatives</i>	Unable to comply with, or respond to, invitation to change pronoun usage	✓	<i>Unable to comply</i>	5
Nodes\\Negatives\\Upset by changed pronoun use	<b>B</b> Felt upset or sad or distressed as a result of of using a change in pronoun to discuss something	✓	<i>Combine with "feels emotional" above</i>	3
Nodes\\Negatives\\Worth the risk <i>Restucture In hierarchy so not Included within Negatives</i>	Client acknowledges risks and <del>dangers- difficulties</del> but still thinks it's worth it because alternative is worse.	✓	Worth the risk	2
Nodes\\Not aware of research process	<del>Aware-Unaware</del> of research during therapy, research was not intrusive or counterproductive.	✓		3
Nodes\\Odd to talk about self in 2nd or 3rd person	<del>Acknowledges-Client feels that</del> it is odd to use 2nd or 3rd person when talking about self but only as a result of therapy, not previously.	✓	Odd thing to do	3
Nodes\\Ownership creates sense of vulnerability	Ownership creates a sense of vulnerability, possibly linked to a lack of self-confidence or lack of assertiveness. <del>Like 'nailing colours to the mast'</del>	✓	Vulnerability	1

By this stage, I was reasonably happy that I had the raw material from which to begin the interpretation of the data via the process of identifying and assembling the key themes, exploring how different codes combined to form overarching themes, essentially the story told by the data at a higher order level. However, at this stage, the list of codes was solely my interpretation of the data. I therefore engaged in a number processes to refine and enrich the data, as well as stimulate and challenge my thinking and provide analytical triangulation.

### ***Analytical triangulation***

Triangulation is a term used originally by pre-technological seafarers, who would determine their heading by taking a bearing from several points. In the context of qualitative research

it can be said to facilitate validation of data via cross verification from several sources (Creswell and Miller, 2000).

Among the different ways that triangulation can be introduced are participant checking, collaboration and peer debriefing (*ibid*).

### ***Participant checking***

Participant checking (sometimes called member checking) involves taking the data back to those from whom it was gathered so that they can contribute their views and ensure the accuracy of the information used in the analysis, checking that any interpretation or narrative account has fidelity and is credible, according to the people who provided it. Called “member checking” by Guba and Lincoln, they describe it as “the most crucial technique for establishing credibility in as much as the researcher’s reconstructions “are recognisable to audience members as adequate representations of their own ... realities” (1985, p. 314).

All but one of the respondents in the qualitative part of the study agreed to read their transcripts and provide feedback (the remaining participant was willing to do this but unable to do so for practical reasons). I provided each participant with a copy of their transcript within two weeks of them completing their post therapy interview. Each transcript had numbered paragraphs and was time coded, making it easier for them to reference their comments and feedback. The transcript also carried coding notes in the margin, enabling each participant to see how I had conceptualised the information. I invited each participant to read the transcript and comment on it. In my instructions (see Appendix I) I suggested participants might wish to check that I had captured the essence of what they were trying to say in the interview and provide feedback on the extent to which my coding was a fair and reasonable description. I invited them to say if my coding was consistent with what they intended to convey. Finally, I requested that if reading the transcript brought up further thoughts, reflections or insights on the topic, they should kindly share these with me.

Participants reported that they found reading the transcripts interesting and in some cases, a surprising experience.

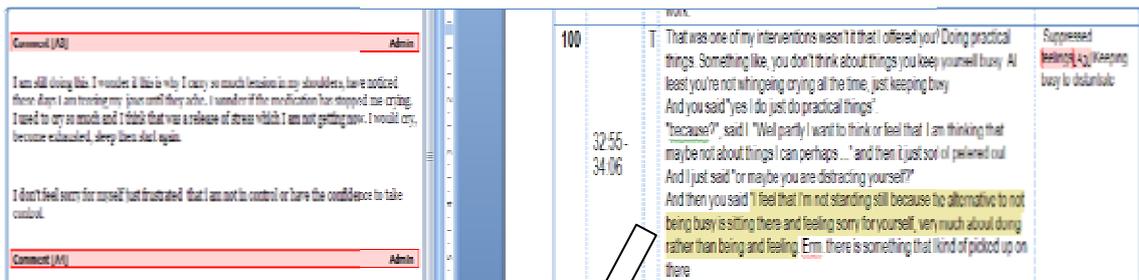
For example, F632 commented:

*It sounds rather obvious but the sessions have made me think about the language I use. When I am not sure of myself I will now often write things down to refer to. Activities/meetings never go well as I know I am unsure and lacking in confidence. At these times I will make a decision not to use personal pronouns. I will*

*purposefully distance myself. I don't think I realised this at the time only now (participant's emphasis).*

She also responded to my coding, appearing to support it following my intervention in one session about her keeping busy to avoid feelings (See Figure 15 and the text below).

**Figure 15** - Client F632 commenting on my coding



*Text from illustration above*

**Unit:** I feel that I'm not standing still because the alternative to not being busy is sitting there and feeling sorry for yourself, very much about doing rather than being and feeling.

**Code:** Suppressed feelings / Keeping busy to distantiate

**Client comment:** I am still doing this. I wonder if this is why I carry so much tension in my shoulders, have noticed these days I am tensing my jaws until they ache. I wonder if the medication has stopped me crying. I used to cry so much and I think that was a release of stress which I am not getting now. I would cry, become exhausted, sleep then start again. I don't feel sorry for myself[,] just frustrated that i [sic] am not in control or have the confidence to take control.

Later on F632 added a code of her own; in a further example that I had coded as “suppressed feelings” she described my intervening about that suppression in her language as “making space to think and be supported in that thinking”.

### ***Collaboration***

Members of the Reflective Practice Group (RPG), a peer learning and development group for psychotherapists and counsellors, agreed to act as “critical friends” (sometimes termed “critical colleagues” or “learning partners” (McNiff, 2002). Originally a concept from education reform, a common definition of a critical friend is:

*... a trusted person who asks provocative questions, provides data to be examined through another lens, and offers critiques of a person's work as a friend. A critical friend takes the time to fully understand the context of the work presented and the outcomes that the person ... is working toward. The friend is an advocate for the success of that work* (Costa and Kallick, 1993, p 50).

I worked individually with four members of the RPG, all of whom were already intimately familiar with my research, having been involved right from the start of my doctorate. They had each contributed ideas to my learning agreement and had agreed to act in this role during the analysis. All four are qualified (to Masters level) and are highly-experienced practitioners.

Each member agreed to read two interview transcripts (each modified to remove all names or identifying references) and to review these against a list of codes used in each transcript, as well as an overall code listing from across all six transcripts. I did not ask them to take on more than this because of the considerable amount of time involved in this process.

I then met with them individually to take on their feedback and discuss their experiences of the review process. Further, we met as a group to discuss the overall development of the codes and the structuring of the themes arising from them.

I was aware in these meetings of rising tension inside me as, despite my best intentions, I instinctively fought to defend my own interpretations. At times, I found the process a little uncomfortable, such was my emotional investment in the study. However, in hindsight it is clear that members contributed ideas which, although challenging, undoubtedly improved my analysis and interpretation of the qualitative data.

A final listing of codes, taking account of these modifications, can be found in Appendix J.

### ***Peer debriefing***

I made a presentation of my findings at the January 2013 meeting of the RPG, attended by all members. This provided a further opportunity for me to receive feedback and comments and to consider alternative readings and interpretations of the data. This was also a helpful contributor to my structuring of the themes within the data. It also enabled me to structure the communication of ideas from the research and provided practise in preparation for my viva.

## Development of themes

### ***Scope — identifying individually meaningful themes***

A theme is usually defined as “a subject of discourse, discussion, composition or topic” (*www.Dictionary.com*).

The idea of themes in social research has a long history. Sociologist Morris Opler (1945) saw the identification of themes as a key step in analysing cultures (for an historical review see Ryan and Bernard, 2003).

I cannot of course disagree with these definitions but I also want to suggest that the root of the word “theme” is simply the word “*them*” which, in English language at least, is the pronoun used by speakers when referring anaphorically to “things previously mentioned or easily identified”.

I also wanted to keep this, rather personal, perhaps even topical, definition in mind as I conducted my analysis; what was it that my participants mentioned, perhaps repeatedly, as being important to them? What factors stood out, were easily identified as relevant, helpful, unhelpful or even counter-productive aspects of the interventions we were discussing?

In developing themes I therefore kept in mind this participant-centred focus on what was meaningful to *them*.

### ***Approach***

Prior to developing themes I had over 600 textual units coded into almost 80 categories<sup>19</sup>.

I proceeded to develop proto-themes (theme precursors)<sup>20</sup> by identifying broad-based preliminary distinctions within the data (Becker and Geer, 2005). These distinctions were based on fairly obvious clusters of categories, around which I could organise my data, without casting the structure in concrete.

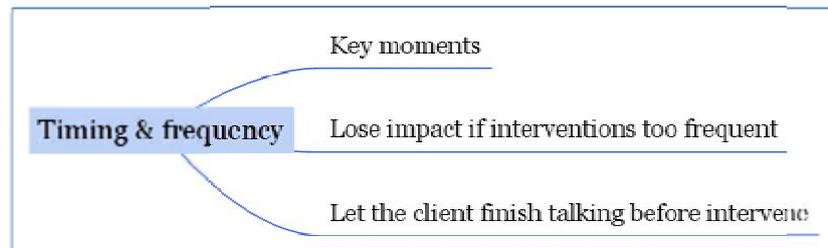
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<sup>19</sup> The terms used in thematic analysis vary according to different authors. In this chapter I use the terms “code” and “category” interchangeably to mean the grouping together of textual units from transcripts under a common descriptor. These are then later collated into themes.

<sup>20</sup> These are sometimes also called middle-order categories, for example by Becker and Geer (*ibid*);

Manifestly observable in the data, for example (Boyatzis, 1998; Joffe and Yardley, 2003), I identified that some of the units appeared to cluster into codes which arguably had timing or frequency of the intervention as a theme. I therefore created a proto-theme called “Timing and Frequency” (see Figure 16).

**Figure 16** - Codes associated with timing of frequency of interventions



Another theme manifestly observable in the data was interview content where the client was talking about their use of the notebook. For example, a minority of participants told me that they stopped writing in their notebook once they started to feel better during the course of therapy. Others reported that they found writing to be a positive or helpful experience. As the project was about pronouns and not writing therapy *per se* and moreover as most of these comments were about manifest or mechanical aspects of the process, I decided to group them together under a theme of “Writing”.

Repetition is also said to be an easy way to identify potential themes (Ryan and Bernard, 2003) as certain topics “occur and reoccur” (Taylor and Bogdan, 1998, p. 83). Against this, Silverman (2011) asserts that it is unwise to rely in analysis on frequencies alone, as the outcome may remove meaning from its context. Mindful of this, I nevertheless noticed that several codes represented examples of changes in the client’s awareness following one of my interventions. In fact, over 10% of the textual units (68) seemed to describe such a change. This is a large proportion and I therefore provisionally combined these codes into a proto-theme called “Awareness” (see Table 7).

As well as looking at the content of codes and identifying themes on the manifest level, as described above, I also looked beyond this, drawing on my own interpretative resources (Smith, 1995) to identify common themes based on the meaning conveyed by the textual unit. Meanings are not always obvious or transparently available, requiring often sustained engagement with the text (Dey, 2005/1993; Fink, 2007; Joffe and Yardley, 2003; Polkinghorne, 2005; Smith, 2007).

**Table 7 - Codes relating to client mentioning change in awareness**

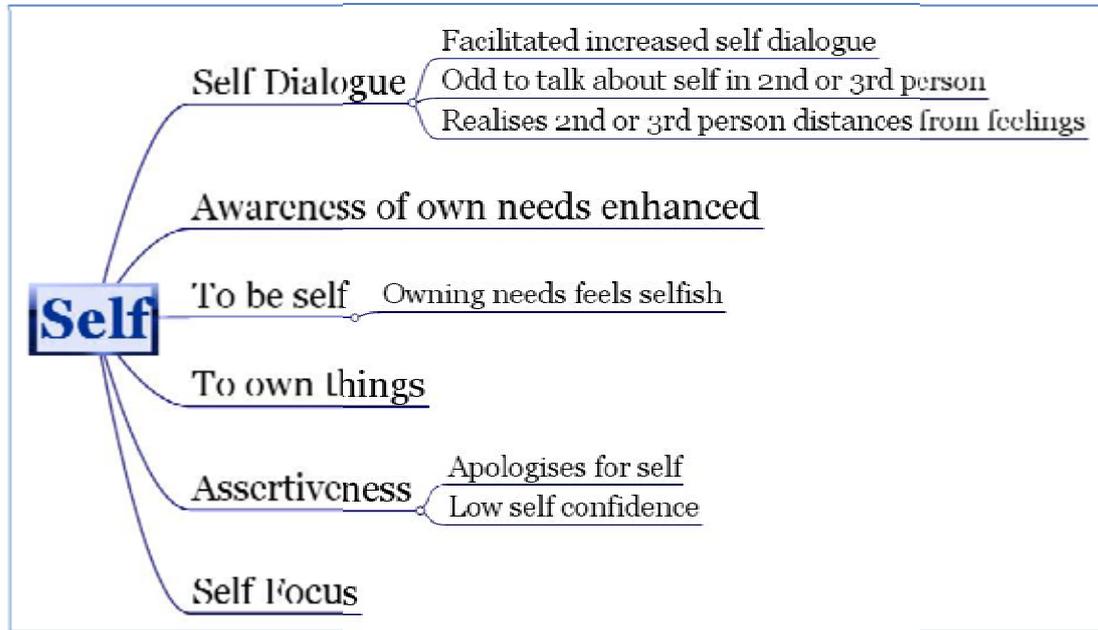
Code name	Code description	No. of units
Aware of distantiated speech in retrospect	Aware of distantiated speech outside of session in retrospect.	5
Awareness of own needs enhanced	Interventions have facilitated client to become more aware of own needs, possibly unaware previously.	2
Changed experience of feelings	Client says changing language changed experience of feelings if not the feelings themselves.	14
Created awareness of feelings	Intervention(s) facilitated client to become aware or more aware of feelings	21
Created awareness outside of session	Interventions in session have helped enhance self-awareness outside of sessions	12
Created change in thinking or conceptualising	Intervention caused client to think about or conceptualise things differently to previously.	4
More aware of emotions when using 1st person	Client reports feeling more emotional when talking about things in the 1st person.	1
Noticing others' expression of feelings	Client has noticed how other people express their feelings in their language use as a result of pronoun interventions in own therapy.	1
Therapy made link between language and experiencing	Client acknowledges that therapy enabled them to notice distantiated speech and made link with experiencing.	2
<b>All Awareness (Total)</b>	Client mentions awareness or lack of awareness of feelings connected with owning or distantiating in speech.	68

The knowledge I possessed about pronoun usage in therapy, having undertaken the literature review, and also my pre-existing learning and training influenced what I recognised as themes; it was inevitable that my ability to recognise patterns would be shaped by this foreknowledge (Joffe and Yardley, 2003). However, I tried also to immerse myself in what the client was saying and to allow this also to guide my construction of non-manifest themes and the relationship between them. I was assisted also in this regard by collaborating with other therapists in the RPG who brought their own views to this analysis, enabling me to triangulate my own interpretation from different perspectives and also helping to ensure the analysis was reasoned and logical (McLeod, 2011).

One example of a theme identified by this process is the theme of “Self” (Figure 17). The idea of self as a concept is obviously one capable of many different interpretations. In bringing

together a number of codes under this heading, I used the definition of self adopted for this project i.e. “self as experienced” (refer to p. 26 for details).

**Figure 17 - The proto-theme entitled Self**

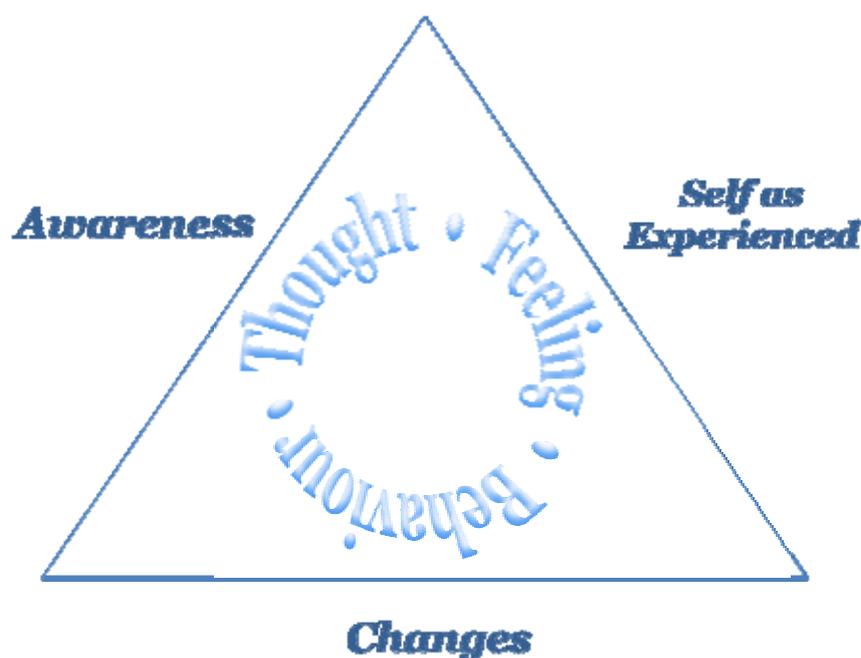


I want to acknowledge that I found the process of clustering codes into themes difficult. I found myself constantly changing my mind about what should go where and in this instance feedback from the RPG, although relevant and well intended, was often less than helpful; everyone had their own ideas about how the themes should be structured.

Although there are a number of books and papers designed to offer systematic approaches to assist in this regard (Attride-Stirling, 2001; Bazeley, 2009; Braun and Clarke, 2006; Ryan and Bernard, 2003) it is also acknowledged in the literature that theme identification is interpretative and is far from being a precise process with one unique solution. As Dey (2005/1993) notes, “there is no single set of ... [themes] ... waiting to be discovered. There are as many ways of ‘seeing’ the data as one can invent” (p. 110–11).

I have mentioned already that significant themes were Awareness and Self as Experienced. Another theme which appeared prominent and which emerged readily from the data (Patton, 2002) was Changes; that is, changes made either in the session or beyond it as a result of pronoun intervention. In a moment of reflection, I conceptualised these three as perhaps relating to thought, feeling and behaviour respectively (see Figure 18 below).

**Figure 18** - Conceptualising feedback as thought, feeling and behaviour



My conceptualising here was based on the idea that new awareness, insight or understanding is a cognitive process involving thinking; experiencing and sense of self involve feeling and change involves behaving differently. However, whilst this might look good on paper is it really that simple?

Consider the following:

- Awareness of own needs enhanced
- Ownership in language connects to self responsibility
- Change pronoun use in self dialogue reduces procrastination
- Realisation that second and third person pronoun usage distances from feelings
- Realisation that uses second and third person when discussing difficult issues
- Change in thinking or conceptualising
- Owning up to or acknowledging feelings or behaviour.

These represent a series of codes which I gave to various aspects of participants' feedback in the interview. This is not an exhaustive list of course, merely a subset which I use in order to illustrate one of my dilemmas when it came to grouping categories of response (codes) into themes.

It is arguable that the code "Awareness of own needs enhanced" might appear under the theme of "Awareness". However, this awareness related specifically to self need, so is it part

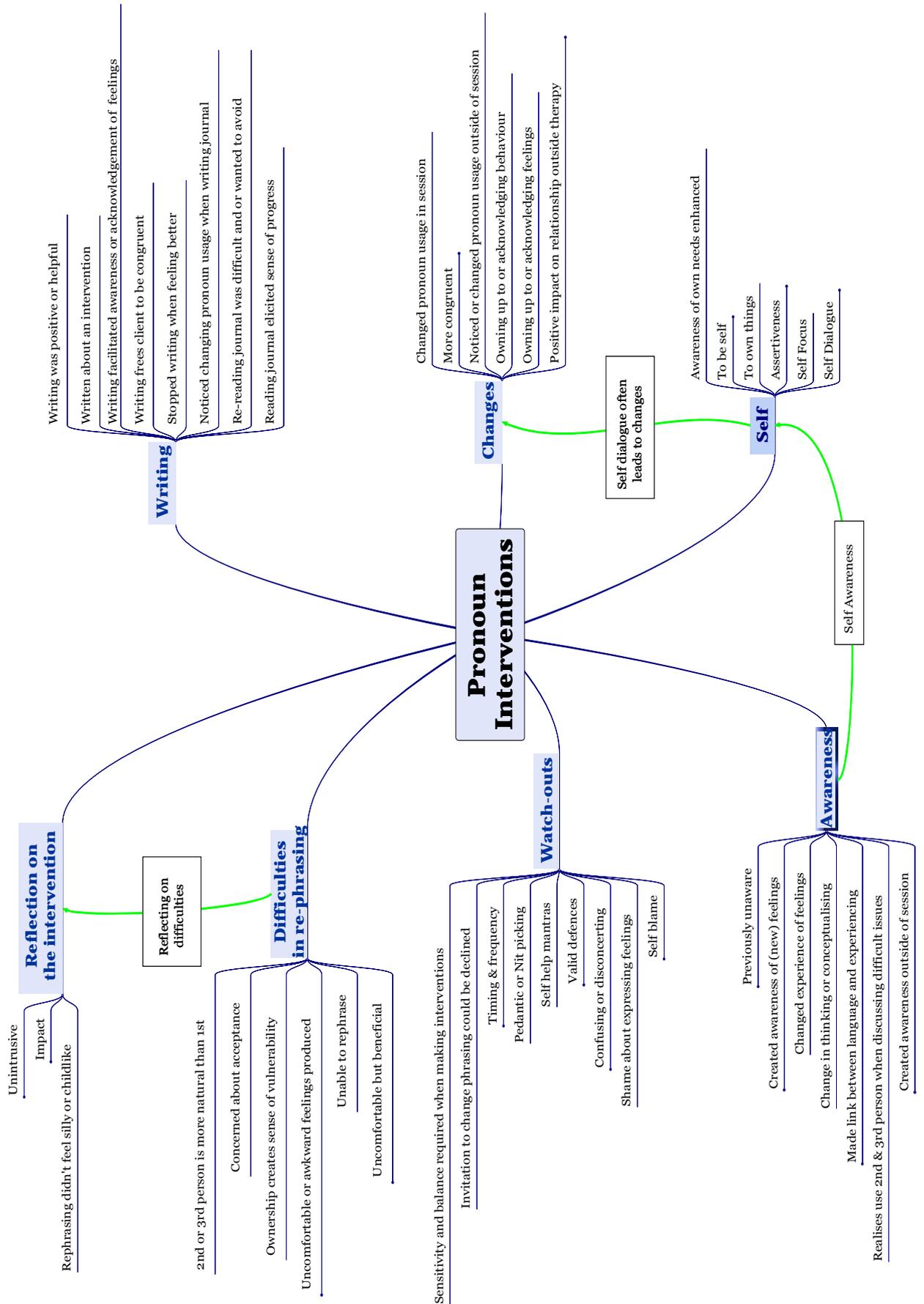
of Self as Experienced? What about the participant describing a self dialogue arising from one of my interventions? Is this also Self as Experienced? What if new awareness arose from the self dialogue? Should it then be part of Awareness? In some cases self dialogue created a greater sense of self responsibility and in one case led to the client overcoming his procrastination about a very important change he needed to make in his life. So is that a Change?

In other cases, the participants realised that they used the second or third person when discussing difficult issues (Awareness) and realising that distancing in this way depersonalises things, they then made a link between language, experiencing and the feelings which accompany that experience. So is that about Self as Experienced?

Clearly, there were no definitive answers to these and many other similar questions; it becomes a question of interpretation. After agonising and tying myself in knots for many hours, I decided that what was important was to capture these ideas as significant findings from the research and worry less about whether they went into this theme or that. It is important to acknowledge therefore that there is inevitably overlap between the themes. I reiterate this where appropriate.

I also emphasise the fluidity of the structure and the links between the different themes. In part, I do this by showing relational ties between the themes in the diagrams I use to illustrate them but I invite the reader to consider that at this stage the structure is more about organising themes into a rich description of participants' experiences, than it is about describing a structure which exists as a model or theory.

Figure 19 - Overview of themes



My initial structure comprised seven themes. These were as follows:

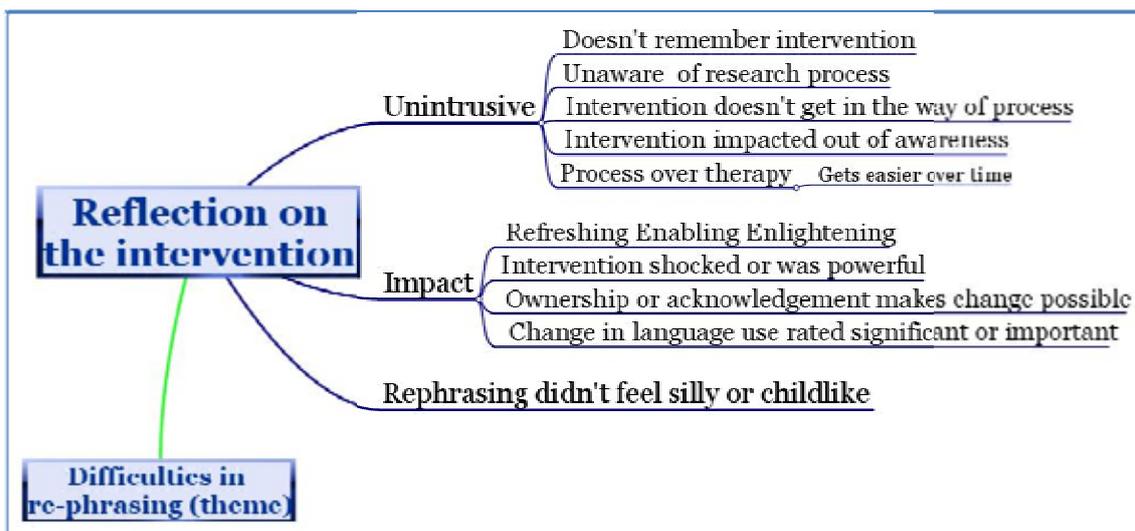
1. Reflection on the intervention
2. Difficulties in rephrasing
3. Awareness
4. Changes
5. Self
6. Writing
7. Watch Outs

An overview of all themes is shown in Figure 19. I now describe each of these themes in turn.

### ***Reflection on the intervention***

Many of the comments made by participants in their interview were a reflection on the interventions I had made concerning their usage of pronouns. These were often process reflections.

**Figure 20 - Reflection on the intervention**



### ***Intervention experienced as unintrusive***

A number of comments might be said to indicate that my interventions around pronoun usage and indeed the research process itself, had not been experienced by participants as intrusive. Neither J626 nor F632 could spontaneously remember my intervening about their pronoun usage during their sessions. I coded this as “does not remember intervention”. J626, whilst not being particularly conscious of the impact of my interventions said, “possibly what you were doing did have an effect on me without me realising it really.”

In similar vein E631 said she had little consciousness of the research process, as evidenced in the extract in Table 8:

**Table 8** - Extract from interview with E631

#	Time	C/T	Content
1	3:49	T	How do you feel? Because it's not just been counselling. Have you been aware that you've also been helping me in this research?
2	3:59	C	[Shakes head]
3	4:00	T	It hasn't really figured?
4	4:01	C	Should it have?
5	4:02	T	No, I'm glad it hasn't.
6	4:04	C	No. I've known about it obviously but I have not been consciously aware of it.

This was also reported by F632 who said in her interview “Once you have explored and sort of personalised that, it's as if that thinking, it doesn't just stay here, it goes with you, once you have acknowledged it”, perhaps hinting that the process continues out of awareness or beyond the session, a theme to which I return later.

Talking about the interventions themselves F632 said, “It was never sort of intrusive or annoying”, adding later “it was just like that gentle nudge, you know, almost as if you had fallen into bad habits”. Certainly my experience was that, having intervened a few times initially, I often needed only to say a single word such as “you?” Or perhaps “it is?” or sometimes just raise an eyebrow, for the client to recognise that this was an invitation to rephrase using the first person. C669 acknowledged this, saying:

*So yeah, the prompts — almost you didn't need to do much for me to realise what I'd done (C669-142-35:32).<sup>21</sup>*

Taken together, these comments might indicate perhaps that my interventions had made little impact on the client. However, another important theme in responses was that the interventions had impacted powerfully, that they may have shocked and that it often resulted in an element of catharsis (theme: refreshing /enabling /enlightening), as will be seen in a moment. I interpret participants' comments on the unintrusive nature of the interventions as meaning that it did not interrupt, distract or get in the way of the therapy process. For

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<sup>21</sup> This notation means (client identifier-text reference-time in interview). NB: paragraph numbers not available in the transcript of J626 for technical reasons in Nvivo.

example, it was not as if I was suddenly interrupting the dialogue to ask, “Are you too warm? Do you want me to open a window?” It was not experienced as a kind of disjointed “add-on”; rather, as an integral and indeed significant part of the process. It was, as participants reported “a gentle nudge”, a process experienced with little conscious awareness of that process, something which “stayed with you”. As reported next, it was a way of working which, once established, became part of the process and indeed was said to get easier over time.

C669 also contributed a comment which I coded as “Process over therapy”, meaning that for him, the interventions worked, not just as isolated incidents but joined together in a process which developed and evolved over the course of his therapy.

*It definitely has changed or evolved as we've been talking about things. Because I'm sure those things that I've probably talked about in the beginning, that sort of changed towards the end about how I spoke about them (C669-106-28:05).*

He said also that this process had “got easier over time”, something also experienced by F632 who said, “I think the more I have used ‘I’, the easier it sort of gets in most contexts”.

A659 also reported a similar experience:

*But talking like that, like I said, at the minute it's not that uncomfortable but in the past, yeah, I have felt ... really uncomfortable with it. I've got to get used to doing that more now (A659-138-34:34).*

There is an obvious overlap here to the theme of “Difficulties in rephrasing”, which I will discuss in a moment, however I decided to leave “gets easier over time” as a process comment sitting within “Reflections on the intervention”.

### ***Impact***

Another category of reflections on the process of my interventions clustered around what I labelled “Refreshing, enabling, enlightening”. As J626 put it:

*It was quite refreshing in a way to be able to erm ... well I suppose it was one of the first times — not the first time, that's not right really — but one of the few times that I perhaps actually recognised some of these things (J626-12:21).*

K666 spoke of her realisation that a change in pronoun usage really seemed to connect her to the experiences she was describing:

*[That] it was actually realising it was happening to me. It was a relief almost that, you know, yeah, that it is me, that it's happening to me (client's emphasis) (C666 - 36-11:58).*

Most participants said they had experienced accepting one or more of my invitations to change pronoun usage as a powerful or emotional experience. In fact, some described it as “shocking” and this is reflected in the name of the category; “Intervention shocked or was powerful”.

*It hits you doesn't it? (A659-128-31:36)*

For example, J626 described one intervention as follows:

*And there was one incident in particular; looking back I think was, you'd asked how it felt; asked me to rephrase something and it was kind of a bit of — slap in the face is the wrong word — but it was kind of a bit of a shock (J626-6:43).*

J626 added later that my intervention had “quite a strong impact on me” whilst another had served for her as “a bit of a wake-up”. F632 said, “I think what took me by surprise was the first time”.

One of my interventions with A659 concerned her grandma, who was an oasis of loving kindness in an otherwise abusive childhood. In one session A659 had said, “she was always pleased to see you” and I intervened, inviting her to say “was always pleased to see *me*”. In her interview, A said this was a significant and powerful moment in her session that had stayed with her.

*There was a lot about erm ... being rejected and stuff like that. You know, you brought that up and ... you changed the way I thought about stuff. Like with my grandma and Christmas was a big one (A659-9-9:50).*

For C669, such interventions had facilitated his process of change in therapy:

*I suppose then I start thinking about it in terms of “me” and “I” and how do I change that, how do I change myself? Rather than it's just something that's happened (C669 -32-11:18).*

Amplifying the importance for him and his process, C669 later added:

*In my opinion, maybe it (the counselling) might have progressed slower, more slowly that perhaps it did. Because it was brought back to me, because the things I were saying were brought back to myself, related more to myself. You become more honest with yourself and then about the things that I was telling, you became more honest, even though it was more painful (C669-148-36:46).*

### ***Ownership or acknowledgement makes change possible***

Importantly perhaps, C669 said in his interview that it was ownership or acknowledgement of feelings using possessive first person language that made change possible:

*All these situations before I came here — they were things that just happened. It's very odd but it's almost like when you speak about them you speak about them like they've happened to somebody else (C669-32-11:18).*

Speaking of what she experienced as the role of the interventions in her process of change F632 said:

*It has been one of the successes of the sessions because I have started thinking more about what do I want, what is it that I'm looking for? (F632 -15-7:05).*

*I can experience in different ways depending on the language I use and how I am feeling at the time. So you have made me really conscious of that. So when I am wobbling I am telling myself "Right, this is all down to the story I am telling myself", so what story am I going to choose? (E631-35-16:57).*

*Well, I don't say "I" all the time. I suppose what I try to do is, if I'm really trying to make a point, or emphasise something, you know, if I'm having a heart to heart with somebody ... I'll say it's "my problem" rather than "there is a problem" (A659-221-51:10).*

In her quotation above, I submit that E631 is making a link between her language and her experiencing. This was something which she said was an important part of her therapy, a comment which was also echoed by K666 who said, "I do personally class things like that as important" and J626 who said:

*"Yet it is a big change yes. Yeah it's a big change. It can have, I think, erm, erm sort of a powerful, powerful effect in terms of your emotions. I think more in terms of*

*perhaps me and I think my thought processes ... I use pronouns more in my head if you like! (laughs)" (J626-14:11).*

A659, speaking of the changes she had made in her life recently, said:

*I think I am quite different now. Although it depends on who it is. I've always thought of myself as quite a likeable person, you know. But there have been times in the last couple of years or so where I felt like I have spoken and no one is listening (A659-79-20:42).*

### ***Re-phrasing didn't feel silly or childlike***

One of my concerns around making such interventions was that clients might experience being invited to rephrase comments using a different pronoun, as being perhaps a little silly; redolent perhaps of the type of thing a teacher might ask a child to do in primary school. For this reason, I addressed this point directly during each interview. However, I need not have been concerned; perhaps because clients found changing pronoun usage so useful or important, no one accepted the possibility that it might have seemed a little childlike or condescending. However, this is not to say that clients found the process of changing pronouns and owning statements to be easy, as I discuss under the next subheading.

### ***Difficulties in re-phrasing***

This theme captures a series of responses in the interviews which relate to the difficulties participants had in responding to my invitation to rephrase statements. It is arguable that these comments, like those under the previous heading, represent reflections on the process of the therapy and my interventions in particular. This is reflected by the relational tie between these two themes below, on the map overview and in Figure 20.

### ***2<sup>nd</sup> or 3<sup>rd</sup> person feels more natural***

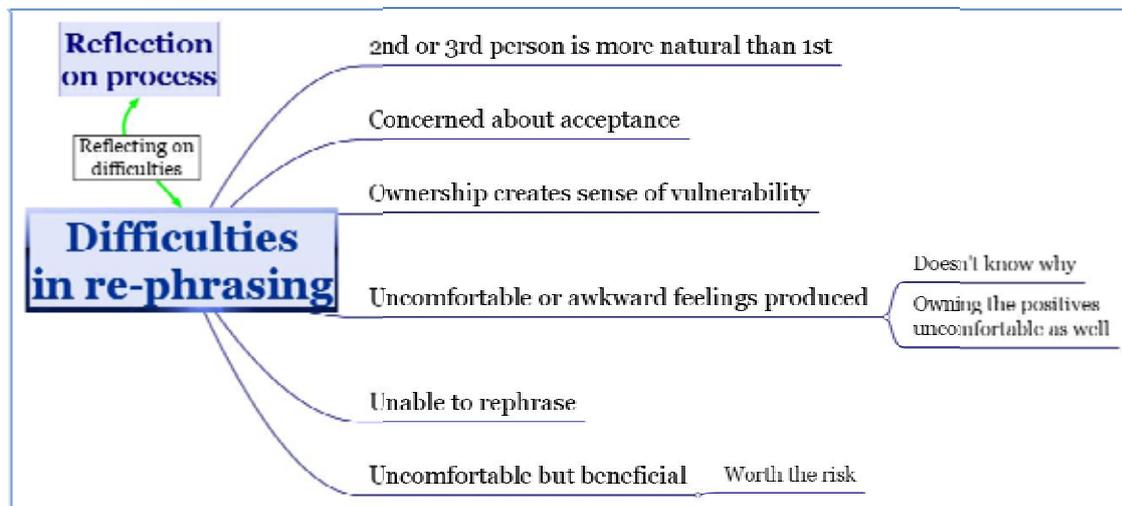
Much of the time, participants said that it felt more natural to use either the second or the third person in ordinary everyday conversation.

*You see like even today, when I was talking just then, it's still not something that I'd think about if I was fluidly talking about a situation. It would still come out as "you" and "it", but I don't actually know why (C669-18-8:13).*

*I think I used "you" a lot (F632 -10-10:38).*

So in some senses, I was inviting clients to do something which felt unnatural and which for many, moreover, felt rather uncomfortable.

**Figure 21 - Difficulties in re-phrasing**



***Uncomfortable or awkward feelings produced***

*That does make me feel a bit oooo, and I don't know ... why (K666-171-49:37).*

*Not, not [stammers]. It ... - see! It is really uncomfortable yeah. Yeah (laughs). I don't know ... (A659-37-13:09).*

Some participants couldn't really say why using the first person when invited felt uncomfortable:

*I don't know why that would feel uncomfortable to do that, to change just one word in a sentence (C669-8-6:38).*

Perhaps, it was a certain amount of embarrassment or even shame at owning things or perhaps contacting feelings which the client would rather not acknowledge. This was certainly put forward as one explanation by K666 (see Table 9 overleaf).

*Erm ... I don't know. Not stupid but it's like ... embarrassing. Not embarrassing ... yeah a bit maybe embarrassing. Very uncomfortable (A659-39-13:19).*

Later on, she added: "I used to feel guilty about talking about me (A659-140-34:51).

And C669 said:

*When you stopped me [and said] “let’s just quickly look at that sentence”, it very much just felt really uncomfortable. A bit raw that I was talking about, even though – you know – I’d said it, it was me. It brings you back to myself (C669-118-30:11).*

And it is perhaps interesting to note that in that latter quotation, the participant is again distancing and using the third person; “it very much just felt really uncomfortable” and “it brings *you* back to myself.”

**Table 9** - Extract from session with K666

<b>No.</b>	<b>Time</b>	<b>C/ T</b>	<b>Content</b>
175	50:17	C	<i>And obviously it’s not that big a thing to say but I think it was me admitting that that’s literally all I want, I just want to be happy. I feel like I’ve been robbed of being happy. I suppose it’s a similar sort of thing ...</i>
176	50:31	T	<i>I guess if you’d said, “<b>you</b> just want to be happy don’t you?”</i>
177	50:34	C	<i>Yeah, <b>everyone</b> wants to be happy, yeah.</i>
178	50:36	T	<i>Everyone wants to be happy but it’s different when you say “I just want to be happy”.</i>
179	50:39	C	<i>Yeah and saying that “<b>I</b> just want to be happy, makes me realise that I’m not.</i>
180	50:47	T	<i>Yeah. Hmmm.</i>
181	50:48	C	<i>Whereas everyone wants to be happy; it’s a statement isn’t it?</i>
182	50:53	T	<i>It really puts you in touch with your awareness of your unhappiness ...</i>

Was the client embarrassed perhaps at seeming to have used language a little inappropriately or even incorrectly?

*You don’t realise what you’re doing - that you’re saying “it” or “that” (C669-2-5:14).*

### ***Owning the positives feels uncomfortable also***

However it was not only ownership of “difficult” things which felt uncomfortable. In three out of the six interviews, participants said that they had also found it difficult to use the first person to own positive aspects of self, actions or feelings.

*Even when you got me to talk about those things as well, it was still very uncomfortable about the positive things that I'd done (C669-200-46:19).*

*It almost feels ... sounds ... feels like it would sound a bit selfish. A bit, you know, greedy. But it's not is it? (K666-169-49:25)*

Some of this discomfort was perhaps explained by clients feeling uncomfortable with what they experienced as being an increased focus on their self. Coming to therapy had been an act of desperation for E631. At work, she was easily able to focus on meeting the needs of others:

*When I get stuck I do try and go back to erm the desired outcomes, you know, what's the point of this? What is it that I am actually ... who is it for? Who is this going to benefit? And then it becomes easy in the work environment, perversely, because you know the children come first (E631-110-47:01).*

Whereas focusing on herself and if necessary asking for help, had been difficult and sometimes impossible:

*That is another thing that is a success. I have become more conscious of the fact that [I feel that] I shouldn't want help, I don't want help (E631-58-27:48).*

### ***Uncomfortable but beneficial / Worth the risk***

Actually speaking about feelings and recognising those feelings whilst witnessed by me, was very difficult for some. For E631 however, overcoming this difficulty in the sessions meant that she now felt more in touch with her needs, emphasising greater self-awareness had arisen from pronoun interventions:

*There have been times when I have been immobilised about making a decision because I don't ... I just don't know what it is I want to achieve as a result of whatever it is (E631-60-30:05).*

*It's odd really. It's small things that I do. I'm conscious that I am doing it as a bit of a test. You know, so how does this feel? Am I enjoying this? Is this how I want to be? I am quite self-aware I suppose at the moment (E631-74-34:36).*

For C669 it was better to have faced the discomfort and to not have done so would in his view have been worse in the longer term.

*For me it would almost be worse not to do it. Because you'd carry on distancing yourself and putting those walls in the way and thinking "this isn't me, I'm not doing it sort of thing" (C669-190-44:15).*

### ***Ownership creates sense of vulnerability / Concerned about acceptance***

However this increased self-awareness and awareness of needs challenged well-established ways of being (see also *Watch outs* on p. 154). A couple of respondents connected their linguistic distancing to them hiding their true feelings or their true self.

*(I was) different in different situations as well. I was kind of several different people really (J626-17:43).*

Owning statements was described by F632 during a session as "nailing your colours to the mast". In other words, it's a more public statement of one's feelings or opinions. I would argue that this is part of becoming more visible, more congruent even and this left certain clients feeling vulnerable. This contributed to some of the difficulties expressed by participants in owning statements.

In her post therapy interview K666 arguably highlighted such concerns when she said:

*I sometimes feel like there is a me on the inside, and a me. So there is a me that you can actually see and there is what's going on inside isn't there? And nobody can see what's going on in your head. They can only judge what's going on in your head by your outward behaviour and the things that you say (K666-140-38:51).*

*I think I was always just trying to not give too much away. I am a different person and my future is going to be maybe different. And I suppose I worried, "God what if people won't want to be my friend anymore?" (K666-148-41:36).*

C669 associated this with a greater level of honesty, again, redolent of that process of confession which underpinned so much of Pennebaker's early work:

*I suppose honesty to yourself, to myself ... but then again honesty to you. But I suppose that's one and the same really, I can't say it without ... I can't be honest to you without being honest to myself as well (C669-104-27:29).*

In discussing these difficulties with re-phrasing, we were also arguably talking about the changes that were occurring, or had occurred, in my clients. Certainly, an increased

awareness of needs and greater congruence in expressing them was a common theme and this is discussed in more detail under the theme of Changes subsequently.

### ***Unable to rephrase***

In the cases of J626 and K666, each client had on one occasion quite simply been unable to rephrase a statement and this was one of the topics covered during the interview.

For J626 this was because she realised that the words she would use would leave her feeling upset and at that particular point, she felt unable or unwilling to acknowledge this or make contact with those feelings.

*You asked me to actually erm imagine that I was saying those things in the first ... I suppose that would be in the first person. And I just couldn't do it. I just felt it would be too upsetting really. I suppose as soon as I started to think about what I would say, I just started to get upset and then I didn't feel that I could do it really (J626-32:39).*

Again there is a link here to the theme I describe later on called “Watch outs” — things learned in the interviews of which I need to be aware, based on feedback from clients about their experiences.

K666 described how, not only could she not rephrase, she also could not explain in the interview why this had happened.

*I just couldn't, I just couldn't find the words. I don't know why I found that so difficult because in other instances, I would happily say “I, I, I”. I just really ... I couldn't find ... and I don't think I did say it. And obviously it was fine, we talked about something else. But I don't know why that particular situation ... that is the only thing that ever stuck my mind where I found something ... not uncomfortable but ... I just couldn't actually ... I had no idea what, what I would have said (K666-156-45:14).*

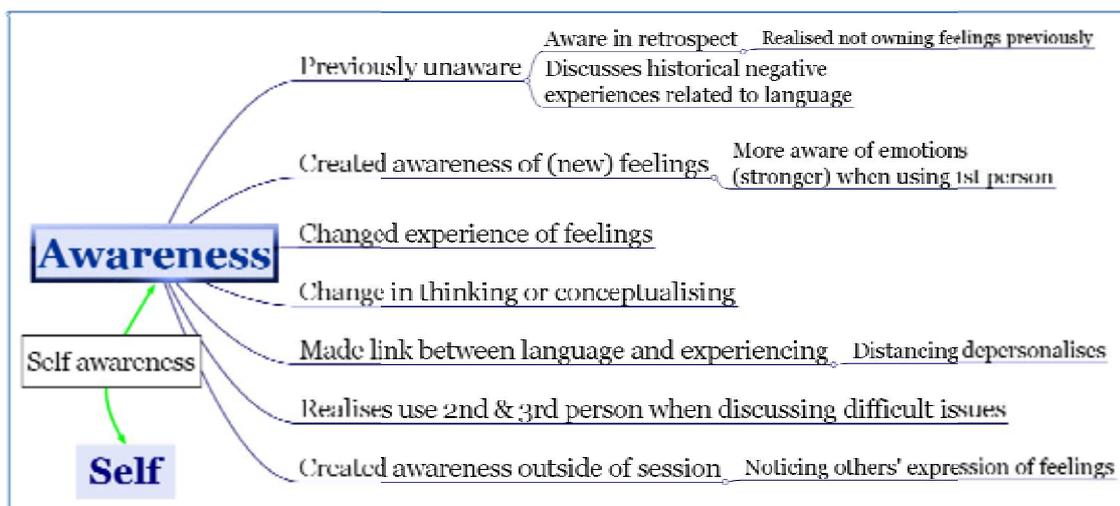
On further reflection in the interview she added:

*I just felt so desperately ... horrible ... that it just felt like any word that I would have come out with wouldn't have even come close. So I think that's what it was (client's emphasis) (K666-158-45:48).*

## **Awareness**

In terms of numbers of references, this was the largest theme in the research. Clustered together in this theme are categories of response which relate to the participant mentioning, as a result of pronoun intervention; new awareness of thoughts, feelings or sensation, lack of awareness of pronoun use, change in awareness of own needs and changes in perception, awareness or behaviour extending beyond the confines of the session. An overview of the categories comprising the theme of awareness can be found in Figure 22 below.

**Figure 22 - The theme of Awareness**



### ***Previously unaware of inappropriate pronoun usage***

Three out of the six respondents commented in their interviews that, until I drew attention to it in my interventions, they were unaware of what they now accepted was perhaps inappropriate pronoun usage.

*I hadn't been aware that I was doing that really and probably, that was the root cause of a lot of problems that I'd been having anyway (J626-5:39).*

*I never was really consciously aware of how I used language when I was explaining my feelings. I think if you hadn't pointed out to me what I was doing and what I was saying, I probably wouldn't have picked up on it myself (K666-13-6:04).*

*It's definitely not conscious, it's definitely not something that you - or that I - thought about (C669-4-4:39).*

### ***Realises uses 2<sup>nd</sup> & 3<sup>rd</sup> person when discussing difficult issues***

The same three participants however, said that in retrospect, they were aware that they did have a tendency to use second and third person pronouns in situations where “I” might have been more appropriate, echoing early comments about second or third person seeming more natural. Moreover, there was some acknowledgement that, whilst not always conscious, this was a way of them distancing from their feelings.

C669, for example, said that he was now moving “back into a first person sort of thing rather than being distant [from feelings]” whilst K666 acknowledged that she was now aware she would avoid use of first person “if I am explaining something particularly difficult” and F632 admitted “I was just trying to ... erm in a way, not take ownership of it.”

### ***Made link between language and experiencing***

I submit that this is interesting and important because these participants are essentially confirming from their own experience something which is a commonly accepted part of humanistic theory i.e. that language and in particular personal pronouns are used as a way of avoiding responsibility and acknowledging feelings. A659 was a good example of a client who noticed that using second or third person depersonalised things.

*I'm talking as if a big group I think. You ... yeah. I don't know, yeah  
(A659-29-12:31).*

When A659 changed this she established a link between the words she used and her experiencing of the feelings associated with those words. This greatly benefited her work.

#### **A659 - Finding a voice**

When A first came to therapy it was because she had threatened her husband with a kitchen knife. Her behaviour was reportedly becoming increasingly erratic and her mood depressed. She had been convinced (by her husband) that she was “losing it” and she understandably felt very concerned. What emerged however was a picture of a relationship in which she was constantly abused and devalued by an over-controlling husband. This was built on a childhood characterised by anxiety and neglect, in which newly-arrived twins had been offered for adoption when A was seven, because her parents could not be bothered to care for them. A remembered pleading with her parents not to let them go, saying that she would care for them herself. She lived in constant fear of being “sent into a home” and she

worked tirelessly, cleaning the house “from top to bottom”, trying to be a “good girl”. Her reward for this type of work would be a slice of bread and butter. When she told me this story I expressed shock and concern but A reassured me that it was okay because “it was cut off bread though you know” i.e. not sliced bread but a proper loaf — as if that made all the difference. I experienced A as initially being totally cut off from her feelings. Her primary concern was trying to make sense of her husband’s erratic behaviour. I once said to her that she lived more in his head than she did in her own. In my view, in her own and based on her CORE-OM scores, A made excellent progress in therapy. By the end, she had thrown out her abusive husband and was filled with new-found confidence yet also trepidation. My interventions around her use of pronouns was, I believe, a large part of alerting her to the way she was distancing herself from her experience and her feelings. Her contact, when it came, was incredibly powerful and she experienced a flood of emotions, including enormous anger previously often suppressed but acted out when things got to breaking point.

*I got to the point where —not [that] I wouldn’t say boo to a goose —because I would. But I’d have to get worked up and angry and then it would all come out, you know (A659-92-22:05).*

A struggled at times to maintain the first person as she spoke yet, once she had made an initial connection between language, awareness, responsibility and choice, she worked determinedly. A significant moment for A was in our third session:

T: “When you are on your own, who is with you?”

C: [Laughs] “Just me, my thoughts in my head”.

T: “What’s that like, to be with that person you are in your head?”

C: [silent for quite a long time] “I don’t know. It’s upsetting. It hurts. You know sometimes it’s ...”

T: “...it’s upsetting, it hurts”.

C: “It’s ... I just thought; is it self pity?”

T: “Try not to judge it”.

C: “Okay”

T: "Just try and stay with it. Try and stay with what it feels like to be on your own, to be with that person that you are when you are on your own."

C: "It's lonely, yeah, yeah."

T: "What I'm noticing is that you are saying 'it is lonely, it hurts'."

C: "Hmmm, hmmm"

T: "What would it be like to own those feelings and say 'I' in relation to those words? Do you want to just have a go at saying that?"

C: "That I am, yeah, I am lonely. I have been. I have been really lonely, you know. I felt like I've had my heart ripped out in the last year. Yeah and it hurts, it does."

### ***Awareness in retrospect***

Participants sometimes reflected in retrospect on their pronoun use and its connection with, or contribution to, past experiences. J626 mentioned that distancing herself from her experience perhaps went back to her having been bullied at school, postulating that she had "perhaps got upset on other people's behalf" rather than for herself (8:48).

*I suppose I was almost totally unaware that I had been hurt by it really erm not on a conscious level anyway. I certainly sort of suppressed it because I felt that I was going to be hurt by it (J626-8:14).*

Via our discussion of her pronoun use, J626 had made a connection between not acknowledging her true feelings back then and this pattern of behaviour repeating itself in her marriage, where she felt she had allowed herself to be bullied by her husband and stepdaughter

*When really I was upset about the way he behaved towards me, in the same situations (J626-9:20).*

Interestingly, J626 had been politically active during her career and was noted for taking a position of supporting victims of injustice.

F632 also spoke in retrospect about her unawareness of pronoun usage. She appeared to acknowledge that this had been her avoiding difficult issues — realising she had not owned

her feelings — and mentioned what, for her, had been negative or unhelpful outcomes historically as a result of this.

In her interview she spoke about her relationship saying “And I suppose in a way I’ve not dealt with that” (F632-176-51:54) referring to the way she had become more aware of her feelings during our sessions, in part because of owning feelings that she had described in the second or third person. With this had come the realisation that she had been avoiding confronting difficult issues “trying to look for the best and get the most out of what is there” (F632-176-52:20).

Further, F632 said that this new awareness presented her with a greater level of responsibility for her dilemma. She now recognised that she had “not consciously dealt with that because I suppose the consequences could be even more lonely than ever” (F632-176-51:58). Notice how it would be *the consequences* that would be lonely and not “I”.

Similarly, in his interview, C669 also acknowledged a link between changing pronoun usage and greater responsibility.

*All these situations before I came here - they were things that just happened. It's very odd but it's almost like when you speak about them, you speak about them like they've happened to somebody else (C669-32-11:18).*

### ***Created awareness of (new) feelings***

A response I encountered commonly in the interviews was participants describing how pronoun interventions enhanced or even created awareness of their feelings concerning what they were discussing. In some cases these were feelings hitherto not experienced:

*It did make me realise how much I was keeping in if you like, how much I hadn't ... I wasn't really in touch with what I was feeling (J626-10:09).*

*I remember once when you invited me to say, you know, to actually say “I am” whatever. And it was saying it out loud that made ... and I remember getting really upset — not getting upset because of what you'd asked me — getting upset with the realisation that I am actually struggling. And I am in need of a bit of help sometimes (K666-32-11:15).*

*I think those emotions that I was feeling were the same but it really hit home that it was happening to me (K666-34-11:52).*

*It sort of brought it home that things I was doing to myself, or situations that I hadn't actually sat down and thought about because I had distanced it (C669-22-9:39).*

### ***Change in thinking or conceptualising***

As well as creating new or deepened awareness of feelings, some participants reported that this was then accompanied by a change in the way they thought about or conceptualised their problem or situation.

This was particularly the case with C669, who really seemed to question himself about the way he had been thinking about things.

*I definitely thought it was helpful, as uncomfortable as it was. I think it made me think about it in a different way. What have I been doing to myself and how is that affecting either other people's view of me or how they react to me? (C669-30-10:53).*

*I feel like I am thinking about things a lot more rationally now (K666-96-23:44).*

*It just sort of challenges me a little bit to think ... even if I feel uncomfortable with something ... I mean erm, I suppose being aware that I feel uncomfortable about it makes you realise something about your thought processing and what you are feeling (J626-21:53).*

*I'm not used to saying "I am". So I suppose that at first ... I'd come not knowing who I was (E631-13-6:30).*

### ***Created awareness outside of session***

These changes in awareness of the connection between pronoun usage, thought and feelings sometimes extended beyond the sessions and clients reported such experiences during their post-therapy interviews.

*I think more in terms of perhaps me and [...] my thought processes ... I use pronouns more in my head if you like! (J626-14:11).*

*I think now, in rephrasing things, I am making a conscious decision (F632-188-58:28).*

*It did bring it more to the front of things. I'd go away and I'd sort it at home and think "do you know, well actually yeah that is what I was doing" (C669-36-12:32).*

*I do kind of acknowledge things a lot more and erm even when I'm really upset (K666-96-23:44).*

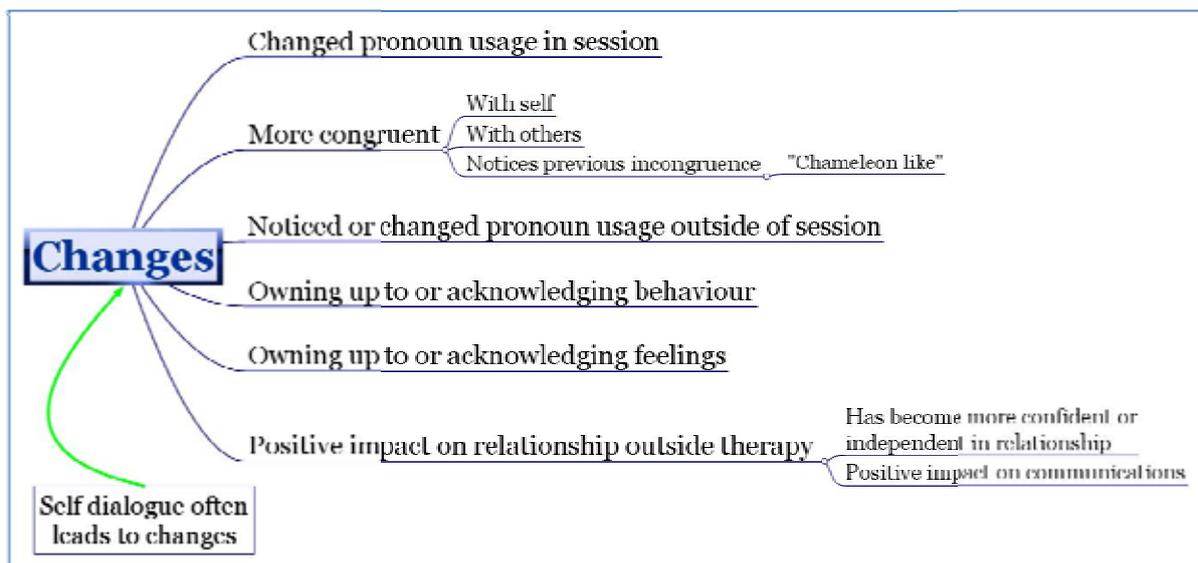
This awareness extended in the case of J626 to her noticing other people's use of pronouns:

*I do notice that [best friend] is very good at owning her own feelings. She does that erm very well. She's, she expresses herself very well (J626-40:37).*

Clearly, these are examples of the ways in which clients said they changed in relation to their noticing and use of pronouns and their enhanced awareness arising from that. However, these were not the only changes which were mentioned and I explore these under the next heading.

## **Changes**

**Figure 23 - Changes**



### ***Changed pronoun usage in session***

I have highlighted already changes in awareness or experiencing of feelings as a result of pronoun interventions. Such changes were often manifested during the sessions and impacted on the process thereof:

*I started to become conscious of doing it myself, correcting myself a little bit (J626-10:53).*

*Because the things I was saying were brought back to myself, related more to myself, you become more honest with yourself and then the things that I was telling you became more honest, even though it was more painful (C669-148-37:01).*

### ***Noticed or changed pronoun usage outside of session***

Many clients not only changed their language use in sessions, they also reported making a conscious effort to do this outside of sessions:

*I suppose I have tried hard in my communication to ... I've even rephrased things in conversation. You know I will sort of say something and I will say, "well I am saying that I want you ..." Or "I am saying that I like this". Or "I am saying I am pleased about that" (F632-19-11:59).*

*I am more able to say what I feel, use pronouns about, you know, say "I am upset about this" (J626-12:54).*

### ***Owning up to or acknowledging behaviour***

In some cases changes also extended to clients making significant changes in the way they dealt with their situations, or in their relationships and even in their behaviour generally. C669, for example, in acknowledging his distantiation in language and in recognising his self responsibilities, addressed his prevarication and made the very significant change of completely stopping smoking marijuana. He reported this had significant benefits for him, especially in his relationship and following this I noticed a change in the way he was able to process material in his sessions.

*Like situations where I needed to do something and found myself procrastinating, it was like "no, I have to do this". So I would get up and do something, or go to the shops, or do something. Like I kept putting off this whole visa thing and I sat down*

*and thought about it, you know, this is something I've got to do. Yeah, I definitely found it impacted on sort of how I was doing things (C669-60-18:41).*

### ***Owning up to or acknowledging feelings***

I have described already examples where clients acknowledged their feelings within the sessions to a greater degree but there were also some examples where they continued to do this between the sessions and afterwards:

*And it sort of made me sit back and think as to when I do generalise a situation? Maybe it did make me think "I wonder if it is me trying to distance myself from what's going on to me?" Maybe not even acknowledge what I was going through personally (K666-14-6:41).*

*Taking responsibility ... I don't know, acknowledging it. I think you making me change how I say it is ... yeah, you are talking about yourself sort of thing. By making me say it about myself is ... it is accepting that, I am talking about me, it is me and it's not anybody else (A659-75-19:18).*

*I can experience in different ways depending on the language I use and how I am feeling at the time, so you have made me really conscious of that (E631-35-16:48).*

### ***More congruent***

Within person centred theory in particular, the idea of ownership in language is connected to congruence (Rogers, *ibid*). Conscious of this, it is perhaps not surprising that I perceived this in my dialogue with participants as they reflected on the changes which had occurred.

For example, K666 was perhaps referring to a divide between her self-concept and her organismic self when she said:

*I sometimes feel like there is a me on the inside and a me. So there is a me that you can actually see and there is what's going on inside isn't there? (K666-140-38:51).*

Both this participant and also J626 said they were now making conscious efforts to address what they each described as their previous "chameleon-like" nature.

*I feel like when I do use words like "I", because I am trying so hard to explain to people how I am feeling, I do feel like I am being ... [genuine] (K666-140-39:30).*

*[I was] different in different situations as well. I was kind of several different people really (J626-17:43).*

J626 again noticed examples of congruence in others, notably her best friend:

*[the things] she feels aren't necessarily very positive. But she says it anyway (J626-40:37).*

And F632 noticed the congruence of a professional colleague:

*It was interesting listening to another head as we walked into the meeting together this morning. She made the comment "I don't know how these flipping heads do all ... do all this. I'm sure they all lie about what they do". She says "I can't do everything that has got to be done". And I just thought "wow" ... it was nice to hear somebody else say what I felt (F632-33-15:09).*

### ***Positive impact on relationship outside therapy / Impact on communications / More confident in relationship***

Many of the changes reported by participants concerned their way of being in relationships and all of them noted what they regarded as positive benefits or improvements as a result of this, sometimes necessitating them facing up to difficult issues, maybe creating tension in the process but also facilitating movement. In the case of A659 this had led to the end of her relationship, something which she saw as an important achievement for her.

*I think when I first came I was heavily dependent on [partner] and time with [partner]. Somehow that made me who I was and what you've got me to realise is, I need to think about who I am first and if [partner] is there he's there. If he's not he's not, it doesn't matter. I needed space to figure out who I was and then see if it was [partner's name] that I want. Or is it just that he is there? (E631-17-8:10).*

*When I first started talking to [partner's name] about this, it was very much "what the f\_\_ have I been doing?", "you idiot" sort of thing. And she was definitely saying "it's not all you, it's the things that I've been doing as well" but I found that very hard to ... I kept going "yeah, but no, but, you wouldn't have done that if I hadn't have been doing this". She was saying "but that was me, I was being silly as well" (C669-162-40:51).*

*I'm talking more with other people as well about how I'm feeling, [like with] X and Y, you know, I'm having much more discussion about feelings and things like that,*

*not just aspirations, needs, ideas ... thinking more about those things [feelings] I suppose than I would have done in the past (J626-15:35).*

And C669 noted feeling confident enough to be more honest about his feelings in his conversations with his partner:

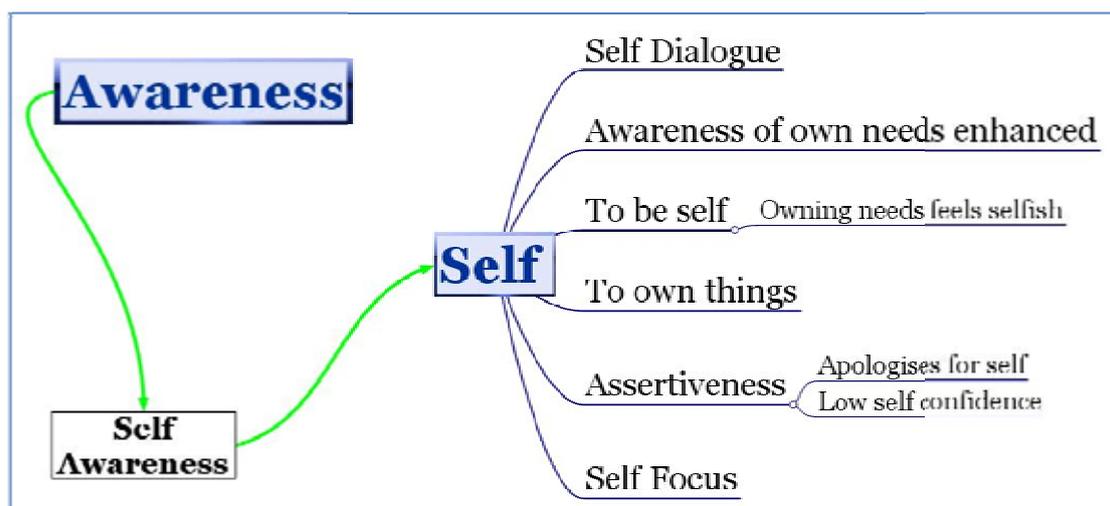
*As the conversation went on with her about whatever it was, I could be a bit more honest (C669-40-14:12).*

## **Self**

In many cases, clients reported that my interventions around pronoun usage had impacted on their relationship with their Self or their experiencing of that Self. These types of comments relate also to their sense of identity, entitlement and whether it is okay to acknowledge one's needs, conflicting as this did in some cases with a belief that to do so was selfish, even wrong. This linked also to issues of assertiveness and also in some cases a sense of shame.

This theme overlaps with elements of the theme entitled Awareness, discussed earlier (p. 140). This awareness often included, in part, a greater sense of awareness of self and needs and included sometimes an enhanced dialogue with self, as represented by the relational ties shown in Figure 24 below.

**Figure 24 - Self**



### ***Self dialogue***

C669 acknowledged his increased self dialogue saying “there was definitely more dialogue with myself” adding later on:

*When I'm outwardly talking about myself I suppose I've used “it” and “you”, but reflecting on my internal dialogue, it's a lot more “I” and “me's” I suppose (C669-70-22:31).*

### ***Awareness of own needs enhanced***

For E631 in particular, struggling with a sense of identity in her relationship, an increased focus on self and with it an awareness of her needs, had been an important benefit arising from pronoun interventions.

*I've spent so many years being “we” and with “we” comes all sorts of baggage in terms of how, you know, my value set around what does “we” mean. It has been one of the successes of the sessions because I have started thinking more about what do I want, what is it that I'm looking for? (E631-15-7:05)*

### ***Self focus***

I think counselling frequently focuses clients on their Self and their needs. I certainly would not claim that such benefits arose solely from discussions about pronoun usage. However, in their post-therapy interviews, a few clients did acknowledge that such discussions had contributed to an increased self focus.

As with J626, someone who said that prior to therapy “I didn't focus on me very much”, client E631 said in her interview:

*What sticks in my mind [about the sessions] was where you have been trying to get me to think more about me. Which I think was the reason I came in the first place. Because I think I started off saying “you don't know who you are sometimes”. You helped me change that a bit and now I can at least say, “**I** don't know who **I** am. And **my** identity is all to pot”, sort of thing. You have asked questions that made me ask myself things that I wouldn't normally have asked (client's emphasis) (E631-11-5:03).*

Similarly C669 commented:

*I wasn't owning up to myself about how I felt or what I'd done in a certain situations. When you asked me to say stuff again, you got me to relate it back to myself. Properly. Back into a first person sort of thing rather than distant. It sort of brought it home that things I was doing I was doing to myself (C669-22-9:39).*

Tellingly perhaps and towards the end of the interview C669 added:

*I wasn't just a narrator in my life, I wasn't just sort of telling a story of something. It was me (C669-152-38:10).*

### ***Ownership***

I have described already how ownership of feelings was something which clients linked with greater use of first person and hence ownership in language. Under the heading *Changes* (p. 146) I described how changed pronoun usage both within and beyond sessions, was connected by participants with acknowledging feelings, behaviour and responsibilities. In one case this reduced procrastination and in other cases it provided benefits in terms of communication in relationships. Ownership was also linked to increased congruence but in terms of Self, a number of clients experienced a sense of vulnerability. Some clients had hidden their feelings as a way of not fully acknowledging difficult situations, or perhaps to continue to coexist with someone in an uneasy relationship. Sometimes it was simply out of fear and self protection.

Changing her language and owning her feelings were described by F632 thus; “the cat is out of the bag, once you have spoken about it” (F632-168-51:15). Somehow, it made her feelings real and tangible and in her view, available for criticism. F632 described this as being very difficult:

*I found the difficulty sometimes in being invited to rephrase things was hard. Because you had to sort of acknowledge and almost believe it, to say it (F632-39-18:15).*

C669 also acknowledged difficulty in owning things:

*I suppose it was uncomfortable because I was, I don't know, like owning up to yourself I suppose about something you were saying (C669-22-9:39).*

K666 whilst acknowledging her sense of vulnerability in owning things, also identified almost a sense of relief:

*It was actually realising it was happening to me. It was a relief almost that, you know, yeah, that it is me that it's happening to (K666-36-11:58).*

### **Feel selfish**

A659, struggling with finding her voice both in therapy and in her life, said that focussing on her own needs by owning them in the first person felt selfish:

*I think when you are focusing on yourself and telling someone how you feel ... I don't know ... do you know, sometimes I think it makes me feel selfish. And I've even been made to feel like I am sometimes, you know, by ... you know, "it's all about you". I used to get that a lot from [husband's name] (A659-49-15:05).*

#### **K666 – "A bit of a Trooper"**

Amongst these clients, K666 had particular difficulties with ownership in as much as she experienced a real sense of selfishness as she acknowledged her changing needs. Perhaps of relevance here is that K666, on the face of it, is an apparently healthy young woman who nevertheless is suffering from a chronic and debilitating spinal condition which is extremely painful and which is one day likely to lead to her needing to use a wheelchair:

*I do consider myself a bit of a trooper and I do try to get on with it (K666-37-12:15).*

*I'm quite hard on myself and at times I've ... I've never felt really sorry for myself, more the opposite where I have felt like "God, I really need to get a grip now" (K666-48-14:30).*

*[Sometimes I] can't put my finger on a word that actually describes how I'm feeling. So I'll just say something like "rubbish" (K666-40-12:54).*

### **Assertiveness: Low self-confidence / Apologising for self**

Acknowledging that her needs, especially at her age, were unusual and special to say the least, was extremely difficult for K666:

*It almost feels ... sounds ... feels like it would sound a bit selfish. A bit, you know, greedy. But it's not is it? (K666-169-49:25).*

As the sessions progressed, she was more able to own her feelings because as she described in her interview, it remained difficult for her to fully acknowledge her feelings. Towards the end, K666 became aware of quite how much she apologised for herself and sometimes sought reassurance in her use of language.

*I think one thing I've noticed as we've gone through and I notice it more in everyday life as well, not just when I'm here, is that I am constantly apologising for things; apologising for how I am feeling or how I act or how, you know, even apologising for being in pain sometimes. I think it made me realise that I don't have to apologise for those things (K666-11-5:01).*

*I think if I was to explain the situation — say how I was feeling — and if I was to say, you know, “I went out with my friends on Friday and I felt really, really sad so I went home, that's all right isn't it?” I feel like I say, “isn't it” a lot at the end. Like I'm seeking reassurance from someone, saying “that's okay”. I think that's part of me constantly apologising for myself (K666-78-20:50).*

A lack of confidence and an inability to be herself and express this in her language was also a theme in the work of F632.

*I suppose over time that need to rephrase will go but I suppose it was so entrenched that I was just trying to ... erm in a way, not take ownership of it. And I think ... there's possibly two reasons for that. One, to acknowledge a personal response to it. And the other is that ... a lack of confidence to ... to sort of ... pin your colours to the mast by saying “I” yeah? (F632-21-12:35).*

A659 reflected on her growing confidence at the end of her therapy:

*And now, whatever I do, I don't care if it pleases anyone or not. I don't have to, do I? Might get lonely. I don't know. At the minute, I'm all right [laughs] (A659-130-32:44).*

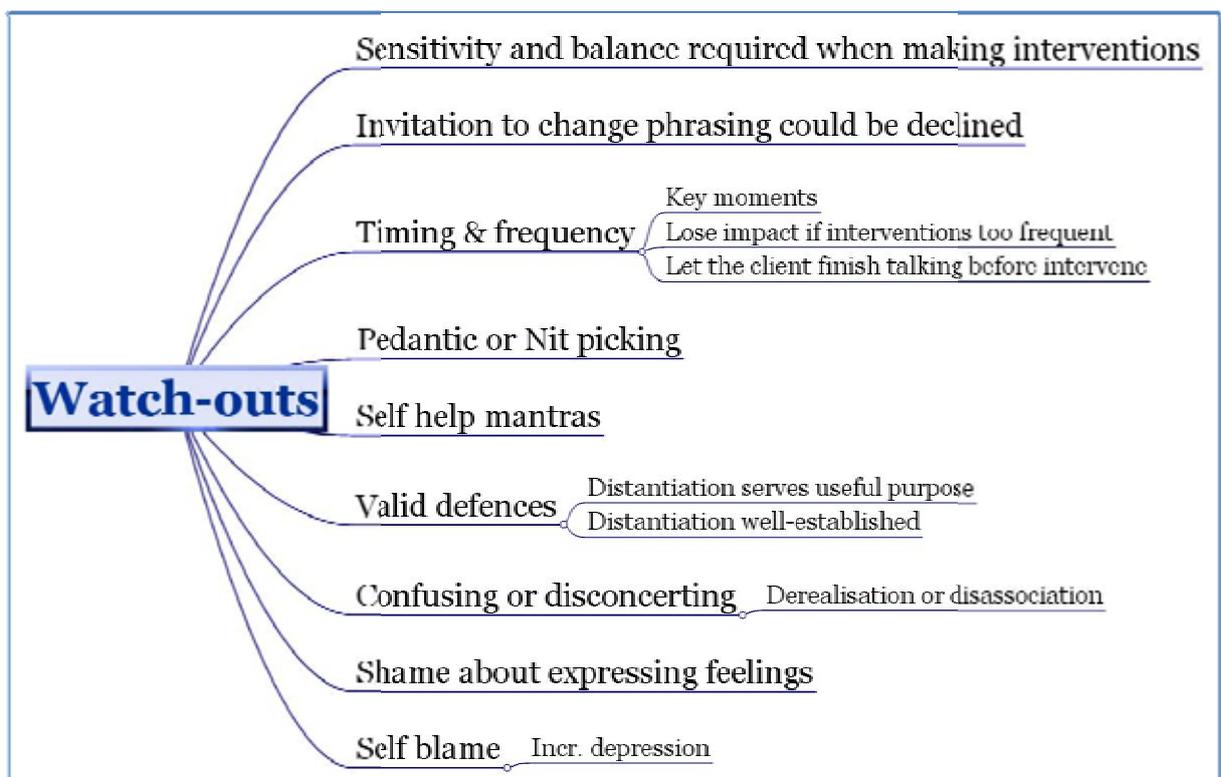
### **Watch outs**

The final theme comprises content from the interviews which I regard as a series of cautionary watch outs; things to which I need to be alert, because I learned from my clients that there are risks involved in intervening around their pronoun usage.

Some of these were manifestly present in their dialogue, others, though not mentioned directly, arose from some of the fairly challenging consequences which formed parts of other themes. For example I have referred already to the sense of embarrassment or shame which many clients experienced as a result of pronoun challenges facilitating increased self focus. Similarly, as participants were presented with the chance to take responsibility, not only in their language but also in their lives, so emerged the risk of them being overwhelmed, or of them blaming themselves for failing to do so adequately in the past.

Other watch outs were apparent from what the client did not say or from what they appeared to avoid (following Bazeley, 2009; Hollway and Jefferson, 2000; Ryan and Bernard, 2003), or from what the client said would have happened if I had handled things slightly differently in the sessions. I did not find these things hard to identify, although noticing themes by their absence is said by some to be difficult (e.g. Ryan and Bernard, *ibid*). Clients often spoke hypothetically about situations or used metaphors, humour or exaggeration to alert me to the risks of, as it were, getting it wrong, thereby perhaps identifying potential problems whilst avoiding the risk of offending me.

**Figure 25 - Watch outs**



## ***Sensitivity and balance required***

I have mentioned already my consciousness of not intervening over-zealously during the sessions (p. 106). A couple of clients mentioned the importance of this, whilst stating that, in their experience, I had intervened sensitively and on occasions where they felt it was appropriate.

*And that's where I feel ... you judged the sensitivity (F632-153-45:40).*

*Therapist: You mentioned that when I invited you to use the first person, it was ... challenging. Painful even. A hard thing to do.*

*K666: I can't remember any instance where you've ever said anything where I've thought "why has he said that?" I honestly can't. So I do think you are able to gauge when to say it and what to say (K666-54-16:44).*

Perhaps more significant is what *would* have represented me being insensitive?

I asked this question and one response was if I had intervened on pronoun usage as a grammatical error, rather than to indicate avoidance of responsibility or ownership:

*Erm. I think possibly [I might have] felt quite vulnerable erm ... criticised (F632-145-44:40).*

Other potential problems are discussed below.

## ***Timing***

I was conscious of not intervening too frequently. In some sessions I would not intervene about pronoun usage at all, in others perhaps once or at most twice. I only ever intervened three times in a single session, on one occasion.

My criterion for intervening wasn't the extent to which the client used the second or third person to refer to themselves, so much as when they did so whilst talking about what seemed to me to be important or significant feelings or experiences which I believed they might be avoiding, and yet which I somehow judged they might be ready to acknowledge. Obviously this was all highly subjective, intuitive even.

*If it was the first thing you'd said to me when I sat down, I maybe would have reacted a bit differently (K666-68-19:20).*

I take from this that it is important to develop a rapport with the client and to not intervene in this way too soon in the relationship. It is important that I don't expect too much too soon.

### ***Frequency***

Most clients told me that I got the frequency about right. Two expressed surprise that I had not intervened more often. I would like to accept this at face value; however, even though I believe that participants were generally being truthful, the dynamics of the interview situation, especially when interviewing my own clients, were such that I perhaps need to dig a little deeper (see for example Hollway and Jefferson, 2000 especially p. 1-2).

All participants had something to say and often made several comments on this topic which, I suggest, is an indication of its importance. Consider for example:

*I don't think it was too far but it's not something I would want to do on a repeated basis! (J626-22:17)*

*If it was to be every couple of sentences or even a few times in one evening [in one session] they might feel like they were being a bit ticked off or something, rather than just being able to express themselves (K666-104-25:27).*

*Erm you know, if you are asked to re-do something so many times you'd think, "I won't blooming bother then!" (F632-147-44:59).*

Both manifestly and also reading between the lines of these comments, I submit that participants were identifying the potentially problematic consequences of too frequent interventions; irritation, perceived criticism, shaming, feeling stifled or suppressed. All of this would of course be anti-therapeutic. Even if such risks were avoided, there is also the important point, expressed eloquently by C669 below, that interventions can lose impact and become ineffective if overused.

*If maybe you hadn't been so sensitive to that and you were just picking up on it constantly, it would just get annoying and it would get – I think it would lose its impact maybe (C669-124-31:07).*

### ***Do not interrupt—Let the client finish talking***

Speaking personally, I think it is simply good manners not to interrupt clients, especially as they may be speaking about what might be difficult issues. K666 and C669 commented on

how they had appreciated my not interrupting them in order to make an intervention. K666 spoke of how difficult it can be to talk about something using any pronoun position, let alone the first person. Projecting onto the generalised other, she said:

*I suppose some people, especially if they are feeling really distraught, or upset about something, might just want to get the words out (K666-108-26:20).*

Shortly afterwards, she expanded on this, owning her experience and explaining:

*I don't think you ever interrupted. I think there have been times when, say I was talking about three instances of something that had happened, or three levels of how I was feeling ... when I finished talking, you will have said, "just picking up on something ..." and it might be the first thing I said but you didn't cut me off at the first example and say "whoa, let's ...", you know. I think you let me flow with the conversation. Like I said before, the way you introduced a point, it wasn't like I was being told off. It was like you were saying "this is what you said then". It was just an encouragement to rethink something I'd said. So I don't feel like it is an interruption. I feel like it comes in the natural flow of conversation (K666-110-27:09).*

C669 said on this topic:

*I think the fact that you let me finish a sentence first before relating it back to me, or saying "let's just look at that", I think was good (C669-138-34:24).*

So I submit that recognising, in the natural flow of things, when to intervene is an important watch out also.

### ***Pedantic or Nitpicking / Self-help mantras***

This feedback was unique to J626. It was offered humorously but I suspect made some serious points.

*There might have been one or two occasions where I felt ... I don't know really, where I felt it was almost ... it was maybe pedantic (laughs) nitpicking a little bit (J626-11:41).*

In the context of what we were discussing at the time, I believe J626 was letting me know that my interventions might occasionally have got in the way of her expressing herself freely; as I put it to her in the interview, "perhaps I got in the way of you just being able to come

here and splurge and be yourself?” Her response was to deny this, yet I do wonder if this might have happened.

For me, this is an important watch out; I think it’s more important that clients are able to be themselves in a non-judgemental environment, than it is to connect their language to their experiencing. Moreover, in this particular case, I acknowledge that there may have been transference onto me of her critical and judgemental ex-husband, if so, repeating a pattern that would be potentially unhelpful.

When making interventions I was always conscious of what I imagined might be the potential for my rephrasing invitations to be experienced as condescending; perhaps carrying the risk of the client feeling I am talking to them as a child; i.e. it might be heard as “now let’s just rephrase that shall we?”, almost like a teacher helping a child to learn grammar.

J626 perhaps expressed this type of discomfort when she said:

*I suppose what perhaps feels a little bit uncomfortable about it is ... is that it sort of reminds me of some of the ... kind of erm self-help stuff that you hear about where people have mantras that they repeat. You know, people saying out loud how strong they are or powerful and you know ... and all that kind of thing. I find it a little bit cringeworthy (J626-22:17).*

J626 was the first person I interviewed. Her comments gave me cause for concern and I addressed this in other interviews. No other participant mentioned such discomfort. I found F632’s comments interesting in the following exchange during her interview. F is a head teacher by profession:

*Therapist: It has been a concern to me that clients might find it a bit condescending. “How would it be to just say that again for me ... but this time say this or that”. You know, I was worried that might just seem a bit ... you know, it’s the kind of thing we might do with children, “try saying that again but say this”.*

*F632: (Laughs) maybe that’s why I could accept it! Do to others as you would do to yourself! (Laughs). No to me it didn’t come across in that way because it wasn’t done in a way that you felt you had to do it (emphasis added) (F632-55-20:47).*

However and as pointed out by my RPG colleague Humera Quodoos, earlier in the interview F had commented as follows:

*F632: In saying it, you are working through and believing it and understanding it and accepting it. So to actually change what you are saying, there is quite a lot of processes to go ... to go through in a way.*

*Therapist: There's a lot goes with just changing those few words.*

*F632: Or it was for me because it would be easy to just regurgitate the sentence. You would just be like a parrot there (F632-47-18:58).*

This identifies what I believe is another important watch out; being asked to rephrase could be perceived by the client as a pressure to comply with the therapist, with no internal shift being experienced, only compliance to repeat what was said but in a different voice. F said that this was not her experience, but I find it interesting that she was aware of the possibility. This links to the next watch out below.

### ***Invitation to change phrasing could be declined***

One of the things which came across clearly from participants was that they had appreciated the tentative way in which I approached interventions. RPG colleagues mentioned what they saw as evidence of a strong empathic alliance (cf. Lambert and Barley, 2001; Martin, Garske and Davis, 2000). Clients said they had experienced me as making an invitation to change phrasing, rather than me making a request. K666, F632 and C669 commented that the invitation could be declined. This, they said, alleviated what might otherwise have been a pressure to do something which, as stated already, they often found it very difficult.

*You didn't say to me "you've just said 'we' and it's not happening to 'we' so that's a stupid thing to say. It's happening to you!" You didn't say it like that did you? [laughs]. That would really have been different! It was an invitation to think about ... and I could have said "no" (K666-60-18:06).*

*I think the way you've phrased everything was "perhaps there is ..." By using those words I could say to you "well no, I don't think it's because of that because I'm actually, I'm actually feeling like this". I think that was the key thing. You didn't say it in that manner. You maybe offered me another way of thinking about something but that was all (K666-62-18:36).*

## ***Valid Defences***

This category of responses represents a theme which clients did not discuss directly and which was not manifestly evident within the data. I acknowledge that I was alert to it partly because of my awareness of defences as adaptive measures by which painful and unwanted feelings are kept at bay (A. Freud, 1946/1999; S. Freud, 1962; and for a comprehensive review see Vaillant, 1992). However, I also believe that evidence to support this theme is available from a careful reading of the data, as I will now show.

### ***Valid defences – K666's Story***

Consider K666 for example, a young woman suffering nearly constant pain who can fall several times a week as her legs suddenly gave way beneath her. Doctors are unable to provide a full explanation, let alone a cure and her prognosis is uncertain; it is an awful lot for her to come to terms with, having implications for her marriage, perhaps even her job or her desire to have a family. This is something which can and perhaps even should, take time to process.

By nature, K has an effervescent personality and an optimistic outlook. She described herself at one point as “a bit of a trooper”, not someone who acknowledges difficulties readily or who accepts help very easily. These are arguably useful qualities to have when dealing with this type of situation. One of the dynamics of our work though, was K coming to terms with the realities and implications of her condition and the need to make adjustments, whilst at the same time not allowing her illness to dominate every aspect of her life. This dynamic, this tension even, was evidenced, I feel, in her interview:

*It's a constant balancing, you know, I don't know sort of ... getting through each day and doing all right (K666-144-40:41).*

She later added:

*I think I was always just trying to not give too much away (K666-149-42:30).*

Perhaps acknowledging her defences she had earlier said:

*You can't just go around expressing your sadness all the time. I have got to get on with my life but it doesn't mean that sometimes inside I aren't [3 seconds pause] I'm not being fake but I may be shielding me (K666-138-30:04).*

Like all the participants, K found it difficult to rephrase certain things and she was also (along with J626) one of two who, at one point, had been completely unable to rephrase and change her pronoun usage to the first person (K666-156-45:14 on p. 139 above).

I think this may well have been an example of a valid defence; she was perhaps unable at that point in her therapy to acknowledge the enormity of what she was feeling. Reflecting on this in her interview, K said:

*I do think there's an important balance because you don't want to go too far but I think that you have to accept things and to a certain degree realise ... that it's almost like a loss and like if you are grieving you can't move on until you've acknowledged the loss. I do feel like it allowed me to think "this has happened and this is horrible" (K666-50-15:17).*

And reflecting on how it was now she had ended her therapy, K said:

*I think about things a lot more calmly. And I do kind of acknowledge things a lot more and erm even when I'm really upset. Even when I'm, you know, at really difficult times, I do feel like I can think "Right, this is happening now and face up to it" kind of thing (K666-96-23:47).*

#### ***Valid defences – as exemplified by F632 "Putting yourself in there"***

F, a woman in her late 50s has two teenage boys that she raised on her own after their father walked out on the family when they were toddlers. Despite this challenge, she had managed to not only return to her career as a teacher but also to advance it and become the head of a medium-sized school. Presenting initially with work-related stress, for which she was signed off sick, F's way of coping with the emotional consequences of all this was to, as she put it, "keep myself busy", a way of being which she described post-therapy as "so entrenched ... I was just trying to not take ownership" (F632-21-12:35).

F distanced herself in her pronoun usage to a very great extent and I could have intervened far more often than I did. In one of her sessions she had said, "you don't think about things, you keep yourself busy. At least you're not whingeing and crying all the time" prompting my intervention, after which she rephrased, owned her statement and then added:

*I feel that I'm not standing still because the alternative to not being busy is sitting there and feeling sorry for yourself; very much about doing, rather than being and feeling.*

Discussing this in our post-therapy interview, F said:

*I suppose erm it was sort of keeping it at arm's length but yet not ... not acknowledging it (laughs) if you see what ... yeah I suppose thinking that it's reality but I don't want to accept that but nor erm can you live in a land of make-believe either (F632-159-48:14).*

*That's almost ... well I suppose a conscious decision not to, not to think. Because things were hard, are hard. And if you actually start and think about how hard they are, you just give up in a way (original emphasis) (F632-101-34:06).*

Quite simply, F could not afford to give up; she has two teenage boys who need lots of attention, she is the head of a school and she is working through the implications of a less than favourable OFSTED. When she presented, she had reached the point where she simply could not “keep going” any more. During our sessions my focus was not only on ways to help her cope with her stress and anxiety; it was also on facilitating her to acknowledge, especially in her language, what she was feeling, gently (I hope) deconstructing her defences and helping her to process important feelings which, over the years she had simply set aside. The energy involved in maintaining these defences, combined with the demands of her job had meant she could not continue to function.

In our work together F referred frequently to changing her pronoun usage, to owning her statements, as “putting yourself in there”, a statement which reflects, I think, becoming present for herself in relation to others and the life events through which she is navigating.

Both K and F emphasised in their interviews that I had set the pace just about right. However, in K's case, in the case of A659 and particularly in the case of C669, I found evidence that my interventions risked destabilising the client (see box on page after next).

During the interview I noted with interest that some clients used the second person to talk about themselves when they were in therapy:

*Because things are erm, were hard, are hard. And if you actually start and think about how hard they are, you just give up in a way (F632-100-34:06).*

RPG members noticed this in their feedback asking, “why is she using second person here when she had owned so much? Is it to distance herself from the person she was from the

person she now is? There is perhaps evidence for this assertion. A few moments later, F632 says:

*And I think that from that point onwards until I've come and stopped and looked, that's what I've done (F632-100-34:06).*

Is this her empathising with the self who had those difficult experiences in the past?

A659 reflected in her sessions on what she increasingly began to realise was a traumatic childhood. At one point in our work, I asked her if the way that she had phrased something sounded like her. After reflecting a moment she said, "It's like I am listening to someone else". These types of comments again emphasise the point that distantiation in language may have served as a valid defence for many years against the full acknowledgement and processing of trauma.

*It's still hard to say though. Why is it? I don't know. Why is it? Is it because I am talking about me? I was thinking that nobody cared about me and I just think, you know, like, why should I? And if somebody made me say it ... I don't know ... it's really strange that (A659-117-28:23).*

*I suppose it's like an abused child that is just left in the corner and ... I think sometimes now, with all that has happened over the last few weeks, for me to cope with it, I just had to not think about it. If I think about it, then I have to stop myself. And I can control that quite well now. And I just think, "is there a big barrier up?" I think, and this sounds awful, "I don't have to worry about that person no more". Have to worry about me. I can't get hurt by that person no more (A659-121-29:14).*

### ***The risk of confusing or destabilising the client***

I find when I am offering interventions there is a potential for me to tie myself in knots and I think there have been one or two occasions, not necessarily in this research, where the client has looked at me blankly as if they (to use a euphemism) "haven't got a clue what I'm on about".

Imagine the scene; I am trying to say that the client is using "you" instead of "I". So I might say something like "you are saying 'you do this or that' and talking about yourself so you should perhaps say I". Given that it is me who is talking, no wonder they sometimes look at me blankly. For another example of how confusing it can get, see the last paragraph on p. 29 in this document.

C669, a 24 year old unemployed graduate, noticed this for himself:

*And you end up mixing it up in the conversation, especially when you're thinking about it - you know - you're consciously thinking about what you're saying – what I'm saying – and you end up mixing up your sort of... [pronouns] (C669-92-25:02).*

This perhaps extends however to more than mere linguistic confusion, as discussed below;

#### **The risk of confusing or destabilising the client – C669**

C came to therapy because he was depressed. He had given up his career and moved from the south-east to Yorkshire to support his long-term girlfriend who was studying at a local university. He had recently resigned from a dead end manual job.

This repeated a pattern; he had taken time out of college to care for his gravely ill mother. C subsumed his own needs to meet those of others and had achieved no sense of individuality or identity. When his girlfriend graduated, their relationship reached crisis point. C took to smoking cannabis heavily and withdrew into himself, where his thoughts became increasingly disturbed. In working with C's self and the representation of that self, I found evidence of diffusion. This occurs when an individual, perhaps because of developmental issues at key life stages, has failed to explore and make a commitment to an identity and lacks therefore a solid sense of self (Erikson, 1970; Kroger, 2007; Marcia, 1980). C felt out of place in the world yet, out of touch with his own needs, he felt unable to pursue any particular goal. Working with pronoun usage in someone with such a fragmented sense of self, I learned, is not without risks.

As C669 continued in therapy he became increasingly aware, he said, of the gap between himself and a kind of actor who was leading his life for him, a person he talked about and to whom he attributed responsibility. He spoke of what he called "the strangeness of living your own life in a third person" (C669-112-29:25). Early on in his interview he spoke of "distancing myself from either the way I felt or the situation that I was describing" and went on to explain how, as this feeling developed during his therapy, he became anxious, starting to question his judgement and perception, at times becoming a little paranoid as he thought more and more about how other people might see him:

*What have I been doing to myself and how is that affecting either other people's view of me or how they react to me? All those sorts of things. Everything from my physical appearance,*

*all the way to things I'm not doing in my life, or I have just completely ignored (C669-108-28:45).*

It is possible these experiences were exacerbated by C669 smoking cannabis and then reducing and eventually discontinuing his use. There is evidence that heavy cannabis use and also cessation can be associated with confusion, disorientation and depersonalisation, which is sometimes a precursor of psychosis (Hall and Degenhardt, 2000, p. 27; Hall, Degenhardt and Teesson, 2009; Produced, 2007).

Ultimately, C669 was enthusiastic about the benefits he had gained. I believe he serves as a compelling example of how ownership in language links to responsibility and can be a necessary precursor of change:

*... thinking about it in terms of "me" and "I" and how do I change that, how do I change myself? C669-32-12:00).*

However, C669 was someone who tended to withdraw into himself and isolate himself as he reflected deeply and even critically on his actions. In therapy he was able to work through this and his sense of disorientation or derealisation, perhaps helped by his relationship with me; I was conscious of discouraging him from the path of self recrimination, blame and shame. However, these risks nevertheless existed both in his case and in some others, as I now describe.

### ***Self blame / Shame about expressing feelings / Depression***

As clients began to own their feelings in language and as they acknowledged responsibility for their role in facing challenging difficulties, so too did some of them experience self blame, self recrimination and shame. Moreover, as they became more conscious of the scope of the challenges facing them, some of them reported becoming more depressed. Clearly, this phenomenon is not unique to insights garnered from changes in pronoun usage and is commonly encountered in therapy but I submit that it is also one of the watch outs associated with pronoun intervention.

As mentioned, C669 was especially vulnerable to this:

*There was definitely more dialogue with myself. You just start thinking about yourself and how wrong you've been or how stupid, or silly. I started to feel worse because of relating it more to myself (C669-156-39:28).*

He very definitely went into a downward spiral in the middle of our work together:

*Like, even the way I speak about myself is wrong (C669-185-43:55).*

*Suddenly you take responsibility but then the responsibility becomes awesome and overwhelming and it just crushes you (C669-177-42:55).*

And acknowledging the potential dangers, he said:

*It could have very easily, I think, brought me right down and thought "well no, I'm not worth anything, I'm the one that's messed all this up" (C669-170-42:30).*

K666 also acknowledged a tendency toward self recrimination:

*It was more the self-realisation of, you know, why have I been doing this? And does it mean more than I perhaps realise? I almost felt a bit peeved at myself that maybe I was trying to, you know, deny what was going on or something like that (K666-54-17:01).*

And even where clients were not overly critical of themselves, they sometimes had to confront deep convictions concerning the moral appropriateness of focusing on one's self and the inculcated shame associated with this in some cases.

Speaking of difficulties in owning her feelings, J626 said:

*I'm perhaps a little uncomfortable about proclaiming your feelings and thoughts to the world —it feels a bit wrong. I associate that "it's okay to be me" thing ... a little bit kind-of Americanised self-help stuff I suppose and that makes me cringe a little bit (J626-25:33).*

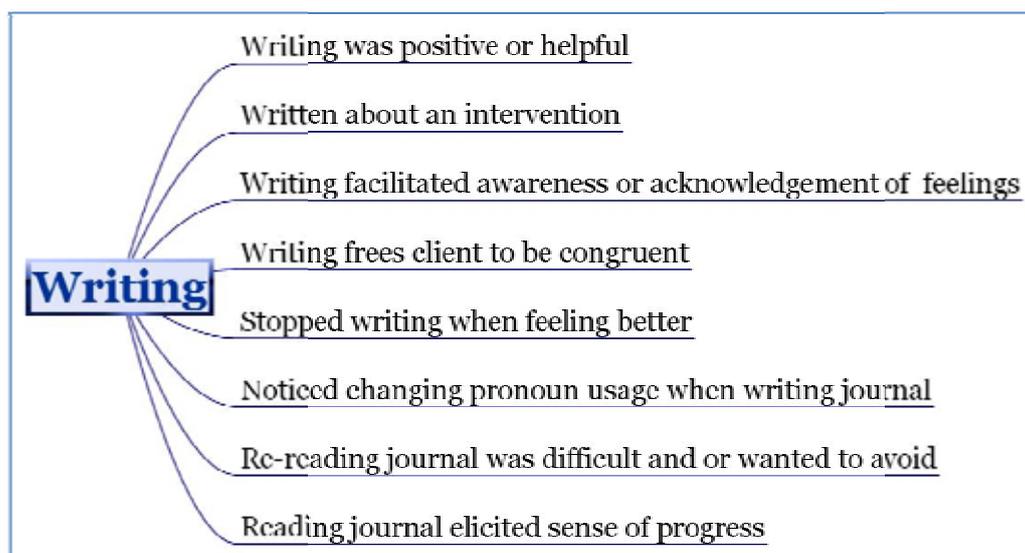
K666 who, as I have mentioned already, described owning her feelings as "a bit selfish" and "greedy" (K666-169-49:25) frequently felt the need to apologise for herself although this changed over time, she said, as she became more comfortable with owning feelings in her talk.

*I do feel sometimes that there is a need to apologise because, for instance, I feel guilty if I am feeling particularly down, particularly grumpy, or in pain and I know that I'm not my usual self. Part of me feels that I need to apologise, whereas really, if I sit down and think about it, I know there is nothing to apologise for. That's the difference. Increasingly I am feeling that "no, I don't need to apologise" (K666-19-7:38).*

## **Writing**

I provided participants with a book in which they could make notes about my interventions, or anything they wished really, between sessions. Some clients used this notebook extensively, others less so. Several took to writing about their deepest thoughts and feelings, using the notebook in the way one might do in writing therapy. This was an unintentional aspect of the study and perhaps contributed to the progress made by clients. In the interview I discussed with them their experiences of using the notebook, specifically regarding my pronoun interventions and this content I gathered into a theme called Writing.

**Figure 26** - Elements of the theme called Writing



Many of the elements of this theme (Figure 26) represent references to written expressions of other themes, mentioned already, such as congruence, awareness and change in pronoun usage as the therapy progressed.

Writing did not figure prominently for every participant. It appeared to impact most on those who were comfortable expressing themselves in writing, for example PR executive K666, doctor J626, head teacher F632 and introspective C669.

### ***Writing was positive or helpful / Written about an intervention***

Many clients commented positively on their experiences of writing and said they found it helpful. Frequently, this was because clients found it easier to write openly about their feelings than to speak about them.

*Writing things down — that's had a beneficial effect. It's definitely, definitely helped me that. And my mum's started doing it as well (laughs). I think that has a positive effect for me because in many ways I think I find it much easier to express myself in writing than I do verbally (J626-42:31).*

*For me personally, I have found it helpful and I'm glad I tried it. Whilst it might not suit everybody because they might not be able to get their feelings down, I do think everybody should try it (K666-114-28:19).*

*It has helped to write things down, I'll write frustrations if I feel like I can't vent or I'll write, you know, how truly sad I do feel (K666-118-29:45).*

As instructed, clients often wrote about my interventions and how they felt about them, so they could discuss them in the post therapy interview. Many clients acknowledged that reflecting on their sessions or reviewing them in this way, helped them to get more out of their therapy, a finding explored further below.

*Sometimes [I would] think of things that I didn't even know I was feeling. Or that I didn't even particularly acknowledge had happened (K666-114-29:23).*

### ***Writing facilitated awareness or acknowledgement of feelings / Writing frees client to be congruent***

Writing in the journal seemed in some cases to work synergistically with the client's talking therapy. K666 was an enthusiastic journaler:

*I remember going home that night that we first talked about pronouns. Literally within five minutes of having gone home I can remember writing that down because it did strike such a chord with me. And I think at that point on, I was writing about me (K666-129-34:40).*

Writing also freed K666 to acknowledge feelings about which she may not have felt able to speak:

*I suppose a piece of paper can't talk back to you, can't judge. It's almost like when I come here, I feel like I can say anything and similarly when I'm writing it down (K666-133-35:15).*

### ***Stopped writing when feeling better***

Participants who used their notebook as a kind of personal journal sometimes reported using it less as they started to feel better. In a couple of cases this was premature:

*I had a period where I started to feel better and almost like stopped writing stuff. I stopped thinking about things as much, about what I was feeling. And thinking like "this is okay now" and I can just get on with everything again. And then, it might have been that session where I sort of realised ... well ... I think I came to the session feeling good and okay. And when I left I thought, "oh, no I'm not actually" (J626-28:29).*

*The first few sessions got to the root of why I probably acted like I did and then after that once I realised and dealt with it, I just thought ... I got to the point where I didn't think I needed to come didn't I? (A659 -7-9:10).*

### ***Noticed changed pronoun usage when writing journal***

Two participants noticed on re-reading their journals that, as they progressed through therapy, so they used more first person pronouns in their writing.

*As it got later erm that it was more "I" and it was only reading the diary through in one go that I suddenly realised that I was writing differently. That there were certainly, if you just look, and if you had gone through and highlighted the "I's" all the "my's", there would certainly have been more (F632-127-40:35).*

*I wasn't saying "life is this", you know, or "isn't it horrible that X happened", I was writing about "I feel s\_t", [laughs], you know, that kind of thing (K666-129-34:40).*

***Re-reading journal was difficult and or wanted to avoid /  
Reading journal elicited sense of progress***

Some clients reported that re-reading their journal was a bittersweet experience. They said it put them in touch once more with how they had been feeling at the beginning of their therapy. Yet it also conveyed to them a sense of progress.

*Looking back, it's quite sad looking back (A659-182-43:52).*

*It wasn't easy going back and reading the diary. Because I ended up thinking what's that person? Sad as in, upset. Lost, almost. And I suppose that reading the diary was like reliving through those and I really felt like I was a long way ... sort of as if I'd moved on a long way from those first, those first pages you know when I was writing it (F632-6-7:38).*

*It's quite interesting to look at how it was at the beginning. And that's how I feel more self-aware of how far I've come. So it's been useful (E631-18-48:41).*

This concludes my review of the themes and their components. In the next section I discuss the qualitative findings as a whole, linking them to existing literature and exploring some consequences for practice.

## **Discussion (qualitative research)**

### ***A time and a place***

Feedback from these interviews suggests that these clients experienced pronoun interventions as an integral part of their therapy, rather than as something which interrupted their narrative. I tried to be an attentive and respectful listener, as I regard this as a fundamental of the therapy process. However, the theme I have called "Watch outs" suggests that there are risks if this is not the case, of which more later.

Participants' responses suggest that in working the way I did with their use of pronouns I managed to avoid what I feared might have been experienced as me making trivial, condescending or critical remarks when I intervened. This was perhaps because, as Spence suggested (1994), therapists' interventions may be influenced unconsciously by clients' pronoun usage, especially once a relationship has been established. Moreover, I was working in this study according to my normal practice, developed over 20 years and with, I hope therefore, a certain amount of sensitivity to timing and content.

Certainly, clients suggested that both timing (when, how frequently) and place (what content) are important factors which impact on the usefulness of interventions. The learning seems to be; use interventions judiciously and pick your moments. In other words, it is important not to intervene too frequently, certainly not on every occasion of apparently misjudged or inappropriate pronoun usage and certainly not for reasons of grammatical correctness or because the client's usage is experienced by the therapist as irritating. There were many sessions here where I did not intervene at all and when I did, this was usually once and very rarely more than twice during a single session. Moreover, I intervened only when it seemed to me that an intervention was "called for". This is clearly a highly subjective determination and one which, on reflection, I appeared to make based on the client talking about deeply personal or individual experiences using second or third person language to distance themselves from those experiences in a way which seemed to me to be unhelpful, even counter-productive, to the therapeutic process or just so ridiculously out of context that the language "jumped out at me". Another criterion of which I am aware is the feeling that, had I not intervened, I might have been colluding with the client in their avoidance of certain experiences.

Moreover, I intervened only when I felt the conditions were appropriate; when I felt connected in that moment to the client; when I experienced a sufficient amount of presence (Geller and Greenberg, 2002) or relational depth (Cooper, 2005).

**Table 10** - Extract from interview with A659

- |    |   |
|----|---|
| C: | If someone makes me feel selfish and I think "no, why should you tell me" it is not a nice thing is it? It's not as much pleasure getting what you want when ... I don't know ... and then you start hiding things don't you? |
| T: | I don't know, do you?   |
| C: | Well yeah. People do don't they? I don't like liars but ... you'd hide certain things; just tell little white lies, you know, if you're going to be <i>like that</i> with me.   |
| T: | It's not <i>people</i> hiding little things and telling little white lies, it's you; <i>you</i> are saying that. So if you say, "I hide things" how does that feel?   |
| C: | [Silent for 5 seconds]. Well I don't really. Not normally [laughs]. It depends on the circumstances.  |
| T: | In the past you have done that.   |
| C: | I did it quite recently and I got caught out. I went out and [husband] found  |

out. He never said anything for a couple of weeks but I just said, “because I know how you will react”. [He said] “why, I haven’t said anything have I?” [And I said] “well look at you now”.

T: So you had to kind of become a little bit sneaky to ...

C: Hmmm ... Yeah. That’s how I had to be just to ... so I didn’t get the hassle, you know.

### ***Effect of interventions***

The actual results of the interventions were said by all participants to represent significant, important or impactful aspects of their therapy. In other words, what clients recalled in their interviews was what they experienced in response to an intervention, rather than the manner in which I intervened. It was this response they valued.

Whilst interventions did not interrupt the relationship between us, they did appear to interrupt the client’s relationship with her or his self. There is ample evidence in the findings to suggest that interventions, quite literally in some cases, “stopped the client in their tracks” and made them reflect on how they were describing their experiences or what they were saying to themselves; what they were hearing about themselves, their role in those reported experiences and perhaps what they were avoiding acknowledging. It was reportedly as if changing a simple pronoun in the way they spoke made them realise that “this is happening to me” and furthermore, in some cases, that “I” have responsibility (perhaps at least in part) for this and also for changing this.

### ***Awareness and experience***

*I believe that this is a great thing to understand: that awareness per se—by and of itself—can be curative (Perls, 1992, p. 16).*

*When we use introspection to search for the origin of our subjectivity, we find that the search for ‘I’ leaves the customary aspects of personhood behind and takes us closer and closer to awareness, per se. If this process of introspective observation is carried to its conclusion, even the background sense of core subjective self disappears into awareness. Thus, if we proceed phenomenologically, we find that the ‘I’ is identical to awareness: ‘I’ = awareness (Deikman, 1996, p. 350).*

Perhaps one of the most significant findings in this study is that, when used carefully, pronoun interventions enhanced the client’s awareness. I believe awareness is an incredibly

important concept in life and indeed in therapy. We cannot respond to things of which we are not aware. This idea is often communicated by the metaphor of a spotlight shining upon a darkened landscape being analogous to our awareness of the world (Kahneman and Treisman, 1984), a figure highlighted against a darkened ground (Clarkson, 2004).

Awareness makes it possible for clients to take responsibility and in that sense it is empowering and creates agency. Perls said, “It is only in genuine awareness that we learn to grow and be responsible” (*ibid*). When clients spoke differently about their experiences and they owned those experiences linguistically using the first person, so they experienced new or changed awareness. With this often came new or changed experience of feelings. Clients sometimes became upset; they would cry or speak more fluently about their feelings; they would sometimes become angry about what they had experienced, sometimes angry with themselves (again there are watch outs here with some clients) and sometimes they would recognise their responsibility for causing or solving their own problems.

### ***Self and focusing on self experience***

Changing to the first person connected clients in this study to their experiencing.

*When we no longer re-present experience “out there” to a self “in here”, the varieties of self-experience widen. The actual experience of living is broader than the way we represent our experience to ourselves in language* (Rosenbaum and Dyckman, 1998, p. 255)

Although still communicating in language, a client restating experiences in the first person appears to enhance, even amplify, their self experience. I am reminded of a connection to the ontogeny of self and the stage of child development where there is a shift in awareness; from subjective experience of self as object, from experience of self as “in here”, to objective experience of the self “out there” (K. Wright, 1991). The idea of “I” being aware of “me” develops around the age of 18 months and is said to mark the beginnings of self agency and responsibility (M. Lewis and Ramsay, 2004). It is conceivable therefore that pronoun interventions represent yet another way in which therapy can provide clients with a “developmental second chance” (Cashdan, 1988; Kohut, 2009)<sup>22</sup>.

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<sup>22</sup> Of course, many writers are critical of the psychodynamic concept of developmental stages and the idea of therapists re-traversing them to assist clients (see for example Held, 1995; Young, 1997). Fink (2007), invoking Lacanian ideas, describes such models as relying “on a monolithic, trans-historical, trans-cultural notion of human nature” (Chapter 9, para 15.13).

Renegotiating important developmental stages in therapy requires a careful approach. The pressures for change, created as a consequence of the client assimilating new perspectives on their life, are subordinate for the client to the maintenance of their construction of reality or identity. This so-called “fundamental self-organizing invariant” (Guidano, 1987; Maturana, Varela and Ceruti, 1992) creates a drive for the individual to maintain their identity —their sense of who they are — even when that self has led to them functioning less well or becoming depressed or anxious, for example.

Deeply embedded and intransigent constructions of self are resistant to self-reflection. The client experiences these so-called core constructs as inalienable truths rather than constructed realities (Kelly, 1955/1991). Even in longer term psychotherapy, the sense of self, the “I-me-mine” aspect of individual identity, is the hardest to modify (Raskin, 2002; Raskin and Neimeyer, 2003).

Moreover, the client can only deal with their experiences in therapy in accordance with the particular developmental stage at which they are currently functioning (Erikson, 1956, Guidano, *ibid*). Without sufficient self-knowledge, an emotion-eliciting stimulus, such as an intervention around pronoun usage, may produce a powerful emotional expression but not an emotional *experience* (M. Lewis and Brooks-Gunn, 1979). Aiming for catharsis, I might instead be experienced as criticising and this could potentially damage the therapeutic relationship beyond repair.

Furthermore, Kelly spoke of the threat to the personal construction of self that may be experienced by clients in therapy. As was the case with several clients here, the therapeutic process might require the client to revisit their childhood, returning them temporarily to a role in which they must place their trust in someone, in this case the therapist, whereas previous experience of being so trusting may have ended badly. This may be more than the client can bear.

*It may lead immediately to widespread disorganization and to anxiety, constriction, delusions, or to any one of a number of undesirable adjustments. Also, if the client is asked to discuss or recreate a picture of an earlier self, he (sic) may be threatened deeply* (Kelly, 1955/1991, p. 179).

Kelly spoke also about the way in which the loosening of a construct tends to lessen its effectiveness in the structuring of the overall situation. This again may lead to new anxiety and may spread confusion to new areas:

*The client may loosen up all around, the chaos may seep into all the cracks and corners of his life* (Kelly, 1955/1991, p. 181).

These risks do not of course arise uniquely from the use of interventions around personal pronouns, however, in focusing the client more on their self and the construction of that self, pronoun interventions threaten the scaffolding (the assumptions and beliefs) with which the client has supported his or herself throughout their life.

### ***Responsibility for and to Self***

Increased self focus may be only the beginning of a much longer process that ultimately involves clients becoming more aware and which may also require them to take responsibility for addressing their problems. Consider as an example the case of A659, whose twin sisters were put up for adoption because their parents did not wish to take responsibility for them. Here, as in so many other cases, no one originally took proper responsibility for the client when they needed it. I argue that in such circumstances, special care is required in order for the client not to feel abandoned, criticised or shamed, repeating patterns of the past (Kaufman, 2004). Such clients may, in response to any feedback they construe as critical (whether from the therapist or from their own internal response to their work) regress into an anti-therapeutic place of shame and self-annihilation, again making further progress difficult or impossible.

Gabbard (1989) described certain types of client as having an “extreme sensitivity to slight”, which “leads to an assiduous avoidance of the spotlight”<sup>23</sup> (p. 527) yet one of the things which emerges from this research is that clients often felt uncomfortable in response to my interventions, precisely because restating statements in the first person focuses attention (their own and perhaps mine) on them and their feelings. Remember the following examples:

*I shouldn't want help, I don't want help and it is weak to accept help.*  
(E631-58-28:30).

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<sup>23</sup> Gabbard was describing what he called a “covert” subtype of narcissist, recognisable in many presentations, including here in the cases of J626, F632 and possibly E631. The covert type is hypersensitive to others’ evaluations, inhibited, manifestly distressed, and outwardly modest. They harbour unrealistically grandiose expectations of themselves and tend towards perfectionism (Levy, Ellison and Reynoso, 2011).

*I think when you are focusing on yourself and telling someone how you feel ... I think it makes me feel selfish (A659-49-15:20).*

*I'm perhaps a little uncomfortable about proclaiming your feelings and thoughts to the world —it feels a bit wrong. (J626-25:33).*

*“The cat is out of the bag, once you have spoken about it” (F632-168-51:15).*

I assert that this underlines the importance of establishing a trusting and viable therapeutic relationship with the client before making pronoun interventions.

### ***Individual variation***

Whilst some themes were common to all participants, some were more significant with certain individuals than with others. The themes of enhanced awareness and in particular self responsibility, were particularly important in the case of C669. Remember, he was the young man struggling with his sense of identity who, following an intervention said, “how do I change that, how do I change myself?” (C669-32-11:18). His narrative regarding his circumstances, expressed in previous sessions had been “it’s just something that’s happened”. Following this C became more aware of himself as an individual with choices, rather than as a kind of relational appendage whose job was to meet the needs of the person he was with. To say “we” is often to lose the self in confluence<sup>24</sup> and to avoid taking responsibility for it (Paul, 1973).

Once he realised this, he was able to understand the role of drug abuse in his avoidance of these responsibilities and he tackled this relatively easily, in contrast to efforts in the past which had failed.

However, I found that managing this process with C in a way that avoided him feeling criticised or ashamed was not easy. C tended to withdraw into himself as he reflected deeply and critically on his actions. At one point he commented, “even the way I speak about myself is wrong” (C669-185-43:55). As therapy progressed he began to take responsibility but at the same time he commented on how wrong, stupid or silly he had been: “I started to feel worse because of relating it more to myself” (C669-156-39:28), deepening his depression and creating a sense of depersonalisation and threatening disassociation. Again, this highlights

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<sup>24</sup> Confluence means “flowing together”, from the Latin “confluentia” and is regarded as an interruption to contact in gestalt therapy theory.

the care which I believe is required in working with this type of potentially powerful intervention.

### ***In relation to we***

The findings also suggest that, in changing pronoun usage, clients created an opportunity to think about how they were valuing themselves or perhaps the way they were valued in relationship with someone else. This was a particularly important theme in the cases of F632 and K666. In the latter case, the presenting issue was manifestly about the client's relationship with herself as she potentially faced a lifetime of ill-health and disability. However, in working with this, she also became more aware of her dissatisfactions around the support she was receiving from her husband. When she tried to address this, the response she got was far from satisfactory. I would argue that the husband acted out his frustrations by engaging in extramarital sexual activity which ultimately destroyed all hope for their relationship. As with C669, K666 had a tendency toward self recrimination and based on evidence from our sessions, I imagined this tragic turn of events could potentially have led to her self destruction. Remember, K described owning her feelings as "a bit selfish" and "greedy" (K666-169-49:25) and she frequently felt the need to apologise for herself.

F632 too was primarily focused on issues of self confidence, unrealistic self expectations and stress at work. However, here too I also noticed that as F became more self-aware, she also began to value herself more and she increasingly questioned the dynamics of her relationship with her children and in particular her long-term partner. As with the other participants, owning things felt difficult for her at first. F felt uncomfortable with the increased self focus and she noticed how she would consciously use the second or third person if she was trying to avoid acknowledging something difficult, challenging or potentially conflictual; deliberately she said, trying to avoid responsibility for addressing these issues. As I said earlier, in my opinion, awareness creates choice for clients. It is potentially empowering but the choice as to whether to take their power remains with them. In the end, F chose not to confront some of the issues in her relationship because she feared "the consequences could be even more lonely than ever" (F632-176-51:58).

The social and relational support of others is increasingly recognised as being an important factor when individuals are dealing with difficult issues. This emerges in terms of quality of experience and ability to cope and also concerning survivability and mortality when facing serious illness (see for example Landro, 1999; Waxler-Morrison, Hislop, Mears and Kan, 1991). Moreover, the experience of support and a sense of togetherness, as evidenced by balanced use of the first person plural (FPP) "we" has been shown to not only be associated

with satisfaction in relationships but also with more favourable outcome following heart failure. FPP use was also found to predict successful smoking cessation by patients 12 months after quitting, in couples where one partner continued to smoke despite having a serious health problem (see p. 50 this document).

All six of the participants in this study were experiencing some form of difficulty in their relationship. A659 ultimately separated from her husband because of this, as did J626. E631 had previously been divorced from her husband and maintained a relationship with another man both during and after this, although she said this was far from satisfactory. F632 had been abandoned by her husband whilst the children were very small and was in a relationship with which she had become increasingly dissatisfied. E669 experienced a crisis in his relationship just before his therapy which worsened during it. Finally K666, although claiming to be happily married at the start of therapy, separated from her partner during it, as her awareness of the lack of support she received in this relationship became figural for her.

I am reminded of Jenna Baddeley's contribution to my subsidiary research questions: mindful of previous work emphasising the importance of communal coping and therefore postulating "we-ness" as a positive attribute, her challenge for me was to try and understand how the client's experience in therapy differed when using FPP compared to using FPS.

The themes emerging from the qualitative part of the study appear to provide little evidence to support Jenna's thesis. Indeed, most of the focus in the therapy conducted with these clients, was on their struggle to establish themselves as an individual – with their own identity – rather than this being defined in relation to someone else. Moreover, in the case of some participants, notably E631, J626 and in particular C669, the challenge was perhaps to establish an identity within relationships where there had been confluence, or where clients had voluntarily suppressed or abandoned their own identities, perhaps in order to avoid their responsibilities to themselves.

Further insights in relation to this question might perhaps be found in an exploration of these clients' actual levels of FPP usage in their sessions. This is something which I explore in the quantitative part of this study.

### ***The benefits of expressive writing during therapy***

The purpose of the notebooks I provided to clients was primarily for them to capture their reactions to my interventions, facilitating recall during the post-therapy interview. In practice, all clients used their notebooks for more than this purpose, writing about their

thoughts and feelings following and in-between, sessions. Four of the six clients I interviewed (K666, J626, F632 and E631) wrote a great deal and commented that this had been a notable contribution to the success of their therapy. J626, A659 and C669 tended to use their writing reactively, responding to difficult feelings and as such, they wrote less (or even not at all) when they were feeling better. That said, J626 and E631 resumed their writing later on, as new issues or awareness emerged in their work. In contrast, F632 and K666 wrote throughout and even beyond their therapy, using their writing proactively and arguably developmentally, as they recorded and explored their feelings.

The evidence base for the benefits of expressive writing is well-established (see for example Kacewicz, Slatcher and Pennebaker, 2007; Pennebaker, 1997; Smyth, Hockemeyer and Tulloch, 2008; J. Wright and Chung, 2001; J. Wright and Bolton, 2012).

K666 in particular, said that she benefited by writing about her thoughts and feelings. Based on K's account, there is evidence to suggest that therapy, pronoun interventions and expressive writing worked together synergistically.

*I remember going home the first night we talked about pronouns [...] I can remember writing that down because it did strike such a chord with me. And I think at that point on, I was writing about me. Sometimes I'd think of things that I didn't even know I was feeling. Or that I didn't even particularly acknowledge had happened (K666-129-34:40).*

*When I come here, I feel like I can say anything and similarly when I'm writing it down (K666-133-35:15).*

I consider the benefits of combining talking therapy with expressive writing, as a fruitful area for future research, exploring if synergistic benefits exist.

That clients sometimes increased first person pronoun usage in their written journals is an incidental finding which also bears further exploration. Some writing therapy studies have noted how changing pronoun usage, typically to include the perspectives of others following trauma, is associated with health benefits (Campbell and Pennebaker, 2003). It would perhaps be revealing to analyse participants' journals quantitatively using LIWC. However, this was not something for which they gave consent when they signed up for the study. Further research may be required therefore to explore this phenomenon.

## ***Connecting language to experience***

That clients were able to connect changing their use of language to a different level of experiencing is, for me, one of the key findings of this research. Moreover, participants seemed to be saying that changing from second or third person, to a first person position brought those experiences closer, often making them more figural.

Responding to invitations to change pronoun usage could be a source of some difficulty; it could be hard to make the change in phrasing; some were resistant to it and in some cases were unable to do so. Nevertheless, when they did rephrase in the first person, clients seemed to recognise that with this level of ownership came the possibility of change, release or resolution. By bringing things closer, by owning experiences or by changing the way in which they were described linguistically, participants seemed to recognise that they were able to “face up” to the issue. They may have experienced it more fully but beyond this, perhaps those experiences were then also more available to be processed. The cognitive model invoked to explain post-traumatic stress disorder (PTSD) (Wu, Tang and Leung, 2011) suggests that problematic functioning arises from traumatic experiences “getting stuck” in working memory (see *Expressive writing, stress & trauma* p. 81 this document). Creating a safe-enough environment for the client to lower those defences and acknowledge their feelings about them, enables those experiences and associated feelings to be processed, facilitating traumatic memories to be moved from working to narrative memory.

I submit that in this study, with these clients, there is evidence that restating experiences in the first person was an enabling factor which facilitated this processing. I further submit that this is interesting and important because these participants were essentially confirming from their own experience something which is a commonly accepted part of humanistic theory i.e. that language and in particular personal pronouns, are used as a way of avoiding responsibility and acknowledging feelings.

Moreover stating, “I did this” rather than, “this thing happened” or “you felt scared” might be likened perhaps to “owning up”, even to confession. Indeed, it seems to me to echo Pennebaker *et al's* findings, which showed that writing about feelings – acknowledging them – allowed for their release, making it possible for experiences to be cognitively restructured and integrated into one’s life story or narrative (Pennebaker and Chung, 2011). Furthermore, several studies of expressive writing have shown that benefits or outcomes are mediated by, or even correlated with, the writer’s use of pronouns (Campbell and Pennebaker, 2003; Gortner, Rude and Pennebaker, 2006; Graf, 2004; Lepore and Smyth,

2002; Pennebaker and Chung, 2011; Sloan, Marx, Epstein and Dobbs, 2008; Smyth et al., 2008).

However, this highlights one of the potential conflicts between my thesis and those espoused by many who have studied the phenomenon of psychological and physical health benefits following writing therapy, especially in relation to traumatic events.

It is well-established that excessive use of the first person is associated with depression and other unhelpful psychological states (e.g. Rude, Gortner and Pennebaker, 2004) and cognitive inflexibility (Campbell and Pennebaker, 2003). Some studies have shown that the more that people changed their writing styles in writing therapy, the more their health improved. Also, the more that participants changed their usage of pronouns, writing from different perspectives for example, the better the outcomes (Campbell and Pennebaker, 2003). Similarly, the more that people changed their writing from self focus to adopt the perspective of others, the more they benefited (Pennebaker, Facchin and Margola, 2010).

How can I reconcile these findings with my own assertion, based on this study, that owning experiences using the first person was associated by the client, ultimately, with beneficial change in awareness, self valuing, improvements in relationships, confidence, assertiveness and so on?

Firstly, I agree with Prof Pennebaker when he says that one of the benefits (in his studies of writing therapy) arises from integrating thoughts and feelings (King and Holden, 1998). I believe that when a client moves from the second or third person to owning a statement using the first person, they are facilitating this process of integration. Essentially, they are moving from a position of saying “this happened out there” or “this exists” to one of recognising that the thing of which they are speaking “is a part of me”. Arguably, one cannot really integrate experiences which are not a part of one’s self.

Secondly, they are owning their experience, using the first person in a therapeutic situation which offers support and which potentially facilitates change; in other words, experiences are acknowledged or owned in the context of a helping relationship rather than, for example, whilst the person is on their own and maybe smoking a joint or working their way through a large bottle of strong cider. The negative consequences of ownership — and there are several; such as self blame, shame or the adoption of a position of helplessness or victimhood — can potentially be ameliorated or at least placed into some kind of helpful perspective, via interaction in the relationship with the therapist. And of course the person has come to therapy because in principle at least, they are recognising a need for change.

Thirdly and as suggested by members of the RPG in discussion, there are perhaps many different types of “I”. There of course exists an introspective, unsociable, selfish or perhaps even overly-narcissistic “I” that can be exclusive and isolated, cut off from others, from sources of support and even in some cases from society itself. Unsurprisingly, this may well be associated with depression, personal disempowerment and the anxiety associated with these states. However, surely there also exists a healthy and balanced “I” that recognises the importance of relationship, responsibility-taking and of giving and receiving support as part of a community? It is perhaps this “I” which pronoun interventions encourage, since they arguably facilitate in the client an awareness of their role in creating and maintaining the situations in which they find themselves and in facilitating also the types of feelings or experiences with which they may feel uncomfortable. This idea is consistent with the work of Nancy Harding (2008 and see also p. 84 this document) whose work suggests that these differing “I’s” coexist and are called into action according to the circumstances present in the discourse. Similarly, the idea of a personality, the traditional notion of the self and even the concept of “I” itself is questioned in some flavours of social constructionist thinking, with “I” being presented as a kind of interactive role in relationships governed by socially constructed realities (see p. 35 this document).

Finally and in my view perhaps most importantly, in making the linguistic shift to ownership, clients are moving — these findings suggest — to a position of responsibility. With this position comes the potential for empowerment or agency. What previous research in this domain, limited as it is, has shown is that pronoun usage which was associated with agency ([described by van Staden as the “alpha position”]1999; 2003; 2004) was correlated with the best outcomes in psychotherapy.

I submit then that these four factors taken together—integration, a supportive environment offering the potential for change and a self aware “I”, combined with self-responsibility leading to agency or empowerment—may explain why first person pronoun usage can be an important factor in clients’ recovery or outcome in talking therapy. FPS usage need not therefore be associated with depression and other unhelpful psychological states, when such usage occurs in this particular context.

### ***What about the tail wagging the dog?***

The reader might recall my “tail wags dog” theory. As I said earlier in this document and elsewhere (Priest, 2011), a wagging tail is a sign of a happy dog. If certain types of pronoun usage are associated with better psychological functioning and if we therefore encourage such usage in clients who are functioning less well, do we end up with happier clients? The Pennebaker studies suggest that language use seems to reflect mental state rather than cause it. He maintains that changing the words a person uses to refer to themselves and their experiences will not change what is going on inside their head (Pennebaker et al., 2010).

However certain other perspectives such as neuro-linguistic programming (Miller and Rollnick, 2002), motivational interviewing (Miller and Rollnick, 2002) and CBT (Greenberger and Padesky, 1995) assert that if you change the words a person uses, especially in self talk, that person will behave and feel differently.

Having conducted this study I must say that I agree with Prof Pennebaker on this point. As I have described above, I now believe that the process of changing pronoun usage, in and of itself, is not what creates the benefit. Clients said that the benefits occurred when they shifted pronouns to *acknowledge* their experience, *integrated* that experience into their sense of self and identity and reconstructed their narrative in a safe and supportive environment. A good example of this can be found in the case of K666 who talks about “I” as an alternative to what she calls “a random collective”, arguably integrating a distant and fragmented set of experiences into a more cohesive sense of herself.

*I have noticed that I've tried to say “I” and those kind of things more, rather than distancing myself and talking about some random collective somewhere (K666-86-22:30).*

I see no evidence to suggest that merely encouraging the use of “I” would be useful, without it being part of facilitating ownership, integration and self responsibility in the client. As RPG member Kim Stacey put it “pronoun interventions seem to be a response from the therapist which brings — even jolts — the client out of being suffused in their own experience but at a distance”. The findings suggest that without this process being facilitated, clients might find an intervention irritating, condescending or at best irrelevant.

Moreover, I believe that unless managed carefully, the process has the potential to be anti-therapeutic. Remember, at least one client (C669) became more depressed as he owned his experiences and as he acknowledged his responsibilities during his therapy. Ultimately, by working carefully and sensitively with the client, the outcome was a positive one. The

relationship with the client was crucially important. However, it is easy to see here in this scenario, visions of exactly what Pennebaker and so many others have described; an individual becoming racked with self blame and recrimination, overwhelmed by responsibility for a seemingly hopeless situation which they do not feel empowered to fix, and hence sinking further into despair and all the other unhelpful behaviours which often accompany this. Self-blame, perhaps paradoxically, also leads to an avoidance of responsibility, facilitates inaction, maintains the problem situation and further deters the client from authentic being (Anderson, 2003).

### ***Pronouns, self, congruence and the courage to be***

Book store shelves are stacked with self help volumes, the majority seemingly targeted at women, which promise potential readers a way to find, at last, the courage to be the people they truly are or even have been all along (typical examples include Finley, 2010; Patton Thoele, 2001). As a constructivist, I would not subscribe to such a static perspective of the self. Rather I would tend towards a view of a constantly changing and evolving self, constructed of self beliefs and contingent theories about the world and my place in it, dynamically constructed in relation to others and culturally and socially situated. Nevertheless, I agree that “being what you feel”, being congruent, being on the outside what you feel on the inside and valuing those feelings and perspectives, is far, far from easy and these findings provide further evidence of this, were any needed.

It is perhaps not so surprising then that several participants described the process of acknowledging ownership of and responsibility for, self using FPS pronouns as difficult, or that they experienced a huge emotional impact as a result of so doing. Indeed, some reported that it was a very important part of the progress they feel they made in therapy and I would go so far as to suggest that for some, these experiences represented moments of catharsis.

An important theme, identified consistently across all participants in this study, refers to this emerging self focus and also to the difficulties and discomfort which clients experienced with this way of being. I am not of course claiming that such realisations arise uniquely from changed pronoun usage. Far from it; it is a widely acknowledged that as therapy progresses, clients become more self-aware, more in touch with their experiences, perhaps more valuing of themselves and their needs, as this excerpt from a paper by Carl Rogers (1975) illustrates:

*I could even conceive of it as a possibility that I could have a kind of tender concern for me ... Still, how could I be tender, be concerned for myself, when [...] I can feel it*

*so clearly ... You know, like taking care of a child. You want to give it this and give it that.... I can kind of clearly see ... for somebody else ... but I can never see them for....myself, that I could do this for me, you know. Is it possible that I can really want to take care of myself, and make that a major purpose of my life? That means I'd have to deal with the whole world as if I were guardian of the most cherished and most wanted possession, that this 'I' was between this precious me that I wanted to take care of and the real world ... It's almost as if I loved myself - you know - that's strange - but it's true (p. 7).*

Changing to the FPS position then, quite apart from anything else, seems to focus the client on his or herself and their responsibilities. There were in some cases undoubtedly also cultural or family-historical reasons why this was difficult (for example in the case of A659). Here, to draw too much attention to herself and her needs was potentially to invite expulsion from the family. Owning statements was described by F632 as “nailing your colours to the mast”. This same participant also said that, once thoughts and feelings are owned, “the cat is out of the bag”. In other words, it is a more public and seemingly irrevocable statement of one’s feelings or opinions, one that might inevitably foster conflict. I would argue that this phenomenon is part of the self —the experiencing I — becoming more visible; part of a greater level of congruence between experience, reaction and action.

This is perhaps why clients refuted my suggestion that pronoun interventions might be experienced as rather silly or childlike. It was perhaps rather the opposite; when clients owned their experiences, they realised they were taking responsibility for feelings from which they had perhaps previously distanced themselves. I argue therefore that this is a rather responsible or “grown up” position to take. Responsibility for an event is derived from agency in the event and this, in turn, is represented by the grammatical forms used (Harré, 1985; Harré and Dedaic, 2012; Semin, 2000; Turnbull, 1994).

*Martin Buber [...] retells the old story of the rabbi who, on his deathbed, is asked if he is ready for the world to come. The rabbi says “yes”. After all, he will not be asked, “Why were you not Moses?” He will only be asked, “Why were you not yourself?” (James and Jongeward, 1996, p. 1)*

So, like several other aspects of the therapeutic process, first person pronoun usage perhaps enables the client to be more authentically the person they truly are. From my perspective, this means that which is created by the interaction between personal constructs and the totality of the phenomenal field at any particular moment.

It is well established that suppressing negative emotions and thoughts, in other words that holding back on being who you are, is related to higher risks of both psychological and physical health problems (Gortner et al., 2006; Pennebaker et al., 2011) including breast cancer in women (Greer and Morris, 1975). Person centred practitioners have long held that one of the causes of stress and ill-health is when the client responds incongruently, that is, from their self as they perceive it should be, as distinct from their authentic or organismic self and experiencing (Clarke, 1994).

This study provides, I assert, evidence that clients were able to make a connection between linguistic distancing (use second or third person) and incongruence; between first person statements and congruence. It is perhaps not surprising therefore that encouraging a change in pronoun should be so difficult and should in some cases leave the client feeling vulnerable or concerned about acceptance, more especially outside of the therapy session. This is just one of a number of issues which need to be taken into account when using pronoun interventions, some of which I have mentioned already. Other watch outs were also identified, as I detail in the next and final part of this qualitative discussion section.

### ***Watch outs***

Watch outs is not only a theme based on what people said, it is also a kind of meta-theme which encapsulates the consequences of, or learning arising from, the other themes which, if not heeded, could lead to less helpful and more negative outcomes in response to pronoun interventions.

The first of these is the idea of pushing clients too far in my interventions. In a couple of cases, clients were unable to rephrase statements. In one of these cases (K666) the client explained how she was feeling “horrible” and that any words she would use could not do justice to the feelings she was experiencing. This was despite this person being an eloquent individual who writes for a living.

Language is one of the ways we symbolise our emotions, taking raw feelings or unprocessed experiencing — what Lacan might perhaps have called “the Real”, one of the three dimensions which comprise the Lacanian self (Roudinesco and Bray, 1997) — and labelling it with the words available to us in our culture (to create, in Lacanian terms, the Other). Theory of course describes numerous ways in which such raw, unprocessed or unconscious material may manifest itself, notably in language (see for example S. Freud, 1916; Lacan, 1976). When clients talk in other persons about their experience (i.e. in the second or third person) it may be that this is presently the only way they can acknowledge such experiences.

They may thus distance themselves and yet take a kind of sideways glance at such feelings, projecting them linguistically onto the generalised other (“you”) or the “psychological ether” in the world at large (“there are”, “it is” etc) without claiming ownership.

Perhaps there are times then when our experiencing simply cannot be expressed adequately? Or when to do so might be potentially harmful. Such feelings may conceivably be repressed or held away from conscious awareness for good reasons concerning the survival of the self.

My first watch out therefore suggests that, as with other material in therapy, the therapist needs to have a keen sense of when to contain and when to confront. This is a question of timing (when within the relationship, when within the session and when within the client’s life, taking account of other factors) but it is also a question of context, sensing (in terms of other sources of support, the strength of the therapeutic relationship, the client’s emotional or psychological state) and thus where the conditions might be right to support the client in confronting feelings which they may previously not have acknowledged. Again, this is hardly unique to pronoun interventions but I feel the point is worth making nonetheless. Quodoos, a psychosynthesis psychotherapist, emphasises (2012) the psychological utility which switches in pronoun may serve, both positively (self preservation, healthy distancing, defence for managing emotions) and negatively (disowning and reducing oneself to object).

RPG member Liz Storey also offered what I feel may be a useful perspective. Picking up on my use of the phrase, “it felt called for” in relation to timing, she observed that perhaps I felt “called to action” by the client. Just as a small child may not yet be able to verbalise its needs, so the client, perhaps similarly unable at this stage in their therapy, somehow called upon me non-verbally to make an intervention. Clearly, if this was happening it was beyond my awareness, yet Liz’s theory is perhaps feasible in a situation where the therapist is highly attuned to the client’s needs. Whilst the client may indeed be distancing linguistically, the therapist is attempting to make contact and to establish a connection between the client and their feelings, perhaps sensing an unmet need in the client or a tendency towards healing or closure. Liz’s idea would be consistent with the experiences reported in research conducted by Donald Spence (1994 and see also p. 73 this document).

The findings do not enable me to provide specific guidelines and moreover there is much published research on factors pertaining to perceived helpful factors in psychotherapy and on the therapeutic alliance generally (see for example Bedi, 2006; Horvath and Luborsky, 1993; Lambert and Barley, 2001; Martin et al., 2000; P. M. Murphy, Cramer and Lillie, 2011). However, based on these findings and also on my learning from research conducted in fulfilment of my Masters degree on the subject of intuition in the therapeutic encounter, I

would suggest that if the therapist has doubts about making an intervention they should not do so. Trusting one's intuition is one thing but acting on it in the presence of conscious questioning is, I submit, quite another.

Similarly, participants seemed also to be saying — either directly or indirectly — that it is important to ensure that the interaction stays for the client one which is experienced as a dialogue; pronoun interventions, even if infrequent, need to be made respectfully, allowing the client to finish what they are saying. The therapist need not interrupt at the point at which distantiated speech occurs but can go back to it and reflect retrospectively with the client, without rendering the intervention ineffective. As C669 reminded me:

*I think the fact that you let me finish a sentence first before relating it back to me, or saying "let's just look at that", I think was good (C669-138-34:24).*

I assert also that it is important to be mindful of the capacity for interventions to foster in certain clients self-reproach, blame, shame and perhaps arising from this, the potential for the client to sink into a spiral of depression and hopelessness. Any intervention in therapy can be interpreted by the client as the therapist being critical or as communicating that the client has somehow "got it wrong". There is at least some evidence from this study to suggest that this may also be the case with pronoun-based interventions. I am reminded here of the basic technique of checking out with clients exactly what they have heard me say when I make an intervention that has the potential to be challenging. Then again, I am also reminded that challenge is a client response and not a therapist activity.

Again, the findings do not permit me to offer anything approaching concrete guidance, yet I would suggest that trusting in one's experience, working as it were "alongside the client and not in front of them" and working in a way which feels comfortable and natural, are all more important than slavish adherence to a particular technique or approach.

What is important, I suggest, is the recognition that self-responsibility can be experienced as daunting. Indeed, Yalom (1980) suggested that it is one of four great existential anxieties. Beyond facilitating awareness, surely one of our roles is to support clients as they take on board the consequences of that awareness.

Finally and as I hope will be abundantly clear by now, when we work with pronoun usage we are engaging in more than mere linguistic jiggery-pokery (to quote a phrase which I used at the start of this document).

Pronouns are, amongst many other things, one of the ways in which we represent ourselves, take responsibility, position ourselves in relation to others and indeed embrace or avoid our feelings about life events. I think there is ample evidence in this qualitative study to suggest that therapist interventions around pronoun usage are potentially powerful and can provide a valuable intervention for clients. Given the often significant changes made by this study's clients in relatively short-term therapy, I would suggest also that such interventions might in some circumstances represent a way of facilitating the process by which clients become more connected to their experience in therapy. I would not like to use the word "shortcut" because this is not the type of therapy I practice or advocate. Nevertheless, even I can acknowledge that shortcuts can often save time. My father was a miner who lost several colleagues and some of his own fingers in an underground explosion. It was perhaps because of this and other similar experiences that he would remind me frequently; *"Lad, if there's a hard way and an easy way to do somat, allus be careful o' th' easy way."*<sup>25</sup>

I do not suppose that dad could have imagined that his entreaty would feature in the discussion section of a doctoral dissertation, yet his advice seems to me to be relevant to those of us who mine with our clients for a deeper explanation of how we come to be the people that we are. Pronoun interventions can dig deep into that which we seek with our clients, yet they are also potentially powerful and should be used with care.

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<sup>25</sup> For readers not well versed in the Yorkshire regional dialect, this translates into the Queen's English as "Son, if there is a hard way and an easy way to do something, always be careful with the easy way."

## Section 3 - The Quantitative Study

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## **8. Quantitative research**

### **Aims and objectives**

The aims of this part of the project were:

- To explore how, if at all, client pronoun usage changed between the first and last sessions of therapy
- To investigate any correlations that might exist between client outcome as measured by the CORE-OM (Clinical Outcomes in Routine Evaluation Outcome Measure) and changes in client pronoun usage.

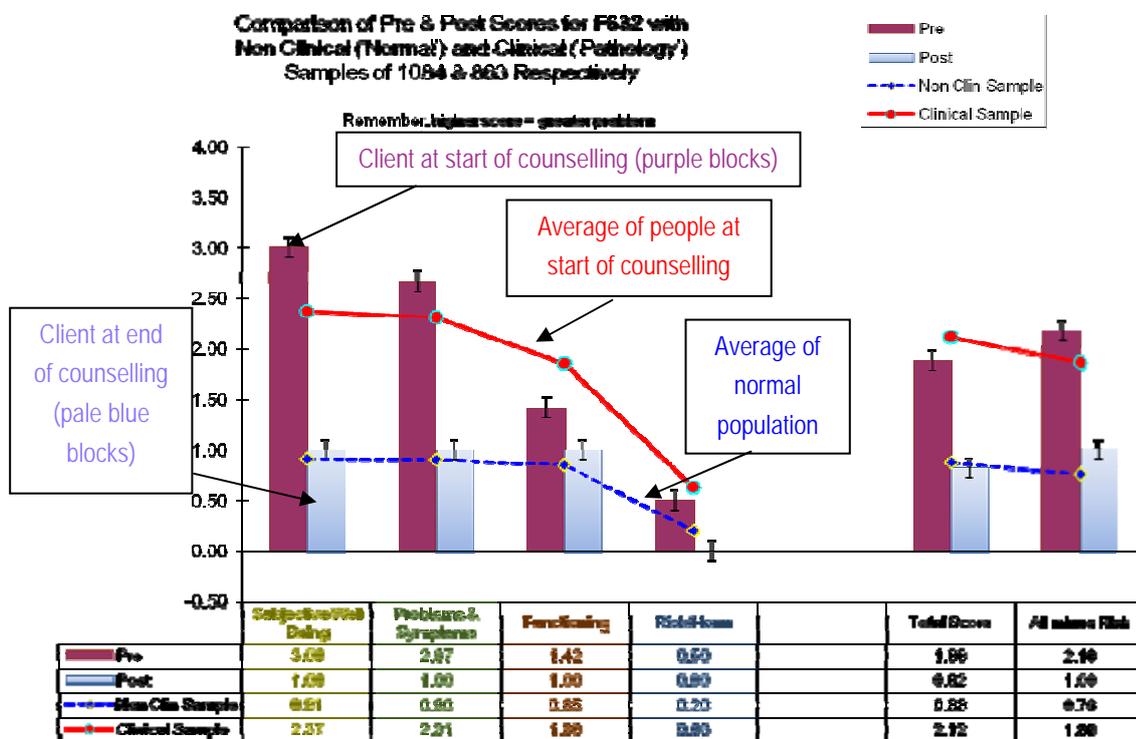
Clearly, this was an extremely small sample in quantitative terms and I regard this part of the project essentially as complementary to the qualitative work and as a means of introducing different perspectives and contexts for the qualitative project – a useful way to understand more about change, outcomes and pronoun usage.

Also, I saw this stage as in some senses being a pilot of the method and therefore as a learning experience should I extend the project in post-doctoral research.

### **Research procedure and sample**

As explained in the previous section, eight clients were recruited to the study and completed a CORE-OM assessment at the start of therapy. They completed a further CORE-OM assessment at the end of therapy, just prior to their post-therapy qualitative interview. This is common practice in evaluation (Stiles, Barkham, Connell and Mellor-Clark, 2008). Data from these assessments were entered into a Microsoft Excel workbook which I created to provide a simple representation of pre and post-therapy scores in graphical format, as well as the basis for simple analysis of change across all four measures obtained by the instrument. Again, I emphasise that this is part of my normal way of working with clients.

**Figure 27** - Example of a graph showing client's change in CORE scores pre to post therapy



### About the CORE-OM

The development of the Clinical Outcomes in Routine Evaluation Outcome Measure (CORE-OM) started in 1993, following a conference for the Mental Health Foundation, after which a multi-centre collaborative group, led by Michael Barkham, won a competitive tender to develop an outcome measure for use within the NHS.

CORE-OM is used widely in both primary and secondary care settings as a way of routinely monitoring client outcomes from different types of counselling and psychotherapy. CORE-OM materials are freely available to download – an advantage for self funding researchers such as myself. Analysis based on large samples has demonstrated reliability and convergent validity against longer and less general measures and good sensitivity to change. Referential clinical and non-clinical distributions and reliability enable calculation of clinically significant and reliable change criteria (Connell et al., 2007; Evans et al., 2000; Evans et al., 2002). The results of over 100 research projects demonstrating the efficacy of CORE-OM have been published in peer-reviewed academic publications (CORE IMS Ltd, 2012). CORE-OM has been shown to be highly correlated with the Beck Depression Inventory in routine clinical practice (Leach et al., 2006).

The first session after assessment and also the final session before the post-therapy interview were audio recorded and transcribed by me verbatim. These transcripts, when stored in the form of Microsoft Word documents, provided the raw data for a linguistic content analysis of client, and indeed my own, use of language within the sessions.

### ***Sample***

The sample comprised eight clients, six of whom also participated in the qualitative study plus a further two clients where, despite them not being interviewed, I was able to use transcripts of their opening and closing or a later session in the quantitative study.

### **Transcription for quantitative analysis**

Each session took, on average, six hours to transcribe; inevitably, some took a little less, some quite a bit longer. Much depended on the speech rate of the client, how much they had to say and whether the session was punctuated by periods of silence or quiet reflection. For example, one client spoke at 175 words per minute; her opening session transcript was over 9,000 words and her interview almost 10,000. The shortest session was 5,150 words.

I undertook transcription myself, not only for reasons of maintaining accuracy and confidentiality (Patton, 2002), but also to familiarise myself with the client and their process.

The initial sessions were transcribed during the progress of therapy. I found this provided me with new insights into the client and their way of being. I feel that this benefited the way I worked therapeutically with clients participating in my research.

In transcribing the sessions, I was mindful that transcripts would be used in a linguistic analysis. It was therefore extremely important to me to ensure that I transcribed every word as accurately as possible. Poland noted (1995) that the notion of accuracy of transcription is problematic given the intersubjective nature of human communication. Whilst acknowledging transcription as an interpretive activity, I nevertheless strove to ensure verbatim accuracy, ensuring that the written transcripts were a faithful reproduction of the audio recording.

I also emphasise that these transcripts did not represent meaning-based data, as would be the case in an interview that would be analysed qualitatively. For the purposes of this (quantitative) part of the study, what was necessary was an accurate transcription of words

and punctuation. My chosen quantitative analysis approach did not concern itself with the client's meaning<sup>26</sup> (see *Linguistic Inquiry and Word Count – LIWC*, p. 197.)

I transcribed dysfluencies (“ah”, “erm”, “uhm” etc) and pauses because I knew that these would also be counted by the analysis software I would be using. Following Maskit and Murphy (2012) “mm”, “um” or “hm were all transcribed as “hmm”.

Following a simplified version of Silverman (2011) I represented short pauses, with a dot notation (...) equivalent to the number of seconds silence. For longer pauses I would insert “[pause n seconds]” or for longer pauses still “[silent for n seconds]”. As this was not a “turn-by-turn” analysis of conversation, I felt it unnecessary to adopt any further or more detailed transcription protocols. The simple system described above was suitable for the purposes of this specific analysis, mindful of ensuring the data format and content were readable by the content analysis software I would use.

LIWC analyses sentence length but as Lacan said, “punctuation, once inserted, establishes the meaning; changing the punctuation renews or upsets it; and incorrect punctuation distorts it” (2006, p. 313–314, cited in Chapter 3 in Fink, 2007). I inevitably introduced a subjective judgement as soon as I inserted punctuation to create a sentence. Goffman noted that whilst well-formed sentences seem able to stand alone, they can have structural ambiguity. Consider “flying aeroplanes can be dangerous” for example (Goffman, 1981, p. 29).

Again, I think it helped that I transcribed sessions myself as I was able to use punctuation in a way which I believed preserved what I recalled to be the intended meaning of the client. I am often struck by the way that clients quoted in textbooks speak in nice neat packages. Real people never speak like this (Poland, 1995). Having been in the session and having witnessed the context of the speech, I felt I was the best person to insert this punctuation. Finally, I time coded each turn of speaker and numbered each paragraph for later reference.

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<sup>26</sup> In the qualitative part of my study, interview transcripts represented a co-created conversation, positioned in time and culture. The meaning we each took out of it at the time was inevitably influenced by the nature of our relationship and the social and therapeutic context of our meeting. Such factors were clearly important in the qualitative interpretation of the data. However they were irrelevant for the type of analysis I conducted in this, the quantitative, part of my project. I explain the reasons for this in the next section, which describes the rationale for and detail of, my chosen quantitative analysis approach.

## **Quantitative analysis**

This is of course a project concerned with linguistics and in particular pronoun usage. As I describe in Appendix A, content analysis was developed in order to analyse the content of text and speech transcribed as text, often to identify meaning but sometimes simply to count the number of references to particular, often theoretically driven, concepts or ideas. In the history of psychology and psychotherapy, such work was often used to correlate speech patterns with psychopathology (Diefenbach, 2001).

Content analysis employs a structured coding scheme to label categories in the data (for example pronouns, emotion words, etc) and sets about systematically recognising the occurrences of each content category, usually to produce a quantitative output. In this part of the project I used one such analysis tool (LIWC) to count the words used within sessions and to allocate them to one of a number of predefined categories, including of course pronouns. I then explored, amongst other things, how these counts changed over the course of therapy and investigated their relationship with other measures, as defined by CORE-OM.

There are a number of approaches available when it comes to analysing speech as text. Semantic approaches attempt to understand the meaning of the text, yet the meaning of a sentence is rarely accessible from a simple examination of the surface grammar (Mehl, 2006). Such an approach therefore needs to be capable of analysing the content in great depth in order to determine the underlying structure or meaning of the text. Despite enormous advances in computer technology, the task remains largely the province of human coders and this raises issues of interpretation (Poland, 1995), requiring usually a duplication of effort and some form of process to compare these efforts in order to determine a measure of reliability (Kolbe and Burnett, 1991; Neuendorf, 2002; Popping, 1988).

Many types of analysis moreover are narrow in their focus, guided by the underlying theoretical concepts to which the researcher subscribes. I call these “top down” approaches whilst Mehl refers to them as “narrow in bandwidth” (2006). Many approaches are psychoanalytic in scope and define meaning strictly within the context of that theory. Martindale’s approach for example is a content analysis coding scheme designed to compare proportions of primary process thinking against conceptual thinking within texts (Martindale, 1973 cited in Martindale and Dailey, 1996). Other methods, such as that developed by Mergenthaler, focus exclusively on client’s use of emotional and cognitive words and ignore other potentially relevant information, such as the content of the therapy session or a client’s linguistic style (Mehl, 2006). Analysis programs of this type tend to be suitable for deductive studies within a specific theoretical context.

Even leaving aside the necessity of human intervention in coding and the associated resource implications — unmanageable in a small project such as this — such programs did not lend themselves to the investigative type of approach I wished to undertake. Fortunately, there exists a range of other choices; software which is broad in bandwidth, bottom-up and therefore ideal in the context of an investigative type of project where I was looking for interesting relationships between variables in the research.

I spent considerable time researching the options available and looking at their history and development. Following this review I selected Linguistic Inquiry and Word Count (Pennebaker, Francis and Booth, 2001; Pennebaker, Booth and Francis, 2007; Pennebaker and Francis, 2007).

### **Linguistic Inquiry and Word Count — LIWC**

In simple terms, LIWC (usually pronounced Luke) counts words. However, LIWC (especially in its 2007 version) is more than a mere word counting program. After counting the words it analyses them and allocates them to one of 22 linguistic dimensions (e.g., percentage of words in the text that are pronouns, articles, auxiliary verbs, etc (see Table 11 on p. 199)). It does this incredibly quickly, typically taking a fraction of a second to analyse a page of single line spaced text.

LIWC's dictionary contains over 1.2 million words from over 2000 examples of speech from 850 speakers, collected during the course of 10 studies on talking and conversation. The samples ranged from transcripts of people wearing audio recorders and strangers interacting in a waiting room, to open-air tape recordings of people in public spaces.

#### ***LIWC's development***

LIWC categories were developed in a multistage process lasting many years (Pennebaker and Francis, 2007).

After first being generated by brainstorming, categories were refined, then rated by independent judges, then later further refined in psychometric evaluation. The latest version of LIWC was expanded by drawing upon 100,000 text files made up of several hundred million words from both written and spoken language samples in order to identify common words and word categories not captured in earlier versions.

### ***LIWC's utility and validity***

LIWC does not attempt to determine the context in which words are used. So, for example, the analysis does not consider if words are used ironically or sarcastically; nor does it consider the dual meaning of words.

It is up to the user to make what they will of the analysis therefore because the parameters are not defined in advance. This bottom up approach is ideal for my needs here. However, does this approach have genuine utility? Following the early development of LIWC in the 1990s there were some who questioned whether such simple word counts could reveal useful psychological insights. For example, if a speaker routinely used a high number of articles (“the”, “a”) or adjectives, could this provide perspective into the speaker’s personality or psychological world? (McAdams and Zeldow, 1993). Such questions were often the topic of fierce debate (see for example Schnurr, Rosenberg and Oxman, 1993).

Critics like McAdams and Zeldow (*ibid*) questioned whether word use was linked in any useful way to personality. Do we speak a particular way because we have a particular personality or set of psychological attributes? Supporters like Schnurr and Oxman, responded that, with so many different ways of saying the same thing, choice of words *must* say something significant about the speaker. They backed up their arguments with reference to ideas like Spence’s concept of lexical leakage, an experimentally-confirmed theory of psychological displacement, which posited that word choice provides information about underlying needs, drives, and bodily states (D. P. Spence, Scarborough and Hoff Ginsberg, 1978; D. P. Spence, 1980).

**Table 11** – Some relevant LIWC 2007 Categories

Category	Examples	No. of words
Total function words		464
Total pronouns	I, them, itself	116
Personal pronouns	I, them, her	70
FPS	I, me, mine	12
FPP	We, us, our	12
2nd person	You, your, thou	20
3rd person singular	She, her, him	17
3rd person plural	They, their, they'd	10
Impersonal pronouns	It, it's, those	46
Articles	A, an, the	3
Common verbs	Walk, went, see	383
Auxiliary verbs	Am, will, have	144
Past tense	Went, ran, had	145
Present tense	Is, does, hear	169
Future tense	Will, gonna	48
Adverbs	Very, really, quickly	69
Prepositions	To, with, above	60
Conjunctions	And, but, whereas	28
Negations	No, not, never	57
Quantifiers	Few, many, much	89
Numbers	Second, thousand	34
Spoken categories		
Assent	Agree, OK, yes	30
Dysfluencies	Er, hm, umm	8
Fillers	Blah, I mean, you know	9

Since that time however, a large number of studies have confirmed again and again that the way people use words remains stable over time and across different contexts (for a review see Pennebaker and King, 1999; Pennebaker, Mehl and Niederhoffer, 2003). Moreover, word choice correlates meaningfully with demographic variables and traditional personality assessment tools (Hirsh and Peterson, 2009; Mehl, 2006). It can predict real-life health behaviours and of course, as described in my literature review, the use of words has been shown beyond any reasonable doubt to be related to psychological and physical health.

### ***Data processing***

Data were in the form of results from CORE-OM questionnaires (collected at the beginning and end of therapy) and transcriptions of session audio recordings, again made at the beginning and end of therapy. In the case of N603, therapy was not concluded at the close of the study. The transcript used is therefore of a later session (session no. 20).

Before data could be analysed in LIWC they first had to be processed. This involved separating each transcript into content spoken by the client and that spoken by the therapist, so that each of these could be analysed separately. I achieved this within Nvivo by viewing each transcript in turn, filtering it to show only either the client or therapist's content. Each transcript was then re-exported to a Word document. I then opened the file in Word and whilst leaving the content unchanged, edited the document to remove extraneous columns relating to paragraph number and timing, and also the table header (these were not needed in LIWC). I also converted what was at that point a table, to normal paged text. I then re-saved the file with an appropriate name that identified the client and whether it was therapist or client content. At the end of this process, I had a total of 32 files; four files for each of the eight participants; a client and therapist content file for the opening session and likewise a client and therapist content file for the closing session.

LIWC is able to analyse several files at once. I next started LIWC and opened the files I wished to process. I then exported these data to Microsoft Excel and IBM SPSS v19, where I conducted most of the analysis.

## Quantitative analysis

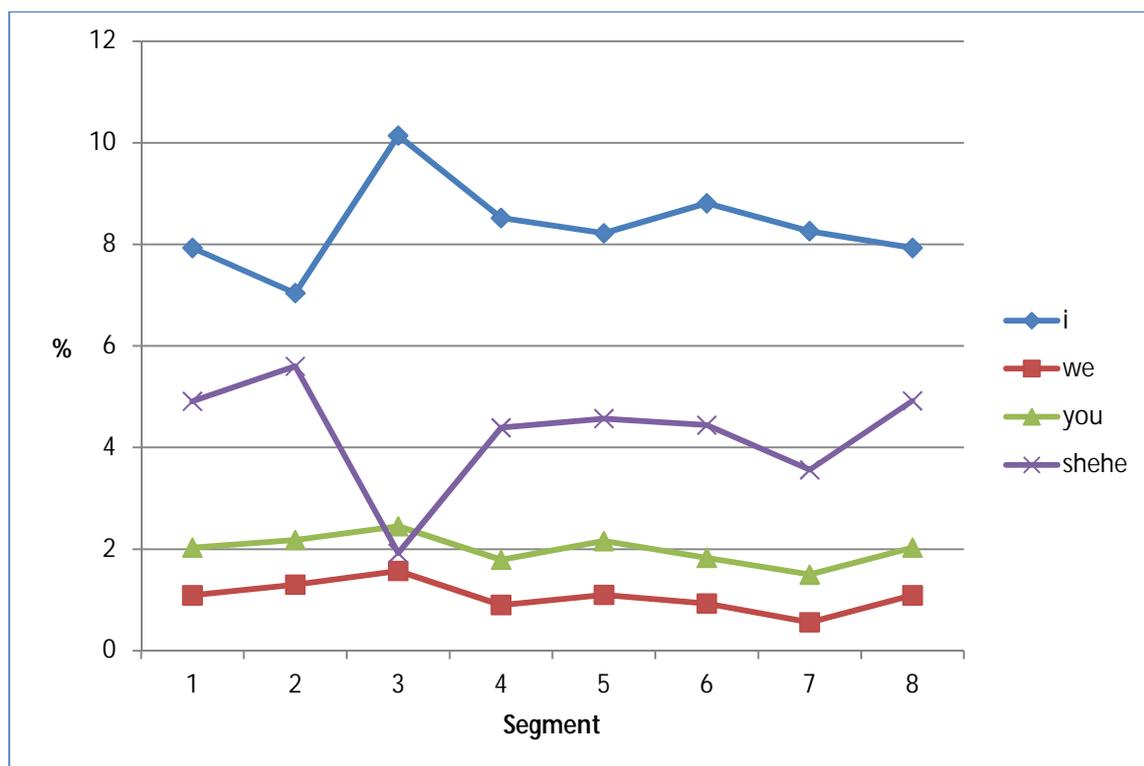
### *Rates of pronoun usage in initial session by clients*

LIWC is able to analyse transcripts in sections defined in various ways. I therefore analysed each client transcript in segments of equal numbers of words; 11 segments in some cases but generally seven, as I soon discovered this was more appropriate.

There is significant variation in pronoun usage across the totality of a session, particularly in the case of the first person pronoun “I”.

Consider as an example of H663 in her initial session, shown in figure 28 below, which charts her pronoun usage during the session. Each segment on the horizontal axis is approximately 700 words (total number of words spoken by client was 5525). FPS usage varied between 7% and 10% across the session, averaging 8.4%.

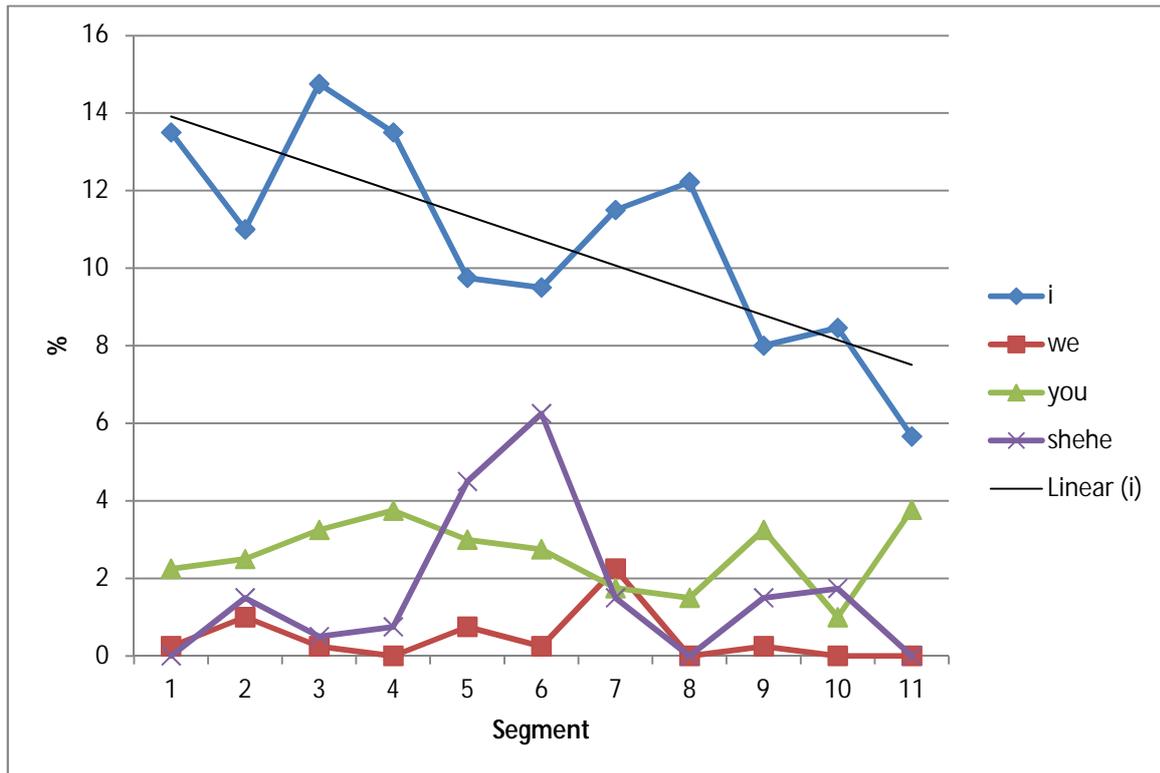
**Figure 28** - Pronoun use by H663 in initial session



Overall, the proportions of all pronouns changed little, making this the most “stable” session in this regard. Rates of “I” and “she/he” were negatively correlated (Pearson’s product-moment correlation coefficient  $r=-0.90$ ,  $n=8$ ,  $p < .01$ , two tails)<sup>27</sup>. 2P (“you”) correlated strongly with FPP ( $r=0.98$ ,  $p < .01$ , two tails).

A different pattern is discernible in the case of K666 (Figure 29).

**Figure 29 - Pronoun use by K666 in initial session**



Here, FPS usage is at consistently higher levels and ranges from 5.7% to 14.75% (average 10.71%). Unlike in the previous case however, FPS usage trends downwards throughout the session. Although there appears to be evidence of a negative correlation between FPS and third person, this is not significant ( $r=-0.26$ ,  $n=11$ ,  $p > 0.1$ , two tails).

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<sup>27</sup> The Pearson product-moment correlation coefficient or Pearson’s  $r$ , is a measure of the correlation (linear dependence) between two variables  $X$  and  $Y$ , giving a value between  $+1$  and  $-1$  inclusive where  $+1$  is a perfect linear correlation and  $-1$  is a perfect negative linear correlation (Miles and Banyard, 2007, chapter 8).

In these two cases then, each involving females of a similar age (27 and 30), there are significantly different levels of first person usage in the first session. Whilst H663 barely changes the proportion of FPS pronouns used from beginning to end, K666 reduces hers.

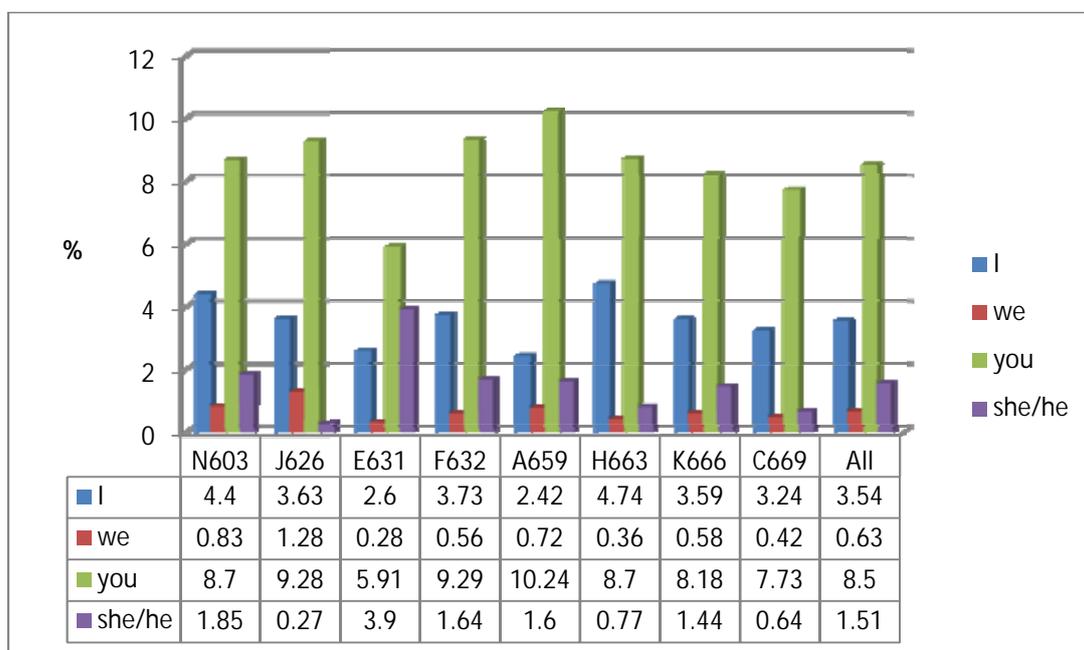
In fact, a similar analysis of all cases reveals highly individual pronoun usage across each initial session, by each client.

For example, C669’s FPS usage showed two peaks about one third and two thirds of the way through the session; E631’s FPS remained relatively constant (between 8% and 10%) then increased dramatically from 10% to 16% in the final segment. J626’s peaked in the middle of the session before declining again towards the end (see Appendix L for charts). For comparison and in contrast, function words (words serving to express grammatical relationships with other words within a sentence) (“a”, “other”) remained consistent across the session for all clients.

***Rates of pronoun usage in initial session by therapist***

As with clients’ usage of pronouns, my own usage was highly variable. Moreover, different patterns of usage appeared with different clients.

**Figure 30 - Therapist’s rates of pronoun usage in initial sessions, by client**



Looking at Figure 30, it is clear that second person usage (“you”) predominates in my speech across all sessions. This is perhaps understandable in the context of a psychotherapy session, especially perhaps in the initial stages, where I might expect to be focused on “you”

i.e. I might sometimes or even frequently be reflecting back to the client what they have said but using the second person e.g. “it’s like where is your little place in this world, in this territory that you’re now in and does anybody know you’re there?” (An example from early on in the session with E631). In one case, “I” is significantly negatively correlated with “you” ( $r=-0.91$ ,  $p < .01$ , two tails); if I am talking about you I am perhaps less inclined to focus on myself. However, this pattern was not repeated in other cases. Other correlations exist in other cases (not illustrated) but there is no sample-wide pattern. For example 2P (“you”), shows some correlation with third person singular (3PS) “she/he” ( $r=0.76$ ,  $p < .05$ , two tails) in the case of J626. In the case of H663, FPS is correlated with FPP ( $r=0.90$ ,  $p < .01$ , two tails) and negatively correlated with 3P (“she/he”) ( $r=-0.90$ ,  $p < .01$ , two tails).

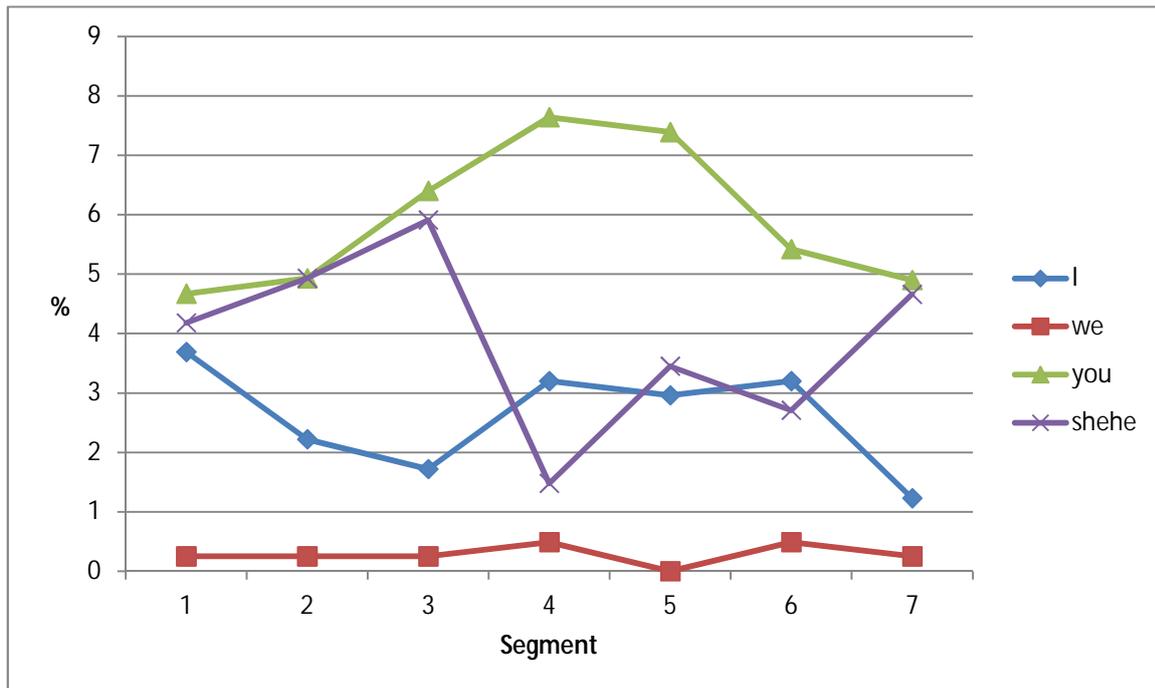
Again, these correlations, to the extent they exist, are highly anomalous, operating differently on a case-by-case basis. This suggests, I assert, that my pronoun usage is a function of the differing relationships I experienced with these clients and indeed the differing content of the sessions. It is possible that I am adapting my usage to the different situations and to the individual needs of the clients concerned.

There is evidence to support this: the case of F632 for example (Figure 31) is characterised by my using a much higher rate of 3PS (“she/he”) than in any other initial session. At the same time, my 2P “you” usage is much lower with this client, peaking at 7.63% in the middle part of the session and averaging 5.9%, compared to an average of 8.85% for all clients excluding F632 (8.32% for clients including F632). This preponderance of 3PS (at the expense of 2P) seems to suggest that I was referring rather a lot to some third party in the session. This is confirmed by looking at the transcript, which shows that the client was talking throughout about her relationship with her sons and one son in particular, who was causing her some distress at that point. It seems my response to this was to try and explain his behaviour, rationalise it or put it into some kind of context, hoping this would be helpful to the client, rather than staying with the client’s feelings about these events, in which case I might have used more “you”.

In half of all cases, FPP (“we”) usage increases very slightly as the session proceeds. In the remaining cases it remains constant. It is well-established, based on previous research (Seider et al., 2009; Seider, Hirschberger, Nelson and Levenson, 2009; Simmons, Gordon and Chambless, 2005; Williams-Baucom, Atkins, Sevier, Eldridge and Christensen, 2010) that the use of FPP is a marker of relationship satisfaction, mutual support and mutual coping. If FPP trends slightly upwards in some of these initial sessions, what will it be like by the time the final session is reached? I address this question subsequently.

These findings on the highly individual patterns of pronoun usage by clients in initial sessions have implications for session content analysis. I had hoped I might ease the researcher's workload by merely sampling the session i.e. transcribing only certain portions of it. The findings suggest that this would be unwise, as pronoun usage varies so much during each session and also as there appear to be differences in my patterns of pronoun usage between different clients.

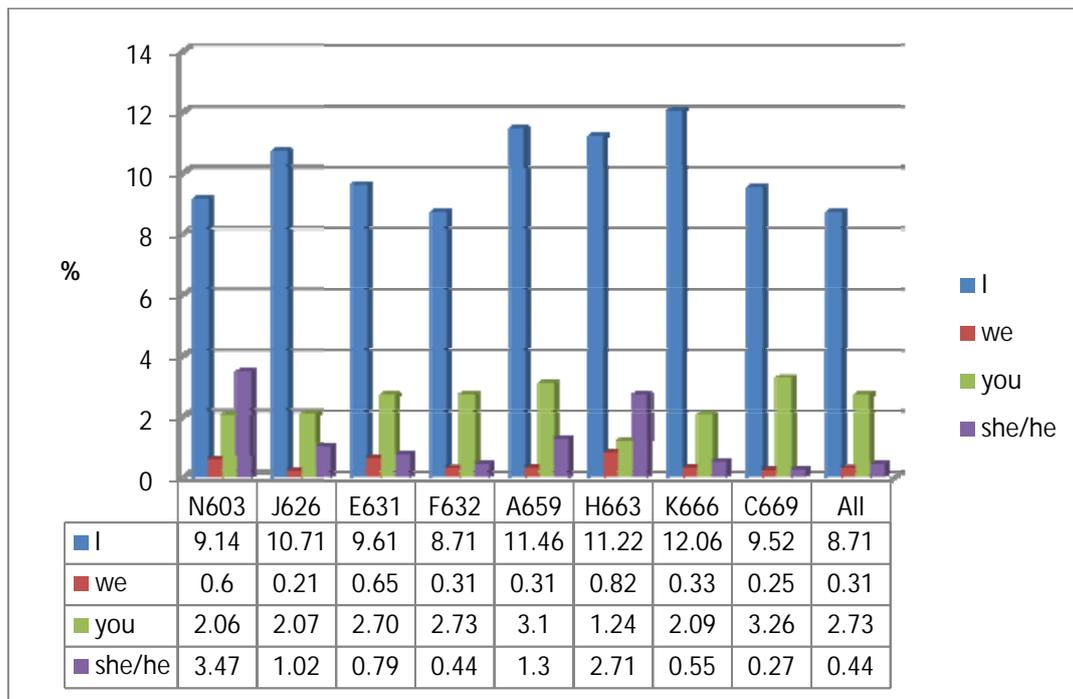
**Figure 31** - Therapist's pronoun usage with F632 across duration of initial session



### ***Rates of pronoun usage in final (or later) session by clients***

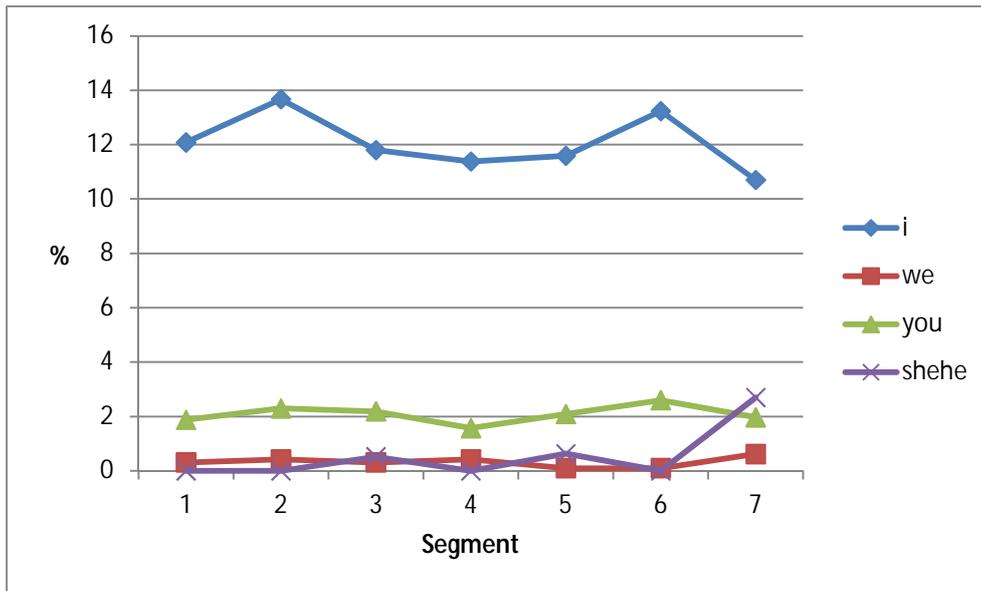
Rates of pronoun usage by clients in their final (or a later) session were as shown below (Figure 32).

**Figure 32** - Rates of pronoun usage by clients in final (or later) session



As with the initial sessions, pronoun usage by clients fluctuated across the final (or later) meetings. This fluctuation was again client-specific with no overall pattern emerging. Examples from K666, E631 and J626 are shown overleaf to illustrate this.

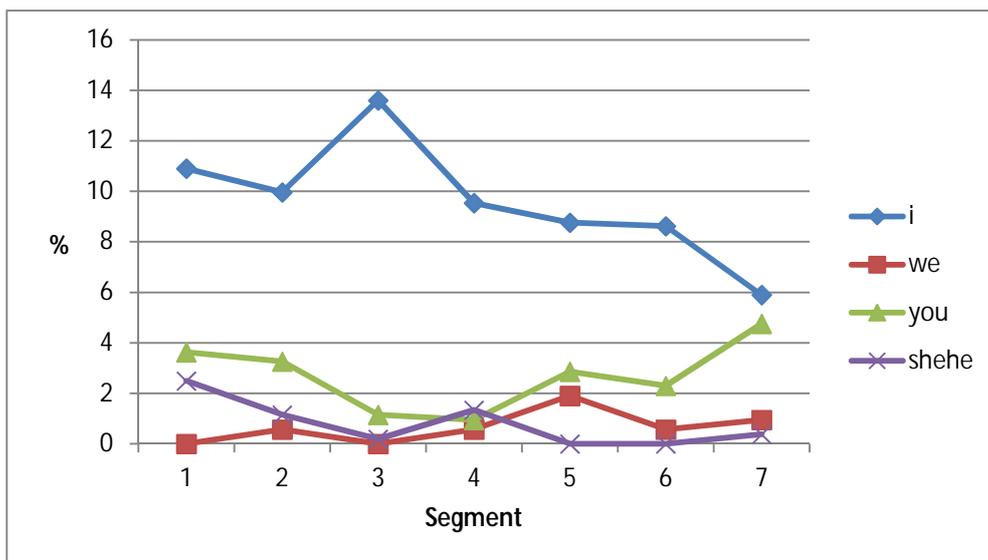
**Figure 33 - Pronoun use by K666 in final session**



“I” usage was positively correlated with “you” ( $r=0.69$ ,  $n=7$ ,  $p < 0.1$ , two tails) and negatively correlated with “she/he”.

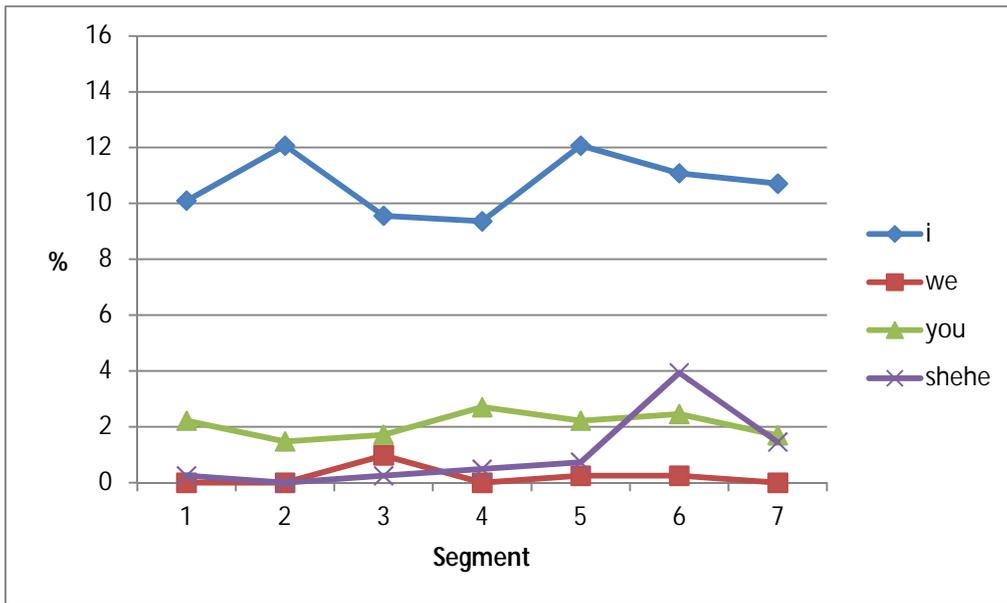
In the case of E631 (Figure 34), in contrast, FPS is somewhat negatively correlated, though not significantly, with “you” ( $r=-0.63$ ,  $n=7$ ,  $p > 0.1$  ns, two tails) and also with “we” ( $r=-0.61$ ,  $n=7$ ,  $p > 0.1$  ns, two tails).

**Figure 34 - Pronoun use by E631 in final session**



The pattern of pronoun usage of J626 was different again and there were no correlations between usages of any two pronouns (Figure 35).

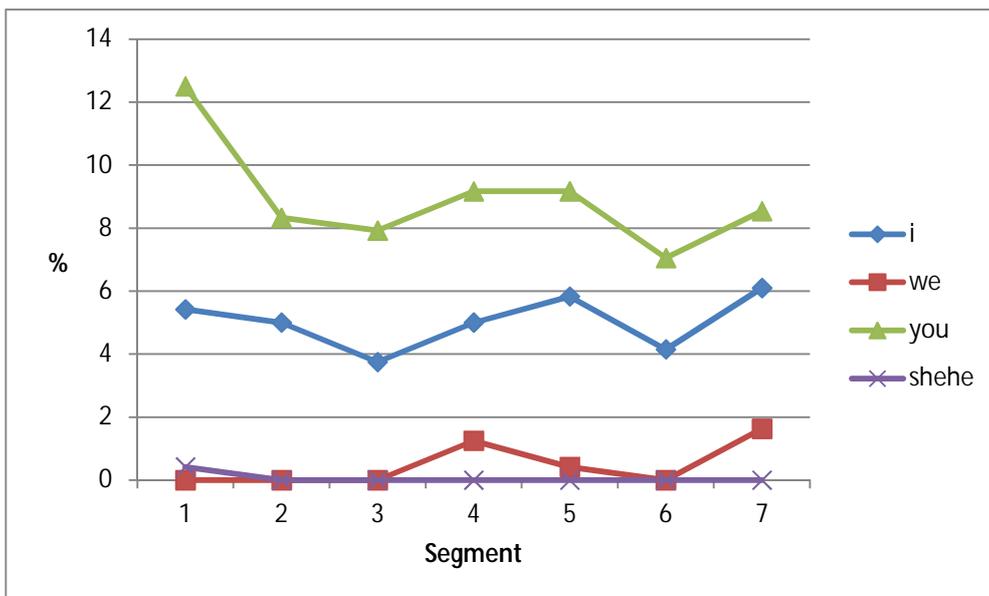
**Figure 35 - Pronoun use by J626 in final session**



***Rates of pronoun usage in final (or later) session by therapist***

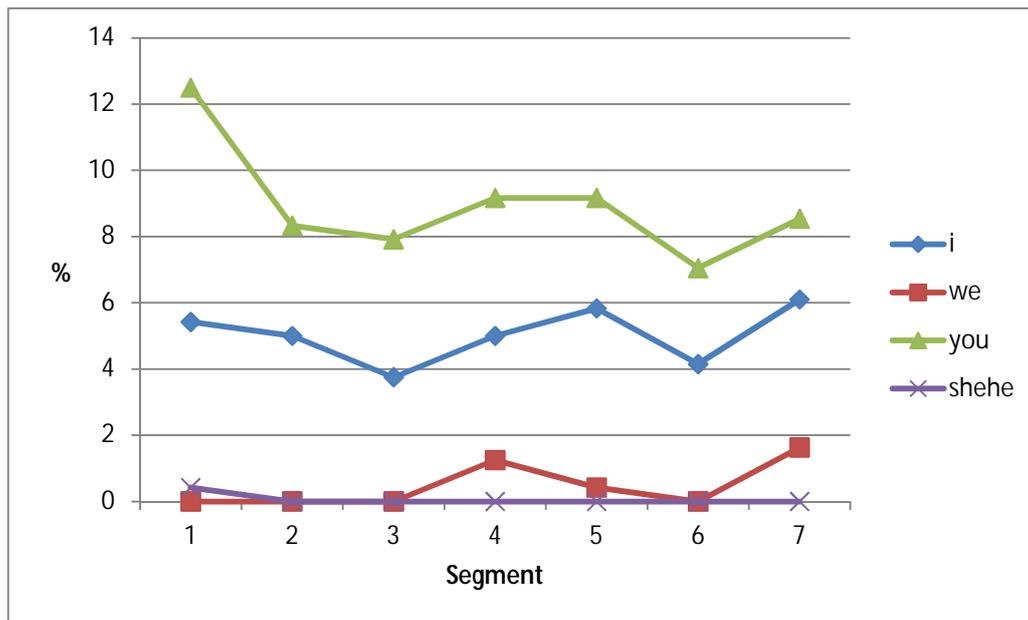
Results here were consistent with therapist pronoun usage in initial sessions, showing variability across the duration of each session and differing patterns of pronoun usage between clients. One thing is notably different however; my usage of 3P (“she/he”). In some final sessions, this was completely absent e.g. C669 see Figure 36.

**Figure 36 - Therapist’s pronoun usage with C669 across duration of session**



A similar pattern was found with K666 (Figure 37).

**Figure 37** - Therapist's pronoun usage with K666 across duration of session



My pattern of very low 3P pronoun usage was noticeable in every final session, as is shown below in Figure 38. It was completely absent with C669 and virtually absent with K666.

**Figure 38** - Rates of pronoun usage by therapist in final (or later) session

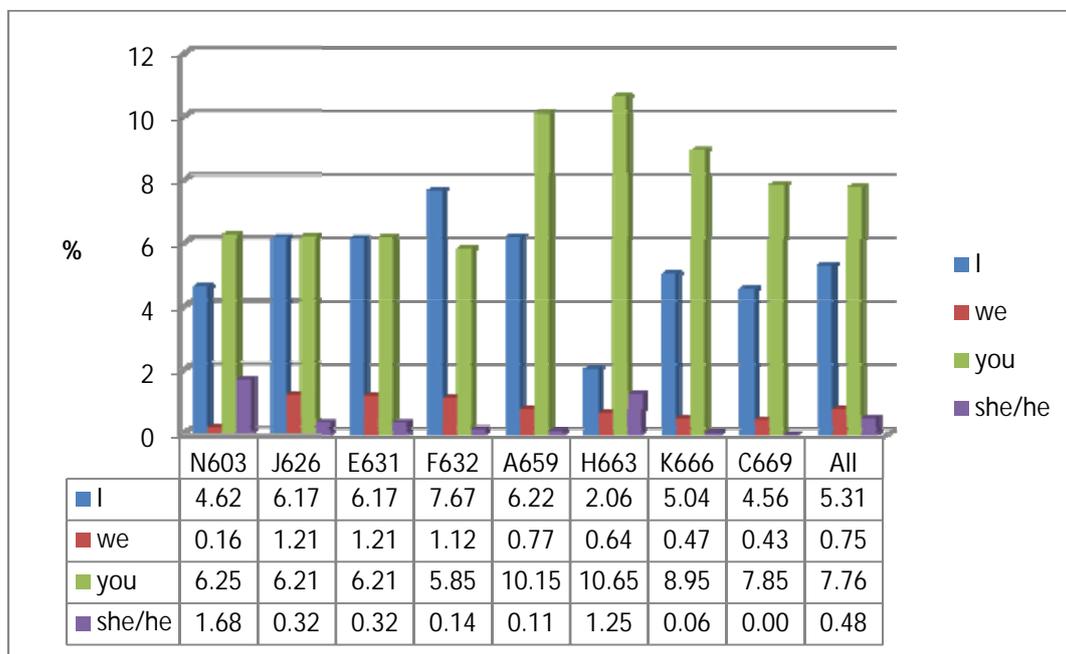


Figure 38 also shows that my average 3P usage across all the sessions was 0.48% (this compares with 1.51% in the initial sessions). In fact my 3P usage reduced pre to post in all cases except J626, where it increased from 0.27% to 0.32%.

## ***Comparisons with norms***

FPS pronouns account typically for about 6.3% of the words in normal conversation. Emotional writing contains a greater proportion of FPS than spoken language; about 10% for research participants assigned to write about deeply emotional topics compared with 3.5% for those writing about trivial topics such as their plans for their day (control writing), a little over 6% for blogs and 2.5% for novels (see Table 12).

**Table 12** - Six classes of text from 72 separate studies analyzed and compared

<b>Total pronouns</b>	<b>20.23</b>	<b>14.29</b>	<b>3.18</b>	<b>16.07</b>	<b>14.89</b>	<b>21.52</b>
<b>%</b>	Emotional writing	Control writing	Science articles	Blogs	Novels	Talking
Personal pronouns	14.23	10.78	0.32	10.67	10.29	13.63
1st person singular FPS	10.40	3.50	0.12	6.42	2.55	6.30
1st person plural FPP	0.73	0.93	0.37	0.83	0.55	1.09
2nd person 2P	0.39	0.20	0.00	1.23	1.29	3.94
3rd person singular 3PS	2.01	0.73	0.04	1.48	4.92	1.46
3rd person plural 3PP	0.71	0.41	0.28	0.65	0.98	0.84
Impersonal pronouns	6.00	3.51	2.36	5.40	4.61	7.89

(from Pennebaker, Chung, Ireland, Gonzales and Booth, 2007)

I anticipated that clients in talking therapy would use a high proportion of FPS, higher than that for everyday conversation and perhaps approaching that for emotional writing; in other words somewhere between 8% and perhaps 12 or 13%. Clients in therapy are obviously focusing on themselves and their feelings but are often also talking about their relationships with others. Moreover because of the relationship with the therapist, therapy talk is perhaps slightly less introspective than would be the case in a written piece about one's deepest emotions. Analysis appears to support this; the average proportion of FPS in initial sessions was 8.8% (Range: 6.5% to 11.1%). Remember of course that this was the average for the first session and also that, as shown earlier, there was considerable variation within the sessions, with FPS usage ranging from zero in some segments to almost 15%.

This raises of course one of the important questions for this research; how did this usage change, if at all, between beginning and end of therapy?

## ***Change in pronoun usage by clients***

The types of pronouns captured by LIWC's 2007 dictionary are shown in Table 13 below.

**Table 13** - Pronouns captured by LIWC

Category	LIWC code	Examples	No. of words in category
Total pronouns	<i>pronoun</i>	I, them, itself	116
Personal pronouns	<i>ppron</i>	I, them, her	70
1st pers singular FPS	<i>I</i>	I, me, mine	12
1st pers plural FPP	<i>we</i>	We, us, our	12
2nd person 2P	<i>you</i>	You, your, thou	20
3rd pers singular 3PS	<i>shehe</i>	She, her, him	17
3rd pers plural 3PP	<i>they</i>	They, their, they'd	10
Impersonal pronouns	<i>ipron</i>	It, it's, those	46

The change in pronoun usage pre to post for the participants in this study was as shown in Table 14 (Average for all participants in the study [n=8]). This shows that FPS usage increased from 8.8% to 10.3% across the group (average increase 1.5%). Not illustrated is the finding that individual FPS usage increased for all participants. The biggest change was 3.29% for H663 (7.93% pre to 11.22% post) followed by J626 at 2.99% (7.71% pre to 10.7% post), F632 at 2.22% (6.49% pre to 8.71% post). The smallest change occurred in the case of E631 at 0.11% (9.14% pre to 9.25% post).

**Table 14** - Change in client pronoun usage pre to post

%	pro -noun	ppron	I	we	you	she/he	they	ipron
<b>Average Pre (%)</b>	24.19	15.12	8.80	0.61	2.34	3.45	0.70	9.07
<b>Average Post (%)</b>	25.00	13.99	10.32	0.41	2.40	1.36	0.34	11.01
<b>Change Pre Post (%)</b>	0.81	-1.13	+1.52	-0.20	-0.03	-2.09	-0.37	1.95
<b>% ratio change</b>	+3.36%	-7.50%	+17.27%	-32.78%	-0.39%	-60.57%	-52.14%	+21.46%

The case of K666 is noteworthy; she had easily the highest proportion of FPS usage in her initial session at 11.14%. This increased in the final session to 12.06%, an increase of 0.92 percentage points. Although this increase was relatively small, K666 remained the person with the highest proportion of FPS in her dialogue. Incidentally, LIWC does not distinguish between “I” and “me”.

Overall, total pronoun usage (column 1) remained largely unchanged (24.19% pre and 25.0% post). Overall personal pronoun usage (ppron) declined by 1.13 percentage points from 15.12% to 13.99%. Impersonal pronoun usage (ipron) increased slightly from 9% to 11%.

Usage of the FPP “we” reduced from 0.61% to 0.41%, a seemingly small change in terms of percentage points, but given the low rate with which FPP pronouns are used, this represents a proportional reduction of almost one third. This might be explained by the increasing focus on self which was generally a feature of these sessions and perhaps of all counselling.

The increase in FPS seems to have been at the expense of the third person (“he/she”) which reduced from 3.45% to 1.36% (a proportional reduction of almost two thirds) and the third person plural (“they”) which reduced from 0.7% to 0.34% (over 50% reduction).

### ***Change in pronoun usage by therapist***

**Table 15 - Change in therapist pronoun usage pre to post**

<b>%</b>	<b>pro-noun</b>	<b>ppron</b>	<b>I</b>	<b>we</b>	<b>you</b>	<b>shehe</b>	<b>they</b>	<b>ipron</b>
<b>Average Pre (%)</b>	24.19	15.12	8.66	0.45	2.58	2.72	0.70	9.07
<b>Average Post (%)</b>	26.03	14.95	5.97	0.87	7.54	0.16	0.41	11.08
<b>Change Pre Post (%)</b>	1.84	-0.17	-2.69	0.42	4.96	-2.56	-0.29	2.01
<b>% ratio change</b>	7.59%	-1.15%	-31.05%	93.02%	192%	-94.20%	-41.33%	22.15%

Table 15 (Average for therapist with all participants in the study [n=8]) shows my own pronoun usage changed overall between the initial and final (or later) sessions. FPS declined by over 30% (from 8.7% of all words spoken by me to 6%). A decline in usage was also apparent for 3PS (“she/he”) and 3PP (“they”). In contrast, FPP increased from 0.4% to 0.9%, a proportional increase of over 90%.

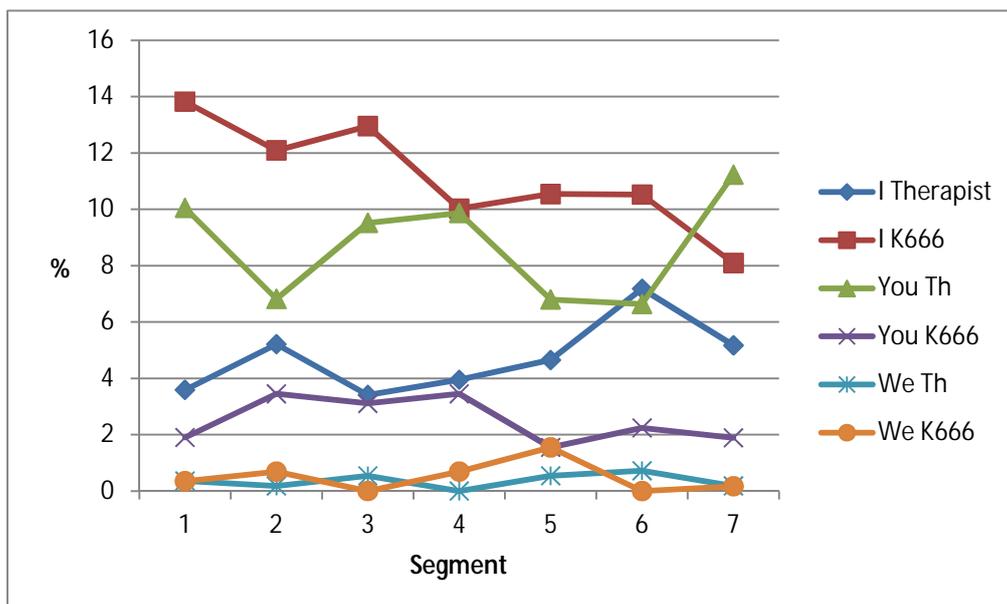
## ***Relationship between therapist and client's pronoun use***

So far, we have seen that patterns of pronoun usage for both client and therapist are highly individual. Nothing can be inferred by comparing patterns of usage for client or therapist in different cases; some clients use more FPS than do others, with those clients that start using a high proportion of “I” tending to retain this between beginning and end. In other cases we see fairly dramatic increases from a low base. Overall, clients used more FPS at the end than at the beginning, but then again, it is probably wrong to attribute this to anything other than that this was what I was encouraging them to do. How I used pronouns with one client seems to be different from how I used them with another, suggesting I responded, perhaps, to the individual client or situation.

Is it possible then that how I used pronouns was somehow related to not only the client's individual situation but also to the way they used pronouns? And perhaps vice versa?

I explore this in this section of the analysis, starting with K666.

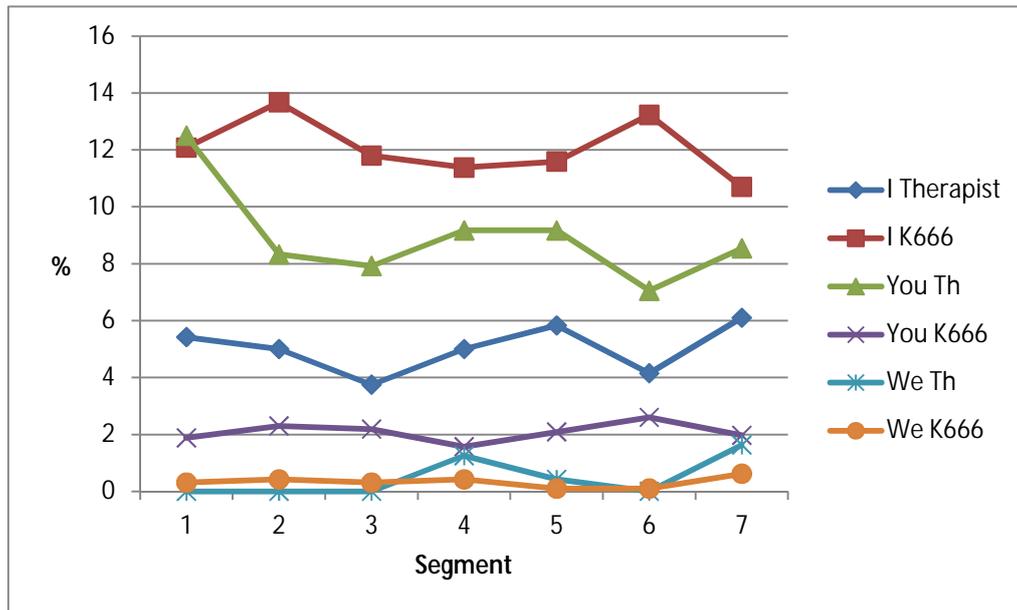
**Figure 39 - Therapist and K666 Pronoun usage in initial session**



The predominant pronoun position differs by client and therapist; K666 mainly uses FPS, as I might expect (and even hope) as she is focussed on herself. In contrast, I tend to use “you” predominantly and K666 uses this at low levels. Again this is perhaps to be expected. I found no evidence of a significant correlation between any type of pronoun usage by either party. The strongest correlation was between as “I” (Th) reducing and “You” (Th) increasing ( $r=-0.56$ ,  $n=7$ ,  $p < .05$ , two tails). Again, this is not surprising; as I focus on the client I am perhaps less focussed on me.

What about in the final meeting? The data from this are shown below in Figure 40.

**Figure 40 - Therapist and K666 Pronoun usage in final session**



Here, K666’s usage of “I” is negatively correlated rather strongly with my usage of FPP “we” ( $r=-0.76$ ,  $N= 7$ ,  $p < .05$ , two tails). Our use of the FPP is somewhat correlated but not at significant levels ( $r=0.66$ ,  $N= 7$ ,  $p > 0.1$ , two tails). As one person increases their use of “we”, this is accompanied by an increase, to some extent, in the other’s use of “we”. Also, as K666’s use of “I” increases, so does her use of “you” ( $r=0.69$ ,  $N= 7$ ,  $p < 0.1$ , two tails). Such correlations, while they may suggest a relationship between these variables, should not be interpreted as being linked causally, however, it is possible that one person is responding, probably unconsciously, to the other’s pronoun use. However, it is also likely that other factors in the relationship or the content of the discussion are driving these changes.

I have made the point already that there was tremendous variation in rates of pronoun usage between clients and even for individual clients within a particular session. The question arises therefore; do these changes in pronoun use mean anything in the context of a quantitative analysis? One of the questions which this research set out to answer was whether there is a correlation between rates of pronoun usage and outcome. I turn to this question in this final part of the quantitative analysis, overleaf.

## ***Exploring the relationship between pronoun use and outcome***

There is evidence of a correlation between pronoun usage and outcome, as measured by CORE. Table 16 (in two parts) summarises change in pronoun usage and CORE scores.

**Table 16** - Change in Pronouns/CORE (n=8)

Change (%) between initial and final (later) session

Client	I	we	you	she/he	Well being	Prob sympt	Anxiety
J626	2.99	-0.08	-0.69	-2.03	-6	-5	-3
E631	0.26	0.43	-0.9	-0.06	-3	-3	-3
F632	2.22	-0.31	1.18	-5.64	-8	-20	-4
K666	0.92	-0.16	-0.43	-1.25	-3	-3	-2
C669	0.88	-0.39	0.79	-1.56	-5	-22	-4
H663	3.29	-0.27	-0.79	-2.21	-5	-16	-4
N603	0.11	-0.35	2.15	-2.18	-7	-18	-2
A659	1.43	-0.62	1.36	-4.39	-12	-34	-6
Mean	1.51	-0.22	0.33	-2.42	-6.13	-15.13	-3.50
SD	1.20	0.31	1.18	1.78	2.95	10.91	1.31

Client	Depr- ession	Phys- ical	Trauma	Funct- ioning	Funct Gen	Funct Soc	Risk Harm
J626	-2	2	0	-8	-4	-3	0
E631	0	0	0	-10	-3	-5	-1
F632	-8	-4	-4	-5	-2	-1	-3
K666	1	-2	0	0	-1	2	-2
C669	-7	-2	-3	-12	-9	-2	-1
H663	-9	-16	-3	-13	-7	-2	-3
N603	-5	11	-3	-9	0	-7	-8
A659	-14	-5	-6	-22	-7	-9	-11
Mean	-5.50	-2.00	-2.38	-9.88	-4.13	-3.38	-3.63
SD	5.04	7.54	2.20	6.40	3.23	3.50	3.85

Key to abbreviations: Prob Sympt = Problems & Symptoms, Funct Gen = General Functioning, Funct Soc = Social Functioning, Risk Harm = Risk of Harm to Self or Others

There is no reason to assume a correlation between these variables (pronoun usage and CORE-OM score) because I am working with two unrelated data sets, i.e. responses to a questionnaire and the use of a particular facet of language. One is not involved in the creation of the other. Therefore, one measure should explain none of the variance in another measure (unlike for example if I was attempting to find a correlation between scores on two different questionnaires which had a particular measurement in common).

In looking for correlations between these apparently unrelated variables it was important to consider whether the data were normally distributed in order to select the most appropriate approach. With so few cases ( $N = 8$ ) it was of course impossible to determine whether this was so or not. There is no reason to assume that usage of pronouns within a demographically similar population is non-normally distributed (skewed). Unlike content words, which would be highly variable and usually not subject to much repetition (Pennebaker et al., 2007), function words such as pronouns are repeated again and again in discourse. Various studies have shown personal pronoun usage to be highly correlated with personal style or personality (for a recent example exploring correlations between language and the big five personality traits using LIWC see Hirsh and Peterson, 2009).

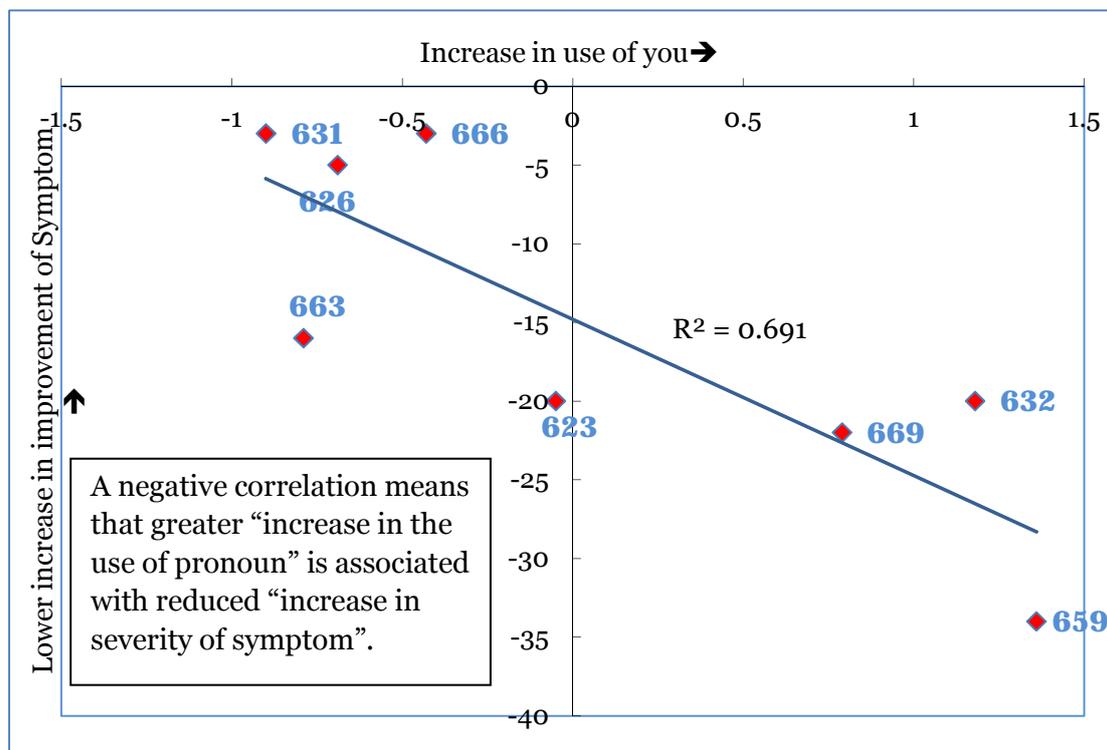
Similarly with CORE-OM, when working with a group of clients presenting for psychotherapy, all of whom are in a relatively similar situation; there is no reason to assume a skewed distribution. Indeed a study of a large clinical sample ( $N = 10,761$ ) showed that the distribution of CORE scores was normal, compared with the general population or a non-distressed sample. The mean CORE-OM clinical score for the clinical sample was 18.3/40.0 (equivalent to 61.3 on the 134 point scale used here ( $s.d.=7.1/23.8$ )) (Connell et al., 2007). The mean score for my sample was 70.5 ( $s.d.=11.5$ ) and this compares with a mean of 63.7 ( $s.d.=21.0$ ) for all clients seen by me over the last two years.

Nevertheless, I did not simply assume normality in my data. However, rather than applying a data transformation technique to improve the normality of variables, I decided instead (because of the small sample size) to conduct analyses appropriate to both normally distributed and non-normally distributed data (Pearson's product moment correlation and Spearman's rank-order correlation respectively, the latter being a non-parametric version of the former). I also calculated Kendall's rank correlation coefficient, commonly referred to as Kendall's tau ( $\tau$ ). I then compared the results of these and in fact found them to be very similar, as I am told is often the situation in cases such as this.

Pearson’s is generally considered to be a more powerful test than Spearman’s (Roberts and Russo, 1999, p. 8). As a parametric test, Pearson’s uses data which, if it is normally distributed and measured on a continuous interval scale, contains more information. By using ranks, the non-parametric Spearman’s test does not take into account differences in sizes of neighbouring data; it assumes that subsequent ranks indicate equidistant positions on the variable measured (D. George and Mallery, 2006). Spearman’s is still a good statistical test of correlation, but it is weaker and less likely than Pearson’s to detect a correlation. Pearson’s test is robust and can be used even if data only approximate to parametric requirements (Morgan, Leech, Gloeckner and Barrett, 2012; Roberts and Russo, 1999).

Details of correlations between pronoun usage and change in CORE are shown as simple scatter plots and as tables in Appendix L. Two example scatter plots demonstrating negative and positive correlations respectively are show below. I then move on to summarise my findings here in the main body of the document.

**Figure 41** – Example of a negative correlation. Use of 2P “you” against Problems and Symptoms

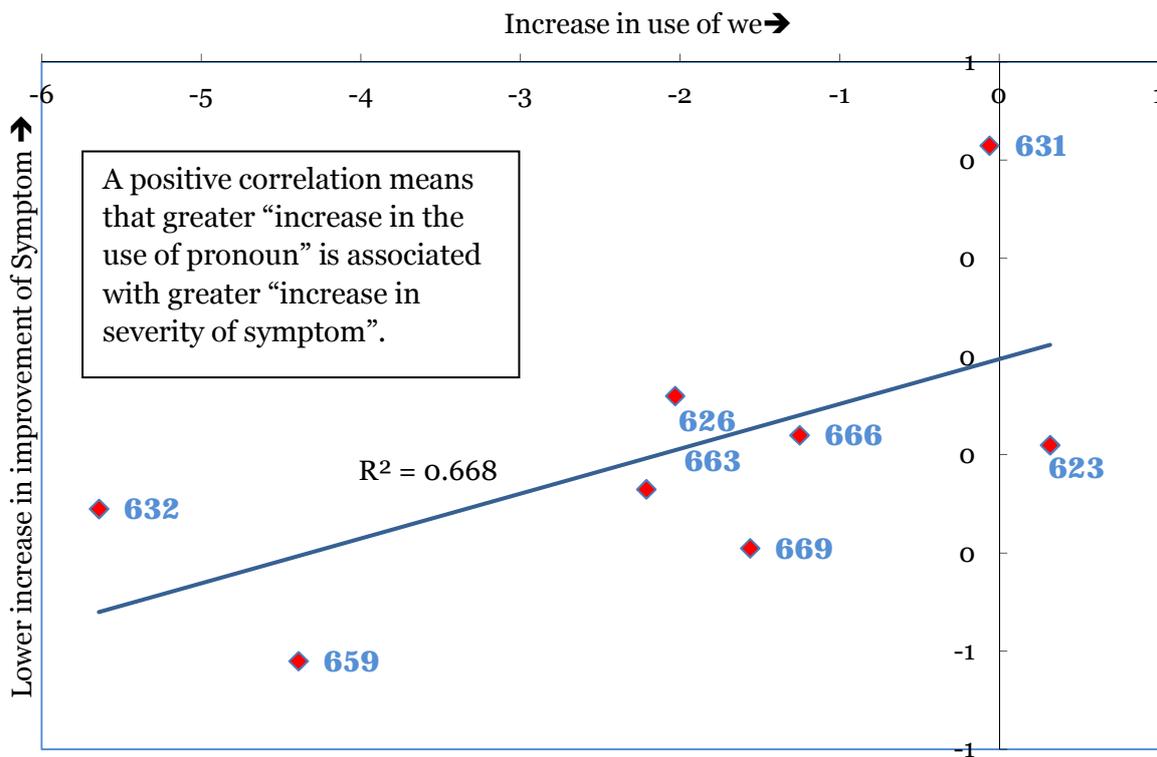


The scatter plot Figure 41 shows that larger increases in “you” by clients between initial and final sessions correlate with greater increases in change (i.e. improvements) in problems and

symptoms on CORE. The correlation is strong and significant ( $r=-.830$ , two tail,  $R^2 = 0.69^{28}$ ,  $p=.01$ ).

In contrast, scatter plot Figure 42 shows that increases in “we” by clients between initial and final sessions correlates with smaller improvements in problems and symptoms on CORE. The correlation is strong and significant ( $r=-.817$ , two tail,  $R^2 = 0.67$ ,  $p=.01$ ).

**Figure 42** - Example of a positive correlation. Use of FPP “we” against Problems and Symptoms



<sup>28</sup> Also called the “coefficient of determination”  $R^2$  is, in linear regression, a number between 0 and 1 which indicates how well the least squares line fits the sample.  $R^2 = 0$  means that there is absolutely no linear relationship between variables.  $R^2 = 1$  means that the relationship between variables is perfectly linear. The plots on this and the previous page show relatively strong relationships between independent variables.

### ***A note about interpreting these correlations***

In interpreting these data, the key thing to remember is that the figures analysed for correlation are:

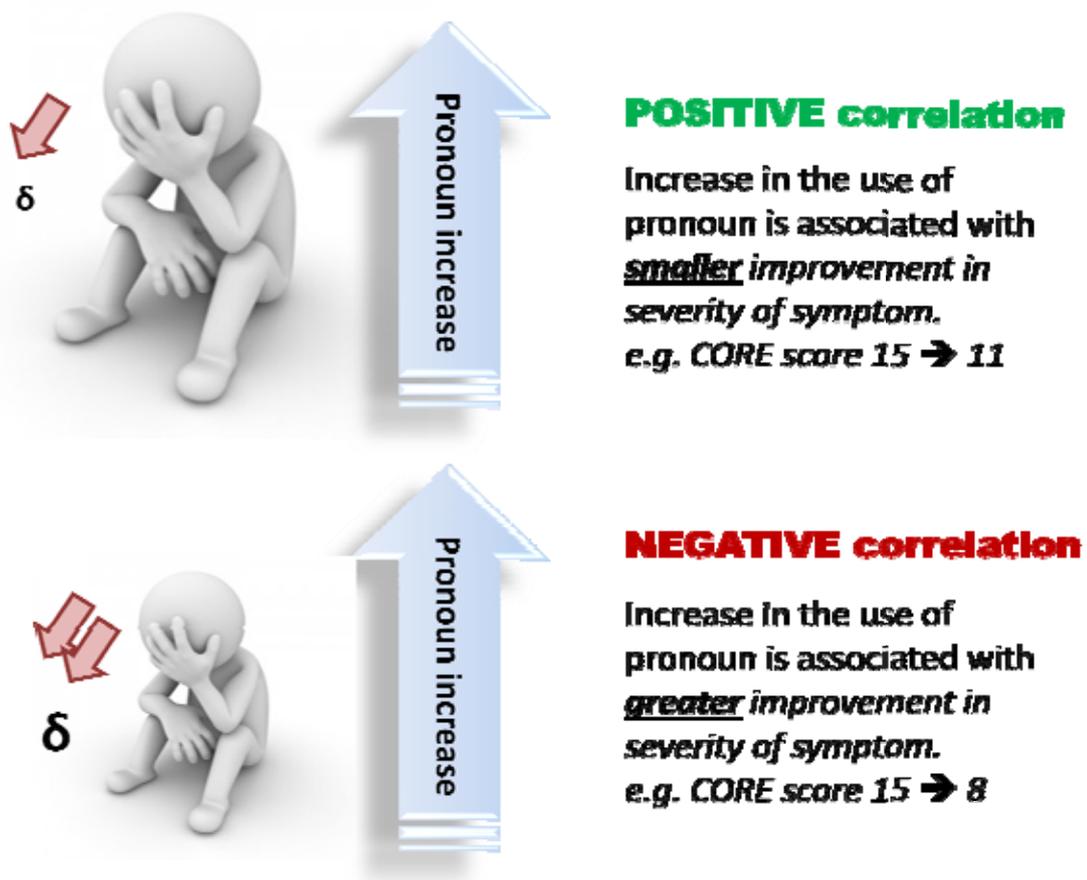
- *Increase* in use of pronoun
- *Increase* in severity of symptom on CORE-OM

Therefore, a positive correlation means that greater “increase in the use of pronoun” is associated with **greater** “increase in severity of symptom” (i.e. *smaller improvement*).

A negative correlation means that greater “increase in the use of pronoun” is associated with **reduced** “increase in severity of symptom” (i.e. *larger improvement*).

See Figure 43 for further clarification in a graphical form.

**Figure 43** - Interpreting correlations between increase in pronoun usage and increase in CORE-OM score – slightly counter-intuitive so care is required



Tables 17 and 18 overleaf show the Pearson and Spearman analysis of correlations between change in pronoun use and change in CORE score. All three correlations give similar results in terms of the direction of correlations although Kendall's (see Appendix L) identifies slightly fewer correlations than do the other two.

*Legend in Tables 17 & 18 Overleaf:*

\*Correlation is significant at the 0.1 level or greater (2-tailed).

Negative significant correlation\* / Positive significant correlation\*

Approaching sig. neg. correlation / Approaching sig. pos. Correlation i.e. significant at the 0.2 level or better.

**Table 17 - Correlations based on Pearson's r (N=8)**

Pearson's r		I	We	You	She/he
<b>I</b>	Pearson Correlation	1	-.279	-.097	-.538
	Sig. (2-tailed)		.504	.820	.169
<b>We</b>	Pearson Correlation	-.279	1	-.750*	.612*
	Sig. (2-tailed)	.504		.032	.107
<b>You</b>	Pearson Correlation	-.097	-.750*	1	-.699*
	Sig. (2-tailed)	.820	.032		.054
<b>She/he</b>	Pearson Correlation	-.538	.612	-.699*	1
	Sig. (2-tailed)	.169	.107	.054	
<b>Well Being</b>	Pearson Correlation	-.099	.697*	-.736*	.586
	Sig. (2-tailed)	.816	.055	.037	.127
<b>Problems &amp; Symptoms</b>	Pearson Correlation	.004	.817*	-.830*	.517
	Sig. (2-tailed)	.993	.013	.011	.190
<b>Anxiety</b>	Pearson Correlation	.169	.543	-.556	.177
	Sig. (2-tailed)	.690	.164	.152	.675
<b>Depression</b>	Pearson Correlation	-.195	.782*	-.692*	.535
	Sig. (2-tailed)	.643	.022	.057	.172
<b>Physical</b>	Pearson Correlation	-.493	.366	.023	.256
	Sig. (2-tailed)	.214	.372	.956	.541
<b>Trauma</b>	Pearson Correlation	-.008	.771*	-.787*	.524
	Sig. (2-tailed)	.984	.025	.020	.183
<b>Functioning</b>	Pearson Correlation	.104	.393	-.338	.033
	Sig. (2-tailed)	.806	.335	.413	.939
<b>Functioning General</b>	Pearson Correlation	-.151	.503	-.291	.051
	Sig. (2-tailed)	.720	.203	.485	.905
<b>Functioning Social</b>	Pearson Correlation	.240	.129	-.271	.000
	Sig. (2-tailed)	.567	.760	.517	1.000
<b>Risk of Harm</b>	Pearson Correlation	-.070	.631*	-.613*	.592
	Sig. (2-tailed)	.868	.094	.106	.122
<b>Total CORE Score</b>	Pearson Correlation	.009	.726*	-.718*	.444
	Sig. (2-tailed)	.983	.041	.045	.271

**Table 18** - Correlations based on Spearman's rho (N=8)

Spearman's rho		I	We	You	She/he
<b>I</b>	Correlation Coefficient	1.000	-.167	-.048	-.786*
	Sig. (2-tailed)	.	.693	.911	.021
<b>We</b>	Correlation Coefficient	-.167	1.000	-.833*	.595
	Sig. (2-tailed)	.693	.	.010	.120
<b>You</b>	Correlation Coefficient	-.048	-.833*	1.000	-.476
	Sig. (2-tailed)	.911	.010	.	.233
<b>She/he</b>	Correlation Coefficient	-.786*	.595	-.476	1.000
	Sig. (2-tailed)	.021	.120	.233	.
<b>Well Being</b>	Correlation Coefficient	-.145	.606	-.740*	.485
	Sig. (2-tailed)	.731	.111	.036	.223
<b>Problems &amp; Symptoms</b>	Correlation Coefficient	.012	.916**	-.831*	.434
	Sig. (2-tailed)	.977	.001	.011	.283
<b>Anxiety</b>	Correlation Coefficient	.136	.704*	-.605	.210
	Sig. (2-tailed)	.748	.051	.112	.618
<b>Depression</b>	Correlation Coefficient	-.323	.743*	-.503	.563
	Sig. (2-tailed)	.435	.035	.204	.146
<b>Physical</b>	Correlation Coefficient	-.390	.732*	-.415	.586
	Sig. (2-tailed)	.339	.039	.307	.127
<b>Trauma</b>	Correlation Coefficient	.025	.815*	-.791*	.432
	Sig. (2-tailed)	.954	.014	.019	.285
<b>Functioning</b>	Correlation Coefficient	.167	.476	-.238	-.024
	Sig. (2-tailed)	.693	.233	.570	.955
<b>Functioning General</b>	Correlation Coefficient	-.108	.566	-.193	.157
	Sig. (2-tailed)	.798	.143	.647	.711
<b>Functioning Social</b>	Correlation Coefficient	.323	.072	-.096	-.192
	Sig. (2-tailed)	.435	.866	.821	.649
<b>Risk of Harm</b>	Correlation Coefficient	-.344	.651*	-.479	.638*
	Sig. (2-tailed)	.404	.081	.230	.089
<b>Total CORE Score</b>	Correlation Coefficient	.095	.762*	-.619*	.214
	Sig. (2-tailed)	.823	.028	.102	.610

## ***Summarising the correlations***

### ***Correlations between pronouns***

As I expected, based on earlier analysis of individual sessions split into time segments, there are correlations between change in clients' pronoun usage.

- As “we” increases “you” decreases
- As “I” increases, “she”/”he” decreases
- As “you” increases, “we” decreases
- As “we” increases so too does “she/he”
- There is no correlation between “you” and “I”

This is not perhaps unexpected since a preponderance of any one of these in a discourse tends to exclude the others. For example, if I am focused on “I”, I might little mention “his” or “him”. Similarly, FPP (“we”) is negatively correlated with “I” and “you”. The only significant positive correlation between pronouns in this table exists between “we” and 3P (“she/he”). Again, this is perhaps understandable; if I am talking about any “we”, I may well also refer to “he/she”. For example:

*We had to agree — because we couldn't agree — we had to agree contact. When he'd have [name of child] (623-22-5:55).*

### ***Correlations between pronoun change and change in CORE***

There are a total of 6 significant ( $p < .01$ ) positive correlations between aspects of change in CORE and the FPP pronoun “we”. A further 2 positive correlations approach significance. Spearman's shows 7 significant ( $p < .01$ ) positive correlations between CORE and “we”. In addition, a further positive correlation approaches significance. Spearman's rho for the correlation between “we” and “problems and symptoms” is .916 ( $p = .001$ ).

There are a total of 6 significant ( $p < .01$ ) negative correlations between aspects of change in CORE and the FPP pronoun “you”. In addition, a further negative correlation approaches significance. Spearman's shows 4 significant ( $p < .01$ ) positive correlations between CORE and “you”. Again, a further positive correlation approaches significance.

Remember, a positive correlation means that greater increase in the use of pronoun is associated with smaller improvement in symptoms and a negative correlation means that greater increase in the use of pronoun is associated with larger improvement in symptoms.

These data are summarised in the tables which follow.

**Table 19** - Significant correlations based on Pearson's r (N=8)

Pearson's r	I	We	You	She/he
Well Being	-.099	.697*	-.736*	.586
Problems & Symptoms	.004	.817*	-.830*	.517
Anxiety	.169	.543	-.556	.177
Depression	-.195	.782*	-.692*	.535
Trauma	-.008	.771*	-.787*	.524
Functioning General	-.151	.503	-.291	.051
Risk of Harm	-.070	.631*	-.613*	.592
Total CORE Score	.009	.726*	-.718*	.444

**Table 20** - Significant correlations based on Spearman's rho (N=8)

Spearman's rho	I	We	You	She/he
Well Being	-.145	.606	-.740*	.485
Problems & Symptoms	.012	.916**	-.831*	.434
Anxiety	.136	.704*	-.605	.210
Depression	-.323	.743*	-.503	.563
Physical	-.390	.732*	-.415	.586
Trauma	.025	.815*	-.791*	.432
Risk of Harm	-.344	.651*	-.479	.638*
Total CORE Score	.095	.762*	-.619*	.214

\*Correlation is significant at the 0.1 level or greater (2-tailed). \*\*Correlation is significant at the 0.01 level or greater (2-tailed).

Negative significant correlation\* / Positive significant correlation\*

Approaching sig. neg. correlation / Approaching sig. pos. Correlation i.e. significant at the 0.2 level or better.

It can be seen that in both cases increased use of “we” is positively correlated with a number of CORE sub-scales and that these are largely similar by both measures (differing only on functioning general and physical symptoms). These positive correlations mean that greater increase in the use of “we” is associated with smaller improvement on all these CORE

measures. Therefore increase in “we-ness” does not appear, in this sample at least, to be beneficial in terms of symptom reduction. Following the same pattern it can also be seen that greater increases in the use of “she/he” are similarly associated with smaller gains on CORE.

In contrast, greater increases in the use of “you” are significantly associated with larger increases in improvements on CORE in terms of increased symptom reduction. Finally, although rates of FPS (“I”) usage increased universally between beginning and end of therapy, this is not correlated in any way with any aspect of improvement on CORE.

### **Discussion (quantitative research)**

In my reflexive statement, written 25<sup>th</sup> June 2011 (Appendix F) I said that I expected there might be a slight increase in the frequency of FPS usage between commencement and termination of therapy. This has proved to be the case. One of my fears, expressed in that statement, was that my chances of establishing anything significant in the quantitative study would be extremely small. Moreover, my chances of identifying anything significant within the different subscales of distress addressed by CORE would be smaller still. The fact that I have found such correlations in this sample has surprised me therefore.

What also surprises me is that none of these correlations are between CORE and FPS (“I”). Obviously I attribute great importance to the use of FPS by clients. In the qualitative study, when clients accepted my invitation to restate phrases made originally in the second or third person, they reported a number of benefits, particularly in terms of awareness. So, the fact that neither increases nor decreases in rates of usage of “I” between beginning and end of therapy are correlated with improvement on CORE is, I think, interesting. Given the huge body of evidence from previous studies, reported earlier in this document, which suggests that increased rates of FPS are associated with anxiety and depression, I might have expected to find that increases in “I” were correlated with lower reductions in symptoms on CORE. Given that all clients in the study achieved some measure of improvement on CORE and also that all clients increased their usage of FPS pronouns, this was obviously never going to be the case.

In interpreting this finding it is perhaps worth considering that whilst clients in this study were using more FPS pronouns, they were doing so having perhaps been encouraged by my interventions to adopt a different attitude i.e. an attitude of ownership and self responsibility. I believe this is different from the typical attitude of “poor me”, self blame, inward focus and rumination which is typically associated with depression and anxiety. This

might perhaps explain not only why the oft-reported correlation between increased symptoms and increased “I” did not exist but also why clients both increased their usage of FPS *and* improved on their CORE measures.

What the results also show clearly is that within a therapy session, clients’ use of pronouns is highly variable across the duration of the session. There were sometimes correlations between increases in the rate of usage of one pronoun and decreases in that of another but these were far from universal across the sample. Moreover, my own pronoun usage was highly variable also, changing between different clients as I used different rates of each pronoun according to the individual. I conclude from this that pronoun usage in these therapy sessions was dynamic and highly individual, on a case-by-case basis. Beyond this, I am unable to offer an interpretation of these results. However, this may be because the explanation might be found in a different domain.

Wilma Bucci (1997 and see also Appendix A p. 294 for details) analyses therapist–client exchanges on a moment-by-moment basis, to provide information on the impact of various therapist and client activities within the therapeutic dyad (Bucci and Bornstein, 1998). Central to this is her concept of “referential activity” (RA).

Bucci asks us to accept the idea that all non-verbal experience is expressed in speech. Higher levels of RA go hand-in-hand with the description of experiences that are being deeply felt in the moment. The process is bi-directional, so that words spoken by others or read, can also be translated back to non-verbal forms of experiencing. With reference to my own work, I would hypothesise that speech in which the client talks about their experiences in the first person would be higher in RA, than speech where they use the second or third person. An analysis of these present data to look for correlations with RA might therefore prove fascinating.

Moving to an analysis of correlations between other personal pronouns (such as “she”/”he”, “you” and “we”) and CORE, I would not have been surprised if, against this background of highly individual and dynamic usage, no correlations were found to exist. However, this is not the case. In this sample at least, increases in FPP (“we”) and 3P (“she”/”he”) were correlated with smaller improvements on CORE. Increases in 2P (“you”) were associated with greater improvements on 8/11 measures across CORE. What I also find interesting is that increase in “we” is negatively correlated with increase in “you”. In other words, as proportions of “we” increased, rates of “you” effectively decreased, across the sample, between beginning and end of therapy. This might be explained by simple grammatical exclusion, i.e. that when focusing on one pronoun position it tends to exclude the other. Or

alternatively, it could be indicative of a shift in focus by clients between beginning and end of therapy. Overall, rates of “she”/“he” and “we” reduced between commencement and termination, whereas rates of FPS (“I”, “my”) increased. Weintraub noted in his studies (1981; 1989) that higher usage of FPS pronouns was correlated with emotional expression and given the nature of therapy, this increase in FPS might therefore not be so surprising.

I do not believe there is a single or simplistic interpretation of these findings. One possibility is that increases in 2P reflect the client relating more to me in their discourse and hence using more “you” (in relation to me). However, it is equally possible that this same increase actually represents clients talking about themselves but yet distancing by using the second person. Qualitatively and intuitively, based on my experience of these sessions, I do not think this latter scenario was the case; however, I have no way to demonstrate this quantitatively because LIWC simply counts the use of words and does not concern itself with their context. Exploring this situation would therefore require a hugely labour-intensive manual analysis. This is beyond the scope of this project and indeed my resources at present.

Another explanation might lie within the composition of the sample itself. Even though relationship difficulties and even break up were not the main presenting issue with several clients, I noticed that it was often the case that this came to be the focus of the therapy. Three out of the eight clients presented with relationship difficulties initially (J626, H663 and E631). N603, a single parent, was in a relationship which ended during therapy and this happened also for K666 and A659. C669, whilst presenting initially with depression, soon came to realise that there were problems in his relationship as well (and in fact his relationship ended following conclusion of his therapy). In fact, only F632 remained in a relationship beyond the end of counselling and here too she came to realise there were difficulties but chose consciously not to address them. In short, the existence of a “we” for these clients was questionable and such relationships as did exist during therapy were often extremely difficult or problematic. This might therefore explain why a reduction in clients’ use of “we” and “he/she” between beginning and end of therapy, accompanied by increased self focus (and less focus on trying to understand the other person), independence and therefore use of FPS, might be associated with healthier functioning on CORE. In other words, it is possible that this shift in focus (from other to self) in this sample of clients where many were struggling with low self-esteem and /or difficulties in relationships, was associated with reductions in symptomatology, as measured by CORE.

A further interpretation and one that in no way excludes the one above, is that these changes, i.e. the positive (and therefore less beneficial) correlations between CORE and

pronouns in the case of FPP and 3P, and negative (and therefore more beneficial) correlations with 2P, are actually a reflection of the *degree of change in usage*. In other words, improvements in CORE may be correlated, not with changing rates of any one pronoun in particular, but with *increased rates of change*. In this interpretation it may not matter, in terms of outcome, how clients' usage of any one particular pronoun changes. What may be more important is that they do indeed change their perspectives, linguistically speaking, between beginning and end of therapy. If this does indeed explain these data, it would be consistent with the findings of Campbell and Pennebaker (2003), who showed that what mattered, was change in pronoun usage and not the direction of change. In their study, health improvements were associated with changed pronoun usage in an individual's two sets of reflective writing, separated over four days. It did not matter whether the individual changed between FPS and 2P or 3P perspectives or vice versa; the health improvements occurred in proportion to the change in either direction.

This marks the end of the quantitative analysis and discussion. I move on now, in the final section (4), to a general discussion of the research programme overall before considering the limitations of the research and future research needs.

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## Section 4 – Overall Discussion and Conclusions

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## 9. Overall discussion

In this section of the document, I reflect on my experiences of having conducted a mixed methods study and the implications of this for my findings and indeed for the value of the research.

Even though data gathering overlapped, I approached the two parts of the study as separate projects, concluding the qualitative phase before starting work on the quantitative analysis. Inevitably, this meant that I approached the quantitative analysis with some preconceived ideas. For example, I was persuaded of the importance of first person ownership of statements in terms of clients' process and outcome. I anticipated therefore that, not only would there be an increase in rates of FPS usage between beginning and end but also that this increase might perhaps be correlated with an improvement on CORE. I found evidence of the former but not of the latter; there was no correlation whatsoever in this sample between increased FPS usage and reduced symptomatology on CORE.

Based on the qualitative findings, I also anticipated that there might exist in the quantitative data a clear and therefore potentially useful relationship between my pronoun usage and that of the client, or that different clients' sessions might approximate to one another in terms of similar shifting patterns of pronoun usage during a particular session. Again, although I saw some hints of this in the quantitative data in some cases, no overall pattern emerged. In fact, had I merely conducted the quantitative study, I might have viewed this analysis of patterns of usage by individual clients and by me in relation to those clients as, at best highly confusing and at worst completely useless.

As Hammersley and Atkinson stated, it would be nice if different methods supported each other and combined, without problem, to produce a more complete picture (Hammersley and Atkinson, p. 199 cited on p. 134 in Silverman, 2010).

In my case, I believe that combining methods has produced a more comprehensive picture and one which, although not necessarily simple to interpret overall, has great depth and perhaps therefore, speaks eloquently about the highly complex nature of the linguistic interaction between client and therapist.

From an epistemological point of view, I have encountered nothing which I consider causes conflict with my constructivist perspectives. Some might perhaps argue that my use of a quantitative approach, based on positivistic principles, might form the basis for such a conflict. I disagree. I regard the use of CORE and LIWC as the utilisation of helpful tools

with which to inform my reality. An analogy might be that I can use a thermometer to inform me of the outside temperature. Depending on which scale I use, this thermometer might tell me that it is -4 Celsius, 25 Fahrenheit or 269° Kelvin. I can quantify the temperature in a number of ways like this, or I can step outside and experience how cold I feel and try to understand what that experience is like for me and any other people I encounter.

I regard each part of the study as illuminating the topic of enquiry, not only from different perspectives but also, to use a different metaphor, in different wavelengths of light. Each part of the study has also, I believe, challenged me to think deeply about different aspects of the same phenomenon. For example, the qualitative findings have refocused me on the importance of the relationship between client and therapist and on the need for a tentative and sensitive approach when making interventions that might be experienced by the client as useful yet also potentially powerful. The quantitative findings have perhaps pointed towards this individuality and complexity by not revealing easily discernible or simplistic patterns in my interaction with individual clients. However, the quantitative findings have also provided strong evidence, I submit, of significant relationships between certain types of pronoun usage and outcome. That the correlations are so strong in so small a sample convinces me that, regardless of the highly individual nature of therapy, there are also some generalities; I do not believe that changing pronoun usage *per se* is driving therapeutic benefit. However, I believe that pronoun usage is a reflection of the changes these clients made in their lives, as evidenced by improvements on CORE. In my opinion, a mixed methods approach has worked well.

I believe that one of the main benefits of combining methods was that the qualitative findings produced valuable background and context, enabling me to suggest interpretations that quantitative data alone could not have provided; for example, that lower increases in “we” were correlated with greater improvements on CORE. Knowing the individual circumstances of clients and their issues enabled me to suggest that this was associated with greater individuality and independence in relationships that were characterised by difficulties. Had I merely asked clients to indicate their relationship status on a questionnaire at the start of therapy, this would not have been revealed. A further example of this effect is that my knowledge of the initial session with F632 enabled me to interpret a higher proportion of “she/he” in my discourse as being related to my reflecting on her son’s behaviour, rather than my empathising with her feelings about his behaviour, as I would perhaps be more likely to do in other sessions.

## **Limitations of the study**

There are a number of ways in which the utility of the study is limited and it is important, I believe, that I mention these. These limitations should be taken into consideration in any interpretation or application of my work.

First of all, this is obviously a very small study in quantitative terms, comprising eight respondents. Even without considering any of the other factors mentioned below, I would not suggest that the findings are in any way generalisable to clients and therapy as a whole.

Secondly and as pointed out throughout this study, I maintain that this is research of me working with this specific sample of clients. I was part of this process and even from a qualitative perspective, you should not assume that what I experienced will be your or anyone else's experience. The qualitative findings should be interpreted in this context. Consider the relevance of my findings to your situation. If applying my learning in your own work, move slowly and carefully, evaluating whether my experience is useful and applies to you and your situation.

Thirdly, although the qualitative hopefully provides a great deal of context, the quantitative does not. I chose the LIWC for several reasons but analysis of semantic meaning and context was not one of them. The quantitative findings therefore speak of what was said, rather than of what was meant or how those words were used in terms of communication within the relationship.

Finally, even though I found significant correlations between pronoun usage and outcome in this sample, keep in mind that this sample was biased (although this was not my intention) towards clients experiencing difficulties in their relationships. This might have particular ramifications in terms of my interpretation of the findings regarding usage of the first person plural pronoun "we". I am especially conscious of this in light of much previous research which has emphasised the value of social and personal relationships when people are facing challenges in life (for examples see Robbins, 2012; Rohrbaugh, Mehl, Shoham, Reilly and Ewy, 2008; Simmons et al., 2005).

Similarly, the sample comprised seven women and one man and previous research has shown that women use pronouns differently to men (see for details of this and other demographic variations Chung and Pennebaker, 2007).

## 10. Conclusions and closing statement

Having conducted this study I conclude that pronoun interventions in therapy, as described here, are an important way in which clients may be enabled to connect more powerfully with the events they are describing. When a client accepts an invitation to rephrase a second or third person statement in the first person, they are likely to experience a greater intensity of feelings about those events, as if those events are happening to them, rather than to someone else or at a distance. Clearly, the benefits of this have to be weighed against consideration of whether the client can cope with this level of experiencing. The impact of pronoun interventions can be powerful, even shocking and perhaps in some circumstances may lead to the client becoming flooded by emotions that they cannot manage. This might exacerbate their sense of despair or hopelessness and hence depression.

Having considered that caveat however, it is clear that clients may also be able to use these connections to enhance their awareness or understanding of their situation. Moreover, focusing on their self and their experience may alert them to situations where they are perhaps not valuing themselves or asserting their needs appropriately. It appears that this awareness may also facilitate different choices and changes in behaviour, with consequent improvements in mood and sense of well-being. Stiles suggested (1979) that people who are distressed may be so preoccupied with their problems that they become trapped in their own frame of reference, immersed in the subjective meaning of events. In these circumstances feelings that are engendered become so persistent that they overwhelm other thinking. I believe this may be why several clients described the impact of my interventions as shocking, even as in one case “a slap in the face”.

Pronoun interventions seem to work by challenging the client’s frame of reference. By shifting to a first person position, not only are they closer to the events they describe, they also benefit from exploring them in a new perspective and feel more a part of the process, perhaps as a result of this change in position.

I am convinced that clients adopt this linguistic distancing without conscious awareness of its purpose. I believe that in part it is an unconscious defence mechanism and that it is partly also a function of social and societal norms. For example, British people over the age of about 40 may deem it inappropriate to focus extensively on themselves. This may be exacerbated by the injunctions associated with certain types of Christian belief, where selfishness is eschewed. Moreover and mindful, for example, of the ideas of thinkers like Winnicott (true and false self) and Goffman (idealised self), clients might use the second person “you” to mean “all people everywhere” or “the average person”. In my view then,

pronoun interventions assist clients in overcoming these defences, enabling a more authentic self to find expression. In this sense then, it seems that humanistic therapy theory and practice has been validated by this study, in as much as they tend to emphasise authentic expression of self as being beneficial for clients.

I conclude also that the study validates an emphasis, common in gestalt therapy, on the client taking responsibility for their statements and actions by using the first person. Certainly there is evidence in this study to connect such pronoun usage with clients taking responsibility for their difficulties and for the task of addressing them (C669 presented a good example of this although it was also present in a number of other cases).

In stating these conclusions regarding the importance of clients using the first person in therapy I am inevitably conscious of the huge volume of research evidence which associates this pronoun with unhelpful functioning, in particular depression. However, I offer here an explanation of how this apparent contradiction can be reconciled.

In a talking therapy session where the client is invited to use “I”, the therapist is creating for the client an opportunity for him/her to really connect with the source of their distress, to understand it and its causes more fully and — importantly I believe — offering them the chance to take responsibility for their feelings, their actions and indeed their situation. I conclude that this is quite different to a situation in which an individual ruminates on their own about their difficulties, perhaps adopting a passive position in which they are the victim of circumstances. Gestalt therapy emphasises the importance of awareness. Perls argued that this in itself was curative. I tend to believe that awareness offers clients choice and as a therapist, I believe we support clients, sometimes, to make difficult choices and/or to face the consequences of those choices. Therapy is empowering; rumination and introspection are not.

If this conclusion has validity then I believe it has implications for the way in which outcome is evaluated in psychotherapy research. Many studies (Arntz, Hawke, Bamelis, Spinhoven and Molendijk, 2012 is a recent example but the practice has been common) evaluate the success of an intervention based on a reduction in clients’ use of FPS pronouns. I do not assert that this would be inappropriate in a study of a writing intervention because here, clients work by themselves in a process characterised by reflection. In such an intervention, it may indeed be appropriate to monitor a shift away from a first person perspective to one in which the views of others are considered (as evidenced by Campbell and Pennebaker, 2003). However, I feel that such measures may be entirely inappropriate if the intervention being researched is interactive and relational, as is the case in talking therapy.

That said, I cannot conclude that this present study has moved us much closer to an understanding of the quantitative aspects of pronoun usage in talking therapy. Certainly there is evidence to suggest that correlations exist, however, further research is needed in which pronoun usage in larger client sample sizes, involving the work of several therapists, is explored. The correlations I found here are strong enough in many cases as to suggest that a study comprising as few as 35 clients would have significant statistical power<sup>29</sup>.

I have offered prospective explanations of some correlations and I have identified that these might form the basis of hypotheses to be tested in these larger studies, with which I hope to be involved if I can identify funding and resources.

Notwithstanding the limitations, especially of the quantitative part of this study, I find it gratifying that I have identified any correlations whatsoever. That a client's use or non-use of one or more of only 19 words in the English language should be associated in any way with improvement in symptoms is, I feel, somewhat remarkable. 50 or perhaps 75 years ago I am sure that therapists and scholars would have laughed at such a suggestion; consider for example the debate in the early 1990s concerning whether language usage was related in any way whatsoever to personality (see for example Schnurr et al., 1993).

I believe this study, certainly the quantitative element, has highlighted yet again the complexity of the relationships between language use, pronoun usage in particular, and distress or recovery from that distress. In attempting to add knowledge to this area I have been fortunate to stand on the shoulders of many others who have gone before me. Each study adds a little more to the overall picture and I can only hope that my contribution here adds a few extra brush strokes to this picture.

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<sup>29</sup> Following convention I have assumed 0.05 for type 1 error and a desired statistical power level of 0.8. Assuming a large correlation and effect, based on Cohen's  $f^2 = 0.35$ , a sample would need to be over three times larger than at present ( $N=35$ ) in order to have sufficient power to suggest generalisability of a correlation significant at the 95% level. Even the sample size required for a medium effect ( $f^2 = 0.15$ ) would not be prohibitive ( $N=67$ ), given collaboration between a number of researchers.

## **Remaining issues / Further research**

Many issues remain uninvestigated and the scope for further research is extensive. I would like to explore further the relationship between change in pronoun usage and outcome but involving a number of therapists working with, ideally, a more representative sample of the clinical population.

One barrier to this type of study is the huge amount of time involved because of the necessity to convert therapy transcripts to text. Regrettably, technology does not yet exist to do this automatically and doing it to a high standard of accuracy requires many hours of dedicated and careful work for each transcript.

This present study does not indicate great potential in the idea of transcribing only certain portions of client sessions, due to the apparent variability of pronoun usage within the session. However, this was a small sample and the analysis fairly rudimentary. The potential benefits of being able to identify samples of therapy talk that would be truly representative of the whole session, are such that I assert this area merits further and more detailed investigation.

Another fruitful area of research is, I submit, an investigation of the benefits of including expressive writing within a talking therapy programme. Evidence for the benefit of the former, used on its own, is now plentiful but I wonder; would a combination of the two be greater than the sum of the parts?

I have mentioned already the idea of attempting to look for correlations between referential activity (RA) and therapist / client pronoun usage. Research to look for correlations between pronoun usage and RA offers the potential to interpret these data from an entirely new perspective. It is my intention to contact Prof Bucci with my results and explore the possibility of collaboration.

Finally, although one of the watch outs of pronoun interventions concerns the risk of destabilising clients who demonstrate diffuse identities or personality disorders, an exploration of the relationship between pronouns and the distress of clients in these circumstances might identify more productive ways of working with these types of presentation.

This is of course not a complete list of the potential research which could be undertaken in this area but it serves to illustrate perhaps that it is a rich and relatively under-explored area and one in which I hope to take an active role in future.

# 11. Products

## **Journal article - Therapy Today**

The following article appeared in the Dec 2011 edition of therapy today. It produced a number of responses from readers and led to my being invited to make a presentation at Sheffield Hallam University.

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<http://www.therapytoday.net/article/66/categories/>

## **Hallam University Presentation**

Dr Bill Naylor, module leader for Counselling and Psychotherapeutic Studies at Sheffield Hallam University invited me to present to final year undergraduates about my ideas concerning pronoun usage and also to review current research.

Their feedback was positive (see overleaf) and Dr Naylor has invited me back to present my research findings in April 2013.

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## **Conference paper**

I presented the findings of my qualitative study at the University of Wales Newport Centre for Counselling and Psychotherapy Research Sixth Annual Conference, Saturday 17th November 2012 in Caerleon, Newport, South Wales.

The presentation was well received and the organisers invited me to submit a paper for the following year's conference in which I would discuss the findings of the quantitative study.

### ***Abstract: You and I talk: Clients' experiences of therapist interventions around pronoun usage***

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### **Aims & purpose of the research**

Use of the first person pronoun (FPP) "I" is said to facilitate "ownership" of feelings (Stewart, 2005) yet evidence for usefulness of this has not been established. Many studies have pointed to the potential negatives associated with FPP usage (Priest, 2011).

The aim of this study was to understand how the client's experiencing of their narrative changed when invited to move from second to first person pronoun.

### **What the research involved**

Post-therapy interview with 8 clients and findings from diaries kept by clients. Sessions audio recorded, enabling exploration with clients of interventions.

### **The findings**

- Many clients reported the interventions extremely powerful, occasionally even shocking
- Not always immediately aware of impact of interventions
- Some clients regarded "noticing" their pronoun usage as important part of their therapy
- Clients occasionally felt confronted by interventions; manner in which they were made, timing and frequency, all important in determining usefulness.

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## **Further publication**

### **Doing practice-based research: a reflexive approach for therapists**

I was invited to submit an illustrative vignette on researching my own clients for “Doing practice-based research: A reflexive approach” (Bager-Charlesson and du Plock, Sage, in press)

### **Book: “You and I Talk: Working therapeutically with pronouns”**

At the time of submitting the document (January 2013) I am in the process of writing a sample chapter and submitting a book proposal to Routledge Mental Health. The text will aim to build on the skills and practice of counselling and psychotherapy professionals in the area of working with the clients’ self in therapy. It will review existing knowledge and show by means of case vignettes, how therapists can support their clients to explore and improve their relationship with self, emphasising the important role of pronouns in this process of acknowledgement, ownership and self responsibility, and highlighting the benefits for clients in terms of process and outcome.

### **Peer reviewed journal submissions**

I am also going to write up my research, exploring different aspects of it, for submission to a number of peer reviewed journals. Currently planned are:

#### ***Exploring the role of first person pronoun use in depression***

Several studies have suggested that above-average use of first person personal pronouns in personal writing is associated with greater levels of depression and even suicidality, yet talk-based psychotherapy often encourages clients experiencing depression, especially after a loss or trauma, to adopt the use of the first person in order to “own” their experiences (and therefore arguably “process” them). There has been little investigation of this apparent dichotomy and having identified this as a potential risk, this study reports on the use of first person pronouns in depressed clients at start and termination of therapy and on the results of an exploration for a link between language usage, depressive symptomatology and outcome. It proposes a new theory to explain the relationship between pronoun usage, mood and risk. *Target Journal*: ‘Depression and Anxiety’.

### ***Client experiences of therapist interventions regarding pronoun use***

Humanistic therapy training encourages counsellors to invite clients to “own” experiences by appropriate use of personal pronouns. This article reports on qualitative research which explored clients’ experiences of being invited to modify their pronoun usage and restate experiences in the first person. A thematic analysis is used to describe the client's response to such invitations, their perceptions of their usefulness and the circumstances in which the client experienced them as helpful or unhelpful. *Target Journals:* “British Journal of Counselling and Guidance” or “Counselling and Psychotherapy Research”.

Finally, and for the longer term: my ambition when I started my DPsych was that it would provide me with the credentials, the knowledge and the confidence to write a book targeted at a general audience of readers who, like me, are curious about the relationship between “I” and “me” and how this relates to our sense of identity. I think this idea has great potential as a consumer-orientated book in the same vein as Daniel Golman’s “Emotional Intelligence” or Steven Pinker’s “The language instinct: The new science of language and mind”.

A provisional title for this book is “Me, Myself, I: How we come to be the people we are”.

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## **Appendices**

# Appendix A - Quantitative content analysis

## A brief history of quantitative content analysis and review of current approaches

### *Definition*

Content analysis has been defined as a systematic, replicable technique for compressing many words of text into fewer content categories based on explicit rules of coding (Berelson, 1952, Krippendorff, 1980 and Weber, 1990 cited in Stemler, 2001). In psychology however, the basic approach to content analysis has been applied to the identification of psychological themes from text, or transcribed speech, including the identification of personality traits, behavioural syndromes, motives and psychopathology. Analyses have also been used in the development of attribution theory, a model of how and why people explain cause and effect in life (McLeod, 2010; Semin and Fiedler, 1988)

### *Precursors*

The precursors of the systematic analysis of text can be traced back to the hermeneutic pursuits of the early Christian church and arguably even to Jewish explanation or interpretation, starting with Ezra.

*On their return from the Babylonian exile, the people of Israel requested that Ezra read to them from the Pentateuch. Nehemiah 8:8 recalls: "They [Ezra and the Levites] read from the Book of the Law of God, making it clear and giving the meaning so that the people could understand what was being read (Virkler and Ayayo, 2007 p. 44)*

However, the history of text (or content) analysis as we would know it today (or the analysis of speech transcribed into text) probably dates back to the Second World War when the Allied powers launched a series of projects in order to analyse the content of Nazi propaganda.

In the United States the wartime government established two teams devoted to this effort; Harold D. Lasswell worked with the Experimental Division for the Study of Wartime Communications at the U.S. Library of Congress. Hans Speier, who had organized a research project on totalitarian communication at the New School for Social Research in New York, assembled a research team at the Foreign Broadcast Intelligence Service (FBIS). For an excellent historical review of content analysis see Klaus Krippendorff (2004).

Lasswell's Library of Congress study, based on quantitative methods, was not particularly successful because the technology available did not permit analytic flexibility. Without computers, quantification required simplifications that defeated the intelligence objectives. Operating beyond the state of the art, it contributed far more to content analysis methodology than to understanding the enemy.

In contrast, Speier's FBIS study, based on more intuitive and qualitative methods of content analysis, enjoyed considerable success in anticipating German actions (de Sola Pool, 1969 p. 208-9).

British efforts produced one of the outstanding cases of propaganda analysis on record. A content analyst was able to infer that Nazi propaganda about the forthcoming use of a secret, airborne, "vengeance weapon" (*vergeltungswaffe*) was no mere "bluff". This inference was made in November 1943, eight months before the use of the V1 flying bomb or "doodlebug" on London.

Although the objective of such announcements was obvious enough, the question remained whether it was mere propaganda or whether a new reprisal weapon really was being prepared for deployment.

**Figure 44** – The first V1 struck London on 13 June 1944



It landed next to the railway bridge on Grove Road, Mile End, Tower Hamlets. Eight civilians were killed and the site now carries a blue plaque. By June 29th, 2000 V1's had been launched at London and by July 5th, 2,500 people had been killed. Even the Air Ministry in the Strand had been hit, with 198 people killed in that attack (Trueman, 2012). Photo: Fin Fahey. Adapted by the Author under the Creative Commons Attribution-Share Alike agreement.

Based on past evidence, the analyst believed that Nazi propaganda never deliberately misled the German people on matters involving increased German military capability. He therefore concluded that it was important to accept the propaganda at face value. Even more impressively, he also inferred that the prolonged delay in the appearance of the new reprisal weapon must have been due to delays in its timetable, not anticipated when the propaganda was issued. This was supported by the observation that it was propaganda minister Goebbels' practice not to make an important propaganda commitment of this nature too far ahead of the date when he expected it to be realised. Further, he was even able to identify the approximate date on which something had happened to cause the delays! (A. L. George, 1956).

### ***Designing a computer-based quantitative analysis***

Anyone attempting to design a computer-based quantitative analysis of speech faces daunting challenges. If a client comes into a session and says to me “there is a storm coming”, then unless they are a meteorologist, I will tend to think they are speaking metaphorically about some upcoming conflict or challenge in their life. I would respond accordingly, rather than for example saying, “Yes, there is a low pressure area moving in from the west”.

To my knowledge (and having made an extensive review of text analysis methodology) there is no software program yet in existence which can make this distinction, certainly not with any degree of reliability.

Yes, artificial intelligence techniques (AI) are making an impact in the field of speech *recognition*. For example, the voice dictation program Dragon NaturallySpeaking, used for typing text by voice, is reasonably context-accurate. When it hears the word “their” or “there”, it can select which spelling to use based on the words dictated either side of it. It can even handle phrases like “He sees shells on the sea shore” where the word “sees” (“seas”) and “sea” (“see”) sound the same yet have different meanings.

Yet this apparently impressive performance is based on the application of simple rules, determined in advance by a human and then implemented within the software. Imagine trying to pre-program the rules to classify speech within the myriad ways in which language can be used within a psychotherapy session.

However, this is what the creators of quantitative text analysis programs have attempted to do. Given that I am using linguistic analysis software in this project, I felt it important to

conduct a review of the options available. This review is detailed here in this appendix, together with a brief history of the development of available approaches.

### ***The Challenge***

If I want to design a quantitative approach from scratch I first have to identify all the words in which I am interested, from the full set of all words in a language. I then have to allocate each of these words to a category. My categorisation of words will inevitably reflect my theoretical model. So for example, a Jungian analyst might look at the word “storm” in the example earlier and see it as some aspect of a universal archetype, whereas a psychoanalytic therapist might conceptualise the same word as an aspect of primitive aggression.

Of course, one word alone does not necessarily convey meaning. A person hearing me say “look out” might perhaps think I am issuing a warning of danger. If they hear me say “look out there is a storm coming” they may hear the warning and realise it relates to a meteorological event, rather than something which represents imminent danger. On the other hand, if the phrase they hear is “Assigned to look out, I see there is a storm coming,” still yet another meaning might be conveyed — the assigning of an order or instruction which was part of duty or responsibility. This might in some analytical situations be more important to the interpretation of the text than the information about the storm; for example, in the context of an exploration of power and responsibility.

So an early decision I have to make relates to the size and nature of the minimum unit of speech which will form the basis of my analysis. In some systems this will be a few words, in others a paragraph or more — essentially, whatever the system designer decides it takes to define a unit of meaning in their particular discipline or research endeavour.

Each researcher will then “code” (more accurately I would say *encode*) this unit of meaning according to their theoretical model. Essentially, this involves assigning it a label that indicates it is in a category that reflects some aspect of the model around which my analysis program is constructed.

For example in Gottschalk and Gleser’s thematic approach the reference to a storm coming would perhaps be coded as *mutilation (castration) anxiety* — a reference within this psychoanalytically-derived method to injury or physical damage, or anxiety about injury or threat.

In fact, such an interpretation (or a similar one) would be common to several approaches; the development of quantitative text analysis in the 20th century was largely constructed

around psychoanalytic and psychodynamic models and in particular there was a focus on using analysis to identify pathology from the speech of patients (Pennebaker and King, 1999). The list of words used in these approaches and their coding, therefore reflected this focus.

### ***Assessing the context***

So, as explained above, each quantitative approach has at its heart a dictionary (the list of words in which I am interested) and a series of categories (sometimes called dimensions or variables) to which these words are allocated. For example, Martindale's Regressive Imagery Dictionary (RID) has 3200 words in its dictionary subdivided into 29 categories; Pennebaker's LIWC has 82 variables. In some systems these divide further into sub categories and it is also possible to apply different weightings to these in order to emphasise some aspects more than others during subsequent analysis. The Gottschalk and Gleser method, for example, employs such weightings. Why? Well, remember this is *quantitative* analysis. Essentially, the aim of all such systems is to enable a comparison of samples of speech or text on the basis of some form of numerical measure or series of values.

As challenging as this might be for any aspiring text analyst, the next part is even more difficult. In the early days of quantitative analysis using computers, the process of allocating speech to a particular category (coding) was undertaken by human judges who trained in the particular discipline guiding the endeavour. Moreover, normal practice was to ask several judges to work on the same piece of text and then compare their work, identifying a measure of consistency normally called "inter-rater reliability". Techniques and measures were developed to calculate the degree of inter-rater reliability with statistical confidence, so that only those interpretations which met a particular, statistically defined, level of quality went forward into the analysis (Kolbe and Burnett, 1991; Neuendorf, 2002; Popping, 1988)

So, if transcribing lengthy portions of speech wasn't time-consuming enough, this process of manual judging meant that early quantitative analysis required considerable time and personnel.

A trade off between analytical sophistication and resources was therefore inevitable. Human coders were able to evaluate language in context but this required extensive time and resources. In contrast, computer-based approaches were more efficient and objective but in the early days at least, they necessarily had to disregard contextual nuance (Fast and Funder, 2008). This trade off was reflected in a divergence between analyses which, on the one hand, were more thematic (largely human coder based e.g. Stiles' Verbal Response Modes) and on

the other hand those that used computers, were fast and which became increasingly inexpensive but which tended merely to count words devoid of context (e.g. LIWC). There were also hybrid approaches which used elements of both human coding and computer analysis (e.g. Gottschalk & Gleser). See Table 21 for an overview of approaches.

The next stage of development involved programming computers to not only count the number of instances of the occurrence of a particular word or phrase and by definition therefore, identify themes (e.g. anxiety about physical harm) but also to automate the resource-intensive, human-based coding process so that it could be undertaken by computers with a reasonable degree of accuracy.

In so doing, researchers had to address the issue of context i.e. to automate, by the use of content and/or grammatical rules, a process that is instinctive or almost automatic in most humans but which can leave computers seriously lacking. As this challenge was slowly met, quantitative methods gained an extra dimension — so called *semantic* text analysis. This sought to provide not only information on the content of speech or conversation but also its *meaning*. By specifying within the program the concrete nature of relationships between and among themes, it became possible to apply the benefits of electronic computing (speed, reliability, thoroughness, low cost, and tireless repetitive analysis) and to add additional insights to previous all-human efforts.

Achieving this wasn't easy. The first attempt to do so was The General Inquirer (Stone, Bales, Namewirth and Ogilvie, 1962; Stone, Dunphy and Smith, 1966). See p. 288 of this Appendix for details.

An example of what it was possible to achieve with this approach relates to the analysis of real and genuine suicide notes.

Ogilvie, Stone and Hunt (1966) used the General Inquirer to examine 33 pairs of genuine and simulated suicide notes, analysed originally by Gottschalk and Gleser's human-based system. The original analysis found that genuine notes had more references to people, places, and things, and fewer references to cognitive processes, or "thinking" words.

**Table 21** - Overview of eight influential quantitative text analysis approaches in psychology

<b>Name</b>	<b>Reference</b>	<b>Linguistic parameters</b>	<b>Coding</b>
<b>Analysis of Verbal Behaviour</b>	Weintraub	15 dimensions including pronouns (I, we, me), negatives (e.g. not, no, never), qualifiers (e.g. kind of), expressions of feelings (e.g. love), and adverbial intensifiers (e.g. really so)	judges
<b>Gottschalk-Gleser Method</b>	Gottschalk et al	Clinical phenomena (e.g. anxiety, hostility, social alienation, depression, cognitive impairment)	judges/ computer
<b>General Inquirer</b>	Stone et al.	Harvard III Psycho-sociological Dictionary Stanford Political Dictionary. Need-Achievement Dictionary	computer
<b>Verbal Response Modes</b>	Stiles	8 verbal response modes and 6 role dimensions	judges (with computer-based training)
<b>TAS/C</b>	Mergenthaler	Emotional tone, abstraction, referential activity	computer
<b>DICTION</b>	Hart	5 master variables (certainty, optimism, activity, realism, commonality) with a total of 35 linguistic sub-dimensions	computer
<b>LSA</b>	Landauer et al.	2 strategies with focus either on low (content approach) or high (style approach)	computer
<b>LIWC</b>	Pennebaker et al.	Standard linguistic dimensions (e.g. pronouns, articles), psychological processes (e.g. emotion words, causation words), relativity (past tense, inclusive words), personal concerns (e.g. school, religion, sexuality)	computer

Adapted from Mehl - 'Quantitative text analysis' (2006, p. 147). For a listing and brief review of the majority of computer programs available for quantitative text analysis at the end of the 20<sup>th</sup> century see (Popping, 1997).

The General Inquirer not only found the same differences but also additional distinctions, including differences in the words used for self-reference and a lack of references to emotional states in the genuine notes. Based on these findings, Stone developed a program that applied a discriminant function to the notes, based partly on pronoun usage<sup>30</sup>. This was able to correctly identify the genuine notes in 30 of the 33 pairs – a success rate in excess of 90% (cited in Diefenbach, 2001).

There were some who insisted that software programs could never produce results with the same validity as human coders. Gilbert Shapiro stated that “content analysis enables us to measure, with perfect reliability, variables neither we nor our publics want to know anything about” (Shapiro, 1997).

Despite increasing capability the construction of a custom dictionary, along with the specification of context rules and relationships within the General Inquirer, remains time consuming. In many cases the process is not yet able to deal with the many ambiguous ways in which words are used. To the extent that it can, the process is really best suited to larger scale projects that justify the time and cost involved. However, the General Inquirer is typical of the leading edge in computerised text analysis (Pennebaker et al., 2003). A version is available for desktop computers (Mehl, 2006).

The modern capability of programs like the General Inquirer within psychological research, along with equally impressive contemporaries like LIWC and DAAP, belie their humble beginnings. I next turn to a review and brief history of text analysis approaches in psychology.

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<sup>30</sup> Interestingly, Jess Shapero conducted a comparison of these same notes with 286 suicide notes collected from the Birmingham Coroner’s Office for her PhD at the University of Birmingham, completed in 2011. She found that the genuine notes included significantly greater proportions of the pronouns “I”, “you”, “my” and “me” but she did not conclude that most suicide notes were, at least to some extent, concerned with the Self (Shapero, 2011 p. 175).

## ***Text Analysis in Psychology***

### ***Walter Weintraub***

From the 1950's onwards, a number of systematic quantitative approaches to the analysis of transcribed text or speech began to emerge.

Weintraub qualified as a medical doctor in Geneva. He went into analysis as a patient during his training and again later on towards the end of his time as a resident physician in Baltimore in the 1950s. He later became a student at the Baltimore Washington Center for Psychoanalysis.

At that time, psychiatric training emphasised psychoanalysis "almost to the exclusion of everything else" (Klee, 1998). However, in Baltimore, both at University of Maryland School of Medicine and at The Johns Hopkins Hospital, there was "intense interest in experimental approaches to psychiatry" (*ibid*).

Weintraub (along with H. Aronson) is credited with having developed "the first truly transparent text analysis method" (Tausczik and Pennebaker, 2010 p. 26).

He and Aronson summarised years of research in a series of five papers entitled "*The application of verbal behavior analysis to the study of psychological defense mechanisms*", each dealing with a different aspect of psychopathology (Weintraub and Aronson, 1962; Weintraub and Aronson, 1964; Weintraub and Aronson, 1965; Weintraub and Aronson, 1967; Weintraub and Aronson, 1969; Weintraub and Aronson, 1974) and two books (Weintraub, 1981; Weintraub, 1989).

Aronson and Weintraub's work, though revolutionary in its time, was hugely labour-intensive and conceptually complex. However, the development and availability of, first mainframe and then personal, computers created a revolution in the quantitative analysis of speech and with it, enormous leaps forward in our understanding of the relationship between health, pathology, speech and in particular, pronoun usage.

According to Mehl (2006) approaches differed according to the type of variable analysed in each:

- In thematic text analysis, occurrences of themes (or concepts) were examined
- In a semantic text analysis, sentences (or clauses) were examined and the relationship between themes was explored

- In network text analysis the focus was on themes' and/or sentences' locations within networks of interrelated themes.

The three approaches are not mutually exclusive and were sometimes combined in the same analysis.

### ***Gottschalk & Gleser***

Between 1948-1951 and whilst a research associate at Institute for Psychosomatic and Psychiatric Research in Chicago, Louis Gottschalk became interested in whether emotional factors contributed to triggering epileptic convulsions. It was during these studies that he decided to pursue the systematic analysis of verbal behaviour and he found strong evidence that psychological factors played a causal role in epileptic seizures in a group of children (Gottschalk and Gleser, 1969).

After moving to become a research psychiatrist at the National Institute of Mental Health at Bethesda, he conducted further research which showed that separation anxiety appeared to trigger many of the epileptic seizures in military personnel who had developed seizures during their tours of duty. He also found that speaking or doing silent mental arithmetic tended to suppress the frequency of paroxysmal electroencephalographic activity.

In another study carried out with Hambidge (1958, cited in *ibid*, p. x-xi), 80 verbal samples were obtained over a year from a patient in weekly psychoanalysis. He found that the choice and frequency of use of certain words in the verbal samples were related to the dynamic state of the patient both quantitatively and qualitatively, as observed in the treatment sessions.

In 1955 he met Goldine Gleser, a psychologist with experience in interdisciplinary research and statistics. In collaboration they studied speech at both word and thematic level. The former approach was applied to a set of false and genuine suicide notes, in part furnished by the Cincinnati Police Department, in an investigation to determine factors contributing to suicide. They found that by taking into account second and third person pronouns, it was possible to successfully identify 94% of genuine suicide notes while misidentifying only 15% of false ones (*ibid* p. xii).

Gottschalk and Gleser, along with Carolyn Winget next developed a thematic approach in which speech from a five minute verbal sample produced from intentionally ambiguous directions was transcribed and analysed by trained coders. It involved participants recording a five minute monologue on a personal life experience. The verbatim transcripts were then submitted to a content analysis and were coded in line with psychodynamic theory.

Recognising that feelings may be subjectively experienced but not necessarily acknowledged by the speaker as an emotion, they coded not only statements “assigning affect to the self (conscious or overt affect) but also statements attributing affect to others, human or subhuman, and to inanimate objects (preconscious or covert affect)” (Gottschalk, Kaplan, Gleser and Winget, 1962 p. 302).

Whenever one of the themes was mentioned, a weight was assigned according to the degree of (psychodynamic) association with the self e.g., self: “I was scared I could die” (+3) vs. other people: “He was scared he could die” (+2) versus objects: “The dog was scared it could die” (+1) (Mehl, 2006).

For example, the clause “They made fun of me” would be coded for shame/anxiety experienced by self. If it were followed by the clause, “They’ve done that ever since I can remember”, this too would be coded similarly.

Parts of speech were allocated to one of a number of categories (such as “Hostility”) according to psychodynamic theory. These were further divided into sub-categories e.g. “Hostility Inward”. So, for example, Anxiety divides into:

1. Death anxiety—references to death, dying, threat of death, or anxiety about
2. Mutilation (castration) anxiety—references to injury, tissue, or physical damage, or anxiety about injury or threat
3. Separation anxiety—references to desertion, abandonment, loneliness, ostracism, loss of support, falling, loss of love or love object, or threat of such
4. Guilt anxiety—references to adverse criticism, abuse, condemnation, moral disapproval, guilt, or threat of such
5. Shame anxiety—references to ridicule, inadequacy, shame, embarrassment, humiliation, over-exposure of deficiencies or private details, or threat of such
6. Diffuse or nonspecific anxiety

And these categories, in turn, further subdivide into:

- a. self (3).
- b. animate others (2).
- c. inanimate objects (1).
- d. denial (1).

Examples:

- The teacher made us feel ashamed. (5a3)
- We all had bloody noses / before it was over. (2a3)
- We thought / the shell had our name on it. (1a3)
- The cops chased us all over the park. (4a3)
- We were worried about it. (6a3)

The numeral placed just after the “self”, “animate others” etc., indicates the weight to be given; a scoring symbol of 1a3, for example, can be interpreted as “death anxiety experienced by self, weighted three” (Gottschalk, Winget and Gleser, 1968 p. 29-31).

Phrases in which a pronoun clearly stood for a previously coded event or experience were coded similarly.

The authors recognised in the use of the English language a tendency for speakers to use either “one” or “you” to mean both generalized others and/or the self. The phrase *“You work hard and struggle to the best of your ability all your life / and at the end you got nothing / and you die all alone”* would be scored as affect attributed to the self rather than to others. In contrast *“You have to go up a terribly winding road to get there”* would be scored as referring to a generalised other.

By applying this approach to both “normal” and patient samples they developed a series of scales for assessing from speech, levels of anxiety, hostility, and social alienation/personal disorganization, the latter associated with schizophrenia.

The approach was time consuming, requiring the use of highly trained coders who could code clauses to a correlation level of at least 0.80 with experts in psychodynamic theory.

Starting in the late 1970s it was gradually automated for use on a computer. Gottschalk worked with Robert J. Bechtel to develop an artificial intelligence program which could produce these and other measures from a single five-minute sample of speech.

However, Gottschalk and Gleser were not alone in their efforts to develop methods to recognise psychopathology in speech content.

## ***The General Inquirer***

The General Inquirer was developed at Harvard by Philip J. Stone and his team in the spring of 1961 for computerised content analysis of non-numerical data. Generally considered the “mother of computerised text analysis” (Pennebaker et al., 2003 p. 550) it was not intended as an automatic data processor that would replace the skilled investigator. Rather, it was intended as a system that would aid the researcher in organising analysis procedures, making them more transparent (Stone et al., 1962).

It ran originally on an IBM 7090, the first commercial computer with transistor logic (see figure 45).

During 1962, the General Inquirer was merged with the Hunt Concept Learner, developed by Earl Hunt at the University of Sydney, to produce a method for automatic theme analysis (Stone et al., 1966).

Though cutting edge at the time, users were limited to memory partitions of 256-512kb (a quarter to half a megabyte) - about as much as is used today to load a short Word document into memory. The charge for an hour of mainframe computer time was about a month’s wage for a secretary – small wonder then that most non-commercial research like this was conducted on university mainframes. Text itself had to be punched onto cards for reading by the computer and a megabyte of text was about six boxes i.e., more than a person could carry (Stone, 1997 p. 42). For comparison, this document takes up about three quarters of a megabyte.

Developed primarily for the investigation of psychological themes in text or transcribed speech, it was based originally on a dictionary of the most frequent 3000 words in the English language plus several hundred words that were of particular interest to psychologists, representing ideas from Lewinian field theory, role theory, psychoanalytic theory and interpersonal relations.



**Figure 45** - The IBM 7090 - the cutting edge of computing in 1962 (Photo from Pitts, 9 July 2012).

It cost \$3m (or a mere \$63,500 a month to rent). As well as analysing texts at Harvard it was used by NASA to control the Mercury and Gemini space flights (Wikipedia, 2012).

Other dictionaries which became available later included the Harvard III Psycho-sociological Dictionary, the Stanford Political Dictionary and the Need-Achievement Dictionary, the latter created to automate the judge-based scoring of imagery generated from Murray's Thematic Apperception Test (Mehl, 2006). In fact, any word dictionary could be used and users were free to create their own.

Thus the General Inquirer was able to quickly perform context-dependent word counts on virtually any topic, based on theoretical constructs defined by the user. For example, the concept of "sadness" might be defined by the use of words such as "sad", "cry", "loss", or "alone" (Pennebaker and King, 1999). However it was also designed to go further than this; in a second stage it could identify ambiguous words that have context-dependent meaning (homographs). It then applied a series of pre-programmed disambiguation rules designed to clarify their meaning in the text.

The General Inquirer was conceived as, and remains, a "top down" analysis tool in as much as the parameters are defined according to the theoretical constructs of the user; it is deductive rather than inductive in scope, ideal for researchers wishing to test hypotheses.

One of its strengths lies in its flexibility; the user can define whatever dictionary they wish, based on their particular area of interest. However, the construction of a dictionary and the identification of categories is a time-consuming process (Mehl, 2006). More time consuming still is the construction of the rules for the second, disambiguation, stage.

My own research on this project is exploratory and inductive. Moreover, it is a very small scale project. The time required to construct a dictionary and disambiguation rules would be out of proportion to the number of cases involved. So, for these reasons, even though the General Inquirer exists today in a form suitable for use on a PC, I do not consider it suitable as an analysis tool in my project.

### ***Colin Martindale and the Regressive Imagery Dictionary (RID)***

In the late 1960s and early 1970s, Colin Martindale at the University of Maine developed a content analysis coding scheme designed to measure primordial (or "primary process") thinking versus conceptual thinking within texts. The former is the type of thinking found in fantasy, reverie and dreams. It is associative and takes little account of reality. In contrast, conceptual thought is abstract, logical, reality-oriented, and aimed at problem solving (Franco and Kulberg, 1975).

Inspired by psychodynamic ideas, the rationale behind the dictionary is that psychological processes will be reflected in the content of a text. For example, the more primordial the thought involved in producing a text, the less abstract and the more drive and sensation-oriented words it should contain.

The English version of the RID comprised about 3,200 words and word stems that fell into 29 categories of primary process cognition (e.g., references to sensation, regressive cognition like narcissism and Icarian imagery [ascent, descent, flying, diving, leaping, tall structures]), 7 categories of secondary process cognition (e.g., abstraction, social behaviour), and 7 emotion categories (e.g., positive affect, anxiety). These 29 categories were reducible to ten summary categories (see Figure 46).

**Figure 46** - Martindale's Regressive Imagery Dictionary - 10 Summary Categories

RID Summary Categories	
Regression	Male
Icarian imagery	Female
Emotion	Drive
Secondary process	Sensation
Primary process	Defensiveness

Martindale then went on to develop a software program, *Count: A PL/I Program for Content Analysis of Natural Language* (Martindale, 1973 cited in Martindale and Dailey, 1996) which enabled the user to count the number of words that corresponded to the words in the categories and to provide raw counts and percentage frequencies as output. This output could then be subjected to statistical analyses.

Evidence for the construct validity of the RID was found in numerous studies where the measure behaved as theoretically predicted. To cite but a few examples; Significantly more primordial content was found in the poetry of poets who exhibited signs of psychopathology than in that of poets who exhibited no such signs (Martindale, 1975). More primordial content was found in psychotherapy sessions which contained guided visualisations than in those which did not (Stigler and Pokorny, 2001) and in psychoanalytic sessions marked by “therapeutic work” compared with those marked by resistance and defensiveness (Reynes, Martindale and Dahl, 1984). A study conducted by Martindale with Audrey Dailey found evidence to suggest that creativity, primary process thinking, extraversion and psychoticism were interrelated and that the common thread linking them together might be disinhibition.

Marijuana was found to increase the amount of primordial content in output from the Thematic Apperception Test (West, Martindale, Hines and Roth, 1983).

However, despite an impressive body of studies, conducted over nearly 40 years, Martindale's work using RID work has not enjoyed widespread attention in mainstream psychology (Mehl, 2006).

Although intriguing, and despite the RID being available as a module of the PC-based WordStat analysis program (Provalis Research, 2012), it is clearly not the appropriate tool to use in my own study, which does not seek to reference psychoanalytic concepts.

### ***Wilma Bucci - Multiple Code Theory and Referential Activity (RA)***

Wilma Bucci of the Derner Institute at Adelphi University, New York works at the intersection of cognitive science and affective neuroscience with psychoanalysis and psychotherapy process research. Among her many contributions in this area is her book "*Psychoanalysis and Cognitive Science: A Multiple Code Theory*" (Bucci, 1997).

In this book she acknowledges what she describes, "the great divide that now exists between psychoanalysis and cognitive psychology" (p. 1). She describes Multiple Code Theory as "the conceptual bridge that is being built" between these two disciplines.

Some of Bucci's research is aimed at discovering the short and long-term effects of different interventions within psychotherapy. She analyses therapist-client exchanges on a moment-by-moment basis, to provide information on the impact of various therapist and client activities within the therapeutic dyad (Bucci and Bornstein, 1998).

In an example of her more recent research (Bucci, Maskit and Hoffman, 2012) she provides findings that indicate a strong relationship between trainee psychoanalysts' subjective experience of their patients, as represented unintentionally in the linguistic style of their case notes, and the effectiveness of their clinical work.

Central to this understanding is "referential activity" (RA).

To understand this, Bucci first asks us to accept the idea that all non-verbal experience is expressed in speech. Higher levels of RA go hand-in-hand with the description of experiences that are being deeply felt in the moment. The process is bidirectional, so that words spoken by others or read can also be translated back to non-verbal form of experiencing.

With reference to my own work, I would hypothesise that speech in which the client talks about their experiences in the first person would be higher in RA in speech where they use the second or third person.

An example of language that is high in RA might be:

*I can't stand fruits with bad spots in it. It gives me the creeps. So I picked up that pineapple and it looked so nice, and then my finger went right through inside it, into this brown, slimy, mushy stuff, and my stomach just turned over* (Bucci, Kabasakalian-McKay & the RA Research Group, 1992, p. 47 cited in Maskit and Murphy, 2011)

Language that is low in RA lacks emotional detail and sense of immediacy. It does not conjure up images or sensations and it tends to be more abstract and general. It is perhaps familiar to every frustrated therapist:

*I love people and I like to be with people. And right now I feel very bad because I can't be with them and do the things I would like to do. But I'm looking forward to a happier and healthier future and - I don't know what else to say. What else can I talk about? Well - I've had a very eventful life, I think. I've worked practically all my life and I love people* (Bucci, Kabasakalian-McKay & the RA Research Group, 1992, p. 54 cited in Maskit and Murphy, 2011)

Levels of RA may show state variance; that is to say, RA changes in an individual over time as a function of external and internal events. It may also show differences between people that are more stable over time – so called trait variance.

The first method for computerised scoring of RA was the *Computerized Referential Activity* (CRA) measure of Mergenthaler and Bucci (1999).

Erhard Mergenthaler and his research group at the University of Ulm in Germany had previously recognised a need for computer-assisted text analysis to characterize clinically important moments in psychotherapy sessions, often considered to be a turning point or breakthrough.

They developed a computer program called TAS/C which focused on two language dimensions; emotional tone and abstraction. They hypothesised that, emotion-abstraction patterns occur periodically in psychotherapy; insight (abstraction) followed emotional events (emotion) with a time lag (Mergenthaler, 1996).

Their emotional words dictionary contained in excess of 2000 items capturing three dimensions; pleasure, approval and attachment, accounting for roughly 5% of the words of a text. Abstraction was defined as the amount of abstract nouns in a given text, by the use of suffixes such as -ity, -ness, -ment, -ing or -ion (3900 entries and about 4% of the text).

TAS/C analysis of emotion-abstraction patterns was first applied to verbatim therapy protocols (Mergenthaler *ibid*) and attachment interviews (Buchheim and Mergenthaler, 2000) before the collaboration with Bucci.

In the Mergenthaler and Bucci study (1999) the aim of this study was to develop a computer assisted procedure to model RA as had previously been scored by raters. Extreme samples of both low and high RA scales were selected from a large text corpus previously rated by experienced and reliable judges.

Words that occurred significantly more frequently in each sample were then identified. A set of 181 frequent words was thus derived and these words were used as dictionaries for the Computerized Referential Activity (CRA) measure.

This enabled fluctuations in RA in speech to be tracked but still required either the arbitrary segmentation of the text into units of fixed size, or labour-intensive operator-scored segmentation (Bucci and Maskit, 2006).

A modified and enhanced version, called the *Weighted Referential Activity Dictionary* (WRAD), was later developed, based on over a thousand segments scored by judges (Bucci and Maskit, 2004; S. Murphy and Maskit, 2012).

As its name suggests, WRAD is a weighted dictionary. Most text analysis programs match words in a sample to the preferred dictionary, count the number of occurrences of each word and divide by the total word count to calculate a proportion, normally expressed as a percentage.

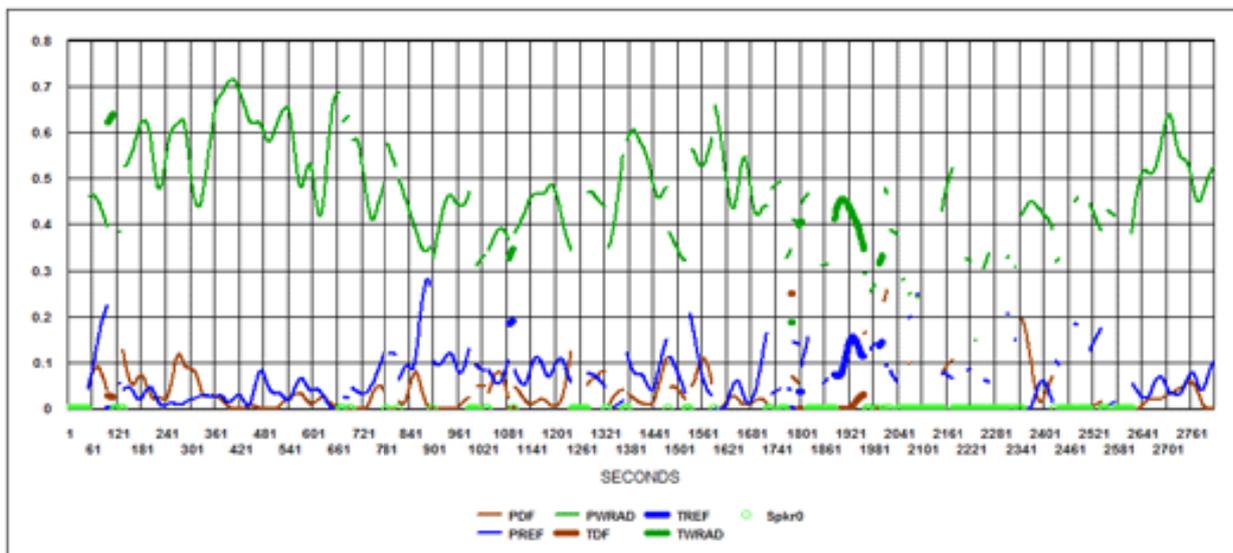
It is claimed (S. Murphy and Maskit, 2012) that the use of a weighted dictionary like WRAD can increase predictive capacity, since values and degrees of importance can be assigned to a given word. In contrast, in an unweighted (binary) dictionary, all matching words in a given category contribute equally to the score generated.

Weighted dictionaries are said to be important in the assessment of stylistic variables, which tend to vary in degree. In contrast, content features can usually be defined as present or absent, hence the term “binary” (Bucci and Maskit, 2006).

At the time of writing (Aug 2012) WRAD is claimed by its creators to be the only such dictionary in existence (S. Murphy and Maskit, 2012).

The WRAD dictionary is used with the *Discourse Attributes Analysis Program* (DAAP) designed by Bernard Maskit. DAAP permits the use of both weighted and unweighted dictionaries and produces an RA score for any natural language segment. It generates a smoothed continuous RA score across the segment (See Figure 47.)

**Figure 47** - Referential activity in a session of psychoanalysis



NB: When the green line (Referential Activity using the WRAD) is at a peak, and the blue line, which shows the speaker’s use of reflection words (e.g. “think”, “plan”, “reason”) is in a trough, the speaker is immersed in the narrative he/she is telling. This can then be linked to therapist activity.

The WRAD using DAAP has been used in a growing number of studies to analyse narrative and identify psychopathology; for example post traumatic stress (Hashemi et al., 2008); to determine the degree of mothers’ emotional connection to their children as represented in their narratives (Christian, Hoffman, Bucci, Crimins and Worth, 2010); to explore the language of anorexia nervosa (Ben-Meir, Bucci and Bers, 2009); and to explore the therapeutic micro-process, looking at the relationship between RA and clinical ratings, based on a psychoanalytic perspective (as shown in Figure 47 above) (Bucci and Maskit, 2007).

One critique of this approach points out that tracking the use of words deemed to indicate emotion may actually be a poor indicator of emotional state. Even in emotion laden poetry and certainly in everyday speech, emotion words account for less than 5% of total content.

Humans have evolved other, more powerfully communicative, means of expressing emotion using tone of voice, gesture and facial expression, perhaps relegating emotion in language to a less important role (Pennebaker et al., 2003).

Nevertheless, identification of Referential Activity (RA) is I believe potentially very important to the study of psychotherapy process and outcome. DAAP appears to be a highly sophisticated analysis tool in this regard. The possibility of identifying a link between changed pronoun usage and increased RA, and then exploring it should such a link be found to exist, intrigues me. However, this is not the study I embarked upon for my DPsych. Using DAAP would introduce an entirely new concept (RA). Moreover, my reading of the literature (and specifically the data output from studies) suggests to me that DAAP is computationally complex, requiring a high degree of mathematical ability on the part of the user. For these reasons, I reached the conclusion that it was not suitable in this case. However, having learned about it I am, as I said, intrigued; the concept of RA and the tools to identify it within texts, will stay on my list of potential post-doctoral projects.

### ***William Stiles — Verbal Response Modes***

William Stiles is Professor of Psychology at Miami University, Oxford, Ohio. His main contribution to the field of psychotherapy research and linguistic analysis was his development of six modes or “help intended” verbal response, identified originally by Jerry Goodman who was Stiles’ clinical supervisor during his training.

1. Question, for gathering information
2. Advisement, for guiding another’s behaviour
3. Silence, for providing interpersonal space
4. Interpretation, for explaining or classifying another’s behaviour
5. Reflection, for expressing empathy and
6. Disclosure, for revealing one’s personal condition.

Stiles was attracted to this way of describing talk by his observations of the therapeutic power of reflections. He went on to investigate the effects of different responsibility and psychotherapy, hypothesising that client-perceived “high spots” in therapy sessions would be associated with reflections more than with other types of therapist responses.

He further classified responses based on “source of experience” and “frame of reference”. For example in reflection, the therapist attempts to describe the client’s experience viewed from within the client’s own frame of reference.

In contrast, in an interpretation the therapist might talk about the client's experience but from the perspective of an external frame of reference, such as the therapist's own opinions or a guiding psychological theory.

Stiles then further developed these ideas over two decades, ultimately producing a sophisticated taxonomy as described in Table 22 overleaf. This incorporated the use of pronouns as a means of classifying the verbal response. For example, the first person plural "we" is used when the speaker is confirming from their own frame of reference, the other person's experience.

Each of the eight basic modes (e.g. advisement, confirmation, question etc) is then classified as informative or attentive, as either directive or acquiescent and as either presumptuous or unassuming. This produces a series of six role dimensions, each of which comprises different elements from the verbal response modes (see Table 23).

Stiles conducted a number of studies and published a series of papers investigating the therapeutic effectiveness of different styles of interaction in psychotherapy (Stiles, 1979; Stiles, Shapiro and Elliott, 1986; Stiles, Shapiro and Firth-Cozens, 1988) including studies which challenged some of the assumptions which had underpinned many conventional studies of psychotherapy process and outcome (Stiles and Shapiro, 1994).

**Table 22 - Stiles' taxonomy of verbal response modes**

Source of experience	Frame of reference	Presumption	
		Other	Speaker
<b>Other</b>	<b>Other</b>	<i>Reflection (r)</i>	<i>Acknowledgment (k)</i>
		<i>Form:</i> Second person; verb implies internal experience or volitional action.	<i>Form:</i> Non-lexical or contentless utterances; terms of address or salutation.
		<i>Intent:</i> Puts other's experience into words; repetitions, restatements, clarifications.	<i>Intent:</i> Conveys receipt of or receptiveness to other's communication; simple acceptance, salutations.
<b>Other</b>	<b>Speaker</b>	<i>Interpretation (i)</i>	<i>Question (q)</i>
		<i>Form:</i> Second person ("you"); verb implies an attribute or ability of the other; terms of evaluation.	<i>Form:</i> Interrogative, with inverted subject-verb order or interrogative words.
		<i>Intent:</i> Explains or labels the other; judgments or evaluations of other's experience or behavior.	<i>Intent:</i> Requests information or guidance.
<b>Speaker</b>	<b>Other</b>	<i>Confirmation (c)</i>	<i>Edification (e)</i>
		<i>Form:</i> First person plural ("we") where referent includes other.	<i>Form:</i> Declarative; third person (e.g., "he," "she," "it").
		<i>Intent:</i> Compares speaker's experience with other's; agreement, disagreement, shared experience or belief.	<i>Intent:</i> States objective information.
<b>Speaker</b>	<b>Speaker</b>	<i>Advisement (a)</i>	<i>Disclosure (d)</i>
		<i>Form:</i> Imperative, or second person with verb of permission, prohibition, or obligation.	<i>Form:</i> Declarative; first person singular ("I") or first person plural ("we") where other is not a referent.
		<i>Intent:</i> Attempts to guide behaviour; suggestions, commands, permission, prohibition.	<i>Intent:</i> Reveals thoughts, feelings, wishes, perceptions, or intentions.

**Table 23** - Constituent verbal response modes of role dimensions

<i>Role dimension</i>	<i>Constituent verbal response modes</i>
<b>Informativeness</b>	Confirmation, Edification, Advisement, Disclosure
<b>Attentiveness</b>	Reflection, Acknowledgment, Interpretation, Question
<b>Directiveness</b>	Interpretation, Question, Advisement, Disclosure
<b>Acquiescence</b>	Reflection, Acknowledgment, Confirmation, Edification
<b>Presumptuousness</b>	Reflection, Interpretation, Confirmation, Advisement
<b>Unassumingness</b>	Acknowledgment, Edification, Question, Disclosure

Throughout his research Stiles found that therapists working according to different theoretical models used different verbal response modes. Clients, however, had similar response profiles, despite these differences in therapist mode use. He asserted that the common elements that made therapy effective lay in the speech and behaviour of the client, rather than that of the therapist (Stiles and Sultan, 1979).

Stiles proposed (1987) that a common element in successful psychotherapy might be the power of disclosure. He suggested (*ibid*, p. 261) that people who were distressed become preoccupied with their problems, to such an extent that they may become trapped in their own frame of reference; the subjective meaning of events—including their feelings — become so persistent that they overwhelm other thinking and normal functioning. In this sense, Stiles occupied common ground with Weintraub (1989) and Pennebaker (King and Holden, 1998) who developed a theory of emotional suppression being associated with impaired physical health.

### ***Word Analysis – James Pennebaker and LIWC***

James Pennebaker is Professor and Chair of the Department of Psychology at the University of Texas at Austin. In the early 1980s he worked as an instructor in the polygraph unit at the FBI training facility in Quantico, Virginia.

He noticed that when people confessed to crimes there was a notable reduction in their physiological markers of stress, as measured by the polygraph. Even though they often faced punishment or imprisonment, he noticed that after they had confessed, their heart rates and blood pressure decreased and their hands got drier (King and Holden, 1998).

This sparked a lifelong interest in the relationship between disclosure and stress. Moving into an academic career he discovered that people reporting sexual traumas were more likely to be diagnosed with cancer or heart disease and were three times more likely to have gone to the hospital in the previous year. Moreover whilst any trauma had adverse effects, *undisclosed* trauma doubled the risk of illness (King and Holden, 1998; Pennebaker et al., 2010).

By now, he was working on a number of studies of depression and how people dealt with catastrophic upheavals in their lives. He had his graduate students working through thousands upon thousands of diary entries written by unhappy individuals, analysing their language manually. Pennebaker described what happened next in an informal conversation with (and reported by) University of Texas colleague David Beaver:

*He [Pennebaker] quickly realized that if he followed that line of research for much longer, he'd end up with no graduate students at all. So his only option was to create a program to read the diary entries automatically. And thus was computational linguistics (Pennebaker style) born* (Beaver, 2008).

James Pennebaker and his colleagues took a different approach in their development of software to analyse the content of speech and text. Like the General Inquirer, their “Linguistic Enquiry and Word Count” program (called LIWC and pronounced “Luke”) counts the number of particular types of words. Unlike the General Inquirer and most other analysis programs however, LIWC is not bound to a particular theory (such as psychoanalysis). Nor does it attempt to determine context. So, for example, LIWC does not consider if words are used ironically or sarcastically; nor does it consider the dual meaning of words. It simply counts the number of occurrences of words, which are then allocated automatically to 22 standard linguistic dimensions, (e.g., percentage of words in the text that are pronouns, articles, auxiliary verbs, etc.), 32 word categories tapping psychological constructs (e.g., affect, cognition, biological processes), 7 personal concern categories (e.g., work, home, leisure activities), 3 paralinguistic dimensions (assents, fillers, non-fluencies), and 12 punctuation categories (full stops, commas, etc) (Pennebaker et al., 2007).

In this sense, LIWC is very much “bottom up” in its approach. It operates transparently and it is up to the user to make what they will of the findings. In contrast, most computerised approaches are “top down”, with the parameters defined in advance. This means LIWC is inductive in its approach and is arguably more suited for general exploration and theory development, as will be the case in my own study.

But does this more simplistic approach have genuine utility? In the early 1990s there were some who questioned whether the type of simple word counts, as used early on in the General Inquirer and later on in LIWC, could unlock psychological insights. For example, if a speaker routinely used a high number of articles (“the”, “a”) or adjectives, could this provide insight into the speaker’s personality or psychological world? (Zeldow and McAdams (1993) cited in Pennebaker et al., 2007)

If LIWC “merely” counted the frequency of word use, could, or indeed would, these frequency counts convey anything useful about the speaker of these words. A lot of the arguments concerned the question of whether word use was linked in any way to personality. Do we speak a particular way because we have a particular personality or set of psychological attributes?

On the one hand, were those who argued that our choice of words must say something important; there might be five different words to describe the same concept or action - why choose that particular one? And we all know people whose language might be especially flowery or imprecise whilst yet another person might be very direct and to the point. Surely their language was part of them, a part of their personality, or so the argument went.

In response to such arguments, language use was said not to be a stable or consistent aspect of our way of being. Circumstances might dictate for example that a person spoke in an animated way one time and in a rather down or depressed way on another occasion, purely on the basis of what was happening for them.

At the time there was insufficient research evidence to address these issues and answer such questions but since then a large number of studies have provided evidence to support the use of word count approaches like LIWC.

In his review of quantitative text analysis, Mehl (2006) states:

*Across a series of studies, the words that people use in their spoken and written language have emerged as stable over time and across context (Gleser, Gottschalk, & Watkins, 1959; Mehl & Pennebaker, 2003; Pennebaker & King, 1999; Schnurr, Rosenberg, & Oxman, 1986). Also, spontaneous word choice shows reliable and theoretically meaningful associations with demographic variables (Groom et al., 2004; Pennebaker & Stone, 2003) and traditional personality measures (Pennebaker et al., 2003), but also predicts, for example, real-life health behaviors over and beyond the Big Five dimensions (Pennebaker & King, 1999).*

In unpicking these arguments it is important to differentiate between linguistic content (i.e. the words people use) and their *style* of speaking (i.e. how people put their words together to create a message).

Pennebaker and his colleague Cindy Chung provide a nice example of this:

*Consider the ways in which three different people might summarize how they feel about ice cream:*

*Person A: I'd have to say that I like ice cream.*

*Person B: The experience of eating a scoop of ice cream is certainly quite satisfactory.*

*Person C: Yummy. Good stuff.*

*All three are saying essentially the same thing, but their ways of expressing themselves are hinting at other issues: Person A is a bit tentative; Person B is overly formal and stiff; Person C more easy-going and uninhibited. The three people differ in their pronoun usage, use of large versus small words, verbosity, and dozens of other dimensions (Pennebaker and Chung, 2011).*

Pennebaker and his team's own work, starting in the 1980s, reflected his interest in the relationship between stress, disclosure and health. They discovered that when people wrote about traumatic experiences for 3–4 days, for as little as 15–30 minutes per day, they subsequently exhibited improvements in physical health (Chung and Pennebaker, 2007; Lepore and Smyth, 2002; Pennebaker, Kiecolt-Glaser and Glaser, 1988).

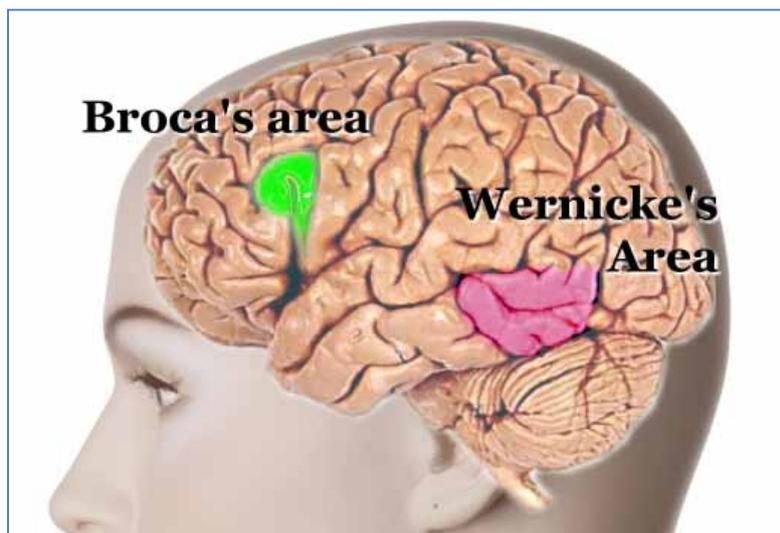
What they discovered was that it was *not* the content of what people wrote which was related to health improvements. As hinted at in the example above, it was their style of writing and in particular their use of so-called “function words”; pronouns, articles (“a”, “the”) and prepositions (e.g. “on”, “beneath” and “against”).

Function words are generally very short (usually 1–4 letters) and are spoken quickly — at a speed of 100–300 milliseconds — the rate often used in laboratory studies testing subliminal perception (van Petten and Kutas, 1991, cited on p. 346 in Pennebaker and Chung, 2011). The top ten function words account for almost a quarter (24.21%) of the words commonly used in speech (Chung and Pennebaker, 2007).

I find the power of function words fascinating. After all, we are barely conscious of using them. They are used automatically and it is quite impossible to vary their frequency of use to favour one type of function word over another, certainly not for anything other than a very short length of time. Yet, aided by LIWC, Pennebaker et al's studies were showing and have shown time and time again, that their pattern of use can convey a great deal of information about the speaker or writer, especially regarding the way they relate to others in social situations.

Why might this be? Human brains, as compared to most other mammals, have well-developed frontal lobe areas and it is well-established that these areas are important to both language and social functioning (Hugdahl and Westerhausen, 2010; Kaplan-Solms and Solms, 2002). Broca's area, situated in most people in the left frontal lobe, has been hypothesized to be the seat of syntax (Thompson-Schill, 2005). Wernicke's area within the left temporal lobe is critically important for both understanding and generating advanced speech – including nouns, regular verbs, and most adjectives.

**Figure 48** - Lateral view of the brain showing Broca's and Wernicke's areas



Essential to generation and comprehension of speech, their role in producing the function words essential to social interaction may explain why analysis of these words, including pronoun use, can reveal so much about the speaker (illustration by the Author).

Damage to Broca's area (with Wernicke's area intact) can result in people speaking in a painfully slow, hesitating way, often devoid of function words, yet their personality may remain relatively unaffected. So, whilst verbal thinking may be unaffected, speech production is often damaged. The reverse of this (Wernicke's area damaged, Broca's area intact) seems to leave social functioning relatively functional, yet verbal reasoning is

impaired; people often remain warm and engaging but may lose their capacity to *comprehend* spoken language and their speech is full of function words with barely any content, a phenomenon sometimes called “jargonaphasia”. (Interesting case studies of both of these are presented in chapters 5 and 6 of Kaplan-Solms and Solms “*Clinical studies in neuro-psychoanalysis*” (2002)).

Following on from this type of understanding, Chung and Pennebaker suggested (2007) that the production and comprehension of function words is linked at the brain level to social interaction and a shared social understanding between the speaker and listener, especially so for example in the case of pronouns, where sentences like “*I can't believe that he gave it to her*” are completely meaningless without such shared knowledge. This may explain the functional and diagnostic significance of function words, especially pronouns, in analysis of speech and writing and hence their emergence as important in analyses conducted by word counting programs like LIWC.

Examples of this type of study research which found that:

- Coronary-prone Type A interviewees who used first person singular pronouns more frequently exhibited higher blood pressure than did those who referred to themselves less frequently (Scherwitz, Berton, and Leventhal (1978) cited on p. 349 in Chung and Pennebaker, 2007)
- As hormone levels dropped in the weeks after patients undergoing HRT received testosterone injections, so too did their use of non-I pronouns; patients began making more references to other people. No consistent mood or other linguistic correlates of testosterone emerged suggesting, said the authors, that one function of testosterone may be to steer people’s interests away from other people as social beings (Chung and Pennebaker, 2007; Pennebaker, Groom, Loew and Dabbs, 2004)
- Depression has, across several studies, consistently been linked with higher than average usage of first person pronouns (Bucci and Freedman, 1981; Gortner et al., 2006) and suicidality (Stirman and Pennebaker, 2001). In fact, pronouns were found to be a better marker of depression than participants’ use of negative emotion words (Mehl, 2004; Rude et al., 2004)

One thing I find especially interesting among the findings produced by LIWC is that language use seems to reflect mental health rather than cause it. Deliberately asking research participants to change the words they use in expressive writing studies has been found not to improve the health benefits of such writing. As Pennebaker puts it:

*If you want to understand what's going on inside a person's head, listen to their words. But if you want to change what's going on inside a person's head, changing their words won't do that ( [my emphasis]Pennebaker et al., 2010).*

LIWC provides a broad linguistic profile of a text and is said therefore to have “broad bandwidth”. In contrast, some approaches to analysis are driven by specific aspects of a theory and may consider only a narrow band of linguistic variables, perhaps capturing, for example, only emotion words or cognitive (abstraction) words, as in the case of Mergenthaler's TAS/C (Mehl, 2006)

For this reason and given LIWC's extensive pedigree in research in which pronouns feature so prominently, I proposed in my learning agreement that I would use it as the analysis tool in the quantitative part of this project. I was also influenced in my choice by the interest shown in my project by James Pennebaker, culminating in him becoming one of my project's supporters. Having conducted an extensive review of the quantitative content analysis software options available to me, I remain committed to my original choice.

## **Appendix B – Research participant information document**

**Title of Project:** *“You and I listening to me: Towards an understanding of the significance for outcome of first and second person pronoun usage by clients in psychotherapy”*

**Name of researcher:** Alan Priest MA, MBACP, BACP Accredited and UK Registered Counsellor & Psychotherapist in Independent Practice.

**Contact Details:** 01484 847246 / 07960 881974 [alanpriest@f2s.com](mailto:alanpriest@f2s.com)  
2 Birks, Slaithwaite, Huddersfield, W Yorks, HD7 5UZ

*I am inviting you to take part in a research study during counselling or psychotherapy. Please take time to read carefully the following information about the study, why it is being done and what it involves. Feel free to ask about anything that is not clear or for further information about any aspect of the study, using the contact details above.*

### **Purpose of the study**

I am a counsellor and psychotherapist in private practice and I am carrying out this research as part of a professional doctorate in psychotherapy at the Metanoia Institute / Middlesex University. I am researching the possible existence of a relationship between the way clients and therapists use pronouns (like ‘I’, ‘me’, ‘you’, ‘our’ etc) in therapy and the client’s outcome in that therapy. As a result of this research, I hope to develop more effective ways of working with clients.

### **What’s the Research about?**

If you think about it, words are extremely important. We use words to describe our world, to tell people what it is like and how we feel about it. The actual words we use *really matter* because those words *become* the way we remember and talk about our life, what happens to us and how we relate to that life and the people in it. The words are our *reality*.

Previous research has shown that our choice of words, especially personal pronouns (like “I”, “you”, “he”, “me”, “we” etc) can be particularly important for both our psychological *and* physical health. This seems to especially be the case when we *write* about difficult experiences. However, very little is known about whether this is the case in *spoken* dialogue and particularly in counselling and psychotherapy.

I have noticed that clients will often ‘distance’ themselves from their experiences by talking about them in an impersonal way. Experience has shown me that when I invite clients to talk about those same experiences in a more personal way, using *personal* rather than impersonal pronouns, they connect with their feelings and make better progress in therapy.

Until now, I have never attempted to collect the evidence I need to demonstrate this satisfactorily to the profession as a whole. This is the research in which I am inviting you to participate.

### **How the Study will Work**

In our initial session, you can ask any questions you like about your therapy or the research. I will also ask you to tell me more about what it is that has prompted you to seek psychological help or support. On the basis of this meeting, I will decide whether talking therapy is likely to be helpful for you and also if your needs are appropriate to my training and experience. Also, you will decide if you would like to work with me and also whether you would like to take part in the research. You can decide

- to not work with me at all,
- to work with me and participate in the research
- or work with me but not participate in the research – it’s up to you.

*It is not necessary to participate in the research in order to undertake therapy with me.* If you *do* participate in the research, you can change your mind and withdraw at any time and you do not have to discuss your reasons with me. Your therapy will still continue, if you wish this.

The fee for your therapy will be the same, irrespective of whether you participate in the research or not.

### **What will be involved in Participating?**

The research will, I believe, not impact on the progress of your counselling, which will proceed in line with the way I work normally and have worked for 17 years (see ‘About Me’ below).

After the initial meeting, and if you decide to work with me and participate, we will arrange to meet regularly, depending on your needs and at a frequency appropriate to these needs (e.g. weekly, fortnightly).

At the start of therapy I will ask you to complete a 34 item questionnaire about how you are feeling, any symptoms you are experiencing and so on. This questionnaire is called the CORE-OM and it is used routinely in counselling and psychotherapy to assess severity of symptoms, progress and outcomes. I have been using it in my work since 2007.

I will audio record all sessions. I will later transcribe the *first session* and also the *final session* onto paper; that is to say, I will write down everything that we each say in the session. If something goes wrong with this session (say you are ill or arrive late or there was to be a fire alarm in the building for example) I would record and transcribe the *next* session instead.

During the sessions, I might reflect with you on your use of language. For example, I might ask you to repeat something that you have just said but perhaps using a different tense or a different pronoun (maybe 'I feel xxx' instead of 'it is xxx' for instance). I may ask if you feel differently when you phrase things different ways. I won't do this a lot, maybe once or twice in each session and I may not do it all. In fact, this is part of my normal way of working, not simply something I would do because of the research.

I will give you a notebook and I will ask you to write down your thoughts or feelings after each session and to also note down anything in the sessions which you found helped or which you feel was perhaps less helpful. You can make these notes at your convenience but soon after each session will be best. Again, this is part of the way I work in any case.

After we have completed all the sessions (as many as you might need) I will ask you to again fill in the CORE-OM questionnaire. We will then arrange a final debriefing interview. *This won't be a therapy session. There will be no fee for this session.* I will talk to you about your experiences of the therapy and how it felt on those occasions when I invited you to use different phrasing. This will last for 50 minutes, as will the therapy sessions. I will also try to understand more about what helped or didn't help and perhaps explore with you possibilities for doing things differently. Again, this interview will be recorded and transcribed.

### **What will happen to the information you provide and how will it be used?**

The confidentiality and security of client information is the cornerstone of my work and forms part of my commitment to working in accordance with the British Association for Counselling and Psychotherapy's "*Ethical Framework for Good Practice in Counselling and Psychotherapy.*" (A Revised edition published February 2010 is available from:

[http://www.bacp.co.uk/admin/structure/files/pdf/566\\_ethical%20framework%20feb2010.pdf](http://www.bacp.co.uk/admin/structure/files/pdf/566_ethical%20framework%20feb2010.pdf))

Any and all information I collect in the course of my work is stored securely and in a way which complies with the Data Protection Act 1998. I will be happy to discuss any questions or concerns that you have about this but in brief summary:

- All your records, including the notes I make subsequent to each session, are stored on password protected media which are then stored securely under lock and key. This means for example that even if your records were to be lost or stolen, access could not be obtained without a password. In the extremely unlikely event that this was obtained or ‘cracked’, the data is *also* encrypted using a 256 bit AES (Advanced Encryption Standard) algorithm. In 2003 this system was reviewed by the US National Security Agency and certified as sufficient to protect *classified* information.
- This is a *very* secure storage system, far more secure than paper-based records stored in a locked filing cabinet.

The additional information I collect as result of this research (digital audio recordings and typed transcripts of those recordings) will be stored in exactly the same way and protected by the same safeguards. I operate a ‘paperless office’ and rarely print out confidential information. Anything that I do print is shredded immediately after use and paper information is never taken out of the office, where it might potentially be less secure.

The recordings I make of our sessions will be stored digitally in the same secure environment, rather than on audiotape. I *personally* will transcribe these recordings into typewritten format, in order to preserve confidentiality. The data I collect from the CORE questionnaires will be seen only by me and also stored and processed securely, as above.

At the end of the project, I will personally analyse this data in order to try and understand the relationship between language use in therapy and your recovery or outcome. The results of individual clients participating in research will be put together and *reported as a whole*. I will report the research as part of my final thesis (or “write-up”) for my doctoral degree, but only in this overall form and not in a way that would enable any individual to be identified. If a client makes a particularly pertinent point during the post-therapy interview, I might quote one or two sentences of what they say in my report in order to “bring the story to life” but I will not include material (like names, situations or references to other people) which in any way risks this person becoming identifiable.

I will also attempt to secure publication for the research in the form of an article in a professional journal or possibly in a textbook aimed at fellow professionals. Again, the findings will be reported only as overall results from the whole of the study and not in a way which identifies any one individual. If I use “case examples” to illuminate the research for the reader, these will be based on merging individual client stories into representative yet fictitious cases which bring the story to life, once again protecting individual identity.

At the end of the study, when my advisors and the academic panel are satisfied that it meets their requirements and any checks on its quality have been completed, I will securely delete the original audio recordings. “Secure deletion” means deleting the files from the encrypted media and also overwriting the space they occupied with random data.

Two years after the end of the project I will also securely delete the computer files containing the written transcripts. A further year after this (i.e. three years after termination of therapy), once I am reasonably certain that I will not need to refer further to your records in order to support you, I will also securely delete your session records and any and all material relating to our work together, as is my normal practice. You can still return for further therapy after this time but my recollection of our work together will be based entirely on my memory and not on your records.

**Remember**, taking part in this study is *entirely voluntary*. If you decide to take part you will be given these information sheets to keep and I will ask you to sign a consent form. Also, even if you decide to take part, *you are still free to withdraw from the research at any time without giving a reason* and this will not impact on my commitment to achieving the agreed aims of your therapy. You can of course also discontinue your therapy at any time.

With many thanks for taking the time to consider taking part in this research.



**Alan Priest**, MA, MBACP(Accred)

If you have any concerns about your participation in this research, please mention them to me in the first instance and I will try to address or resolve them. If after this you still have concerns, you may of course withdraw from the study and / or write to my academic supervisor

Dr Sofie Bager Bager-Charleson at The Metanoia Institute,  
13 North Common Rd, Ealing, London, W5 2QB

*This study has been reviewed and approved by the Metanoia Research Ethics Committee*

## Appendix C — Research participant consent form

The Metanoia Institute  
13 North Common Rd, Ealing, London, W5 2QB



### Participant Consent Form for Research Interview

Title of Project: *“You and I listening to Me: Towards an understanding of the significance for outcome of first and second person pronoun usage by clients in psychotherapy”*

Name of researcher: Alan Priest

Please initial the boxes beside the statements:

*I confirm that I have read and understand the information sheet dated for the above study and have had the opportunity to ask questions.*

*I understand that my participation is entirely voluntary and that I am free to withdraw at any time, without giving any reason and without negative consequences or embarrassment. If I choose to withdraw, I can decide what happens to any information or data I have provided. I understand that I can ask to see any and all records and outputs relating to my participation in this research.*

*I understand that all sessions will be audio recorded and the initial and ending sessions subsequently transcribed.*

*I agree to take part in the above study.*

*I agree that this form that bears my name and signature may be seen by a designated auditor.*

\_\_\_\_\_

Name of participant (print)

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Name of researcher (print)

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

*This copy to be retained by the client*

## Appendix D – Notebook Inserts

***“Before we can know what we are like, we first need to know we exist”  
J. D. Brown (1998). *The self*. New York: McGraw-Hill***

We take our place in the world when we are born without sensing that we are separate from that world. So begins the long journey to becoming an individual and to developing a sense of identity. One of the first stages on this journey, starting usually in the second year of life, is the realisation that “I” am separate from “you”, as evidenced by the use of personal pronouns in speech. This rudimentary sense of self then grows and develops throughout life and personal pronouns remain extremely important in positioning us and our sense of self, in relation to the others who inhabit our personal world.

If you think about it, words are extremely important. We use words to describe our world, to tell people what it is like and how we feel about it. We set expectations for ourselves and others using personal “rules” and these rules are remembered in words. Think about it and I’m sure you can remember being told things like “if a job’s worth doing, it’s worth doing well” or “a problem shared is a problem halved” and so on. Clients often tell me they can hear the words of a parent in their head when they do something, either encouraging them or criticising them!

The actual words we use *really matter* because those words *become* the way we remember and talk about our life, what happens to us and how we relate to that life and the people in it. The words are our reality.

Previous research has shown that our choice of words, especially personal pronouns (like “I”, “you”, “he”, “me”, “we” etc) can be particularly important for both our psychological *and* physical health. This seems to especially be the case when we write about difficult experiences. However, very little is known about whether this is the case in spoken dialogue and particularly in counselling and psychotherapy.

During the 17 years I have practiced as a therapist I have noticed that clients will often ‘distance’ themselves from their experiences by talking about them in an impersonal way. Experience has shown me that when I invite clients to talk about those same experiences in a more personal way, using personal rather than impersonal pronouns, they connect with their feelings and make better progress in therapy.

Until now, I have never attempted to collect the evidence I need to demonstrate this satisfactorily to the profession as a whole. This is the research in which you have agreed to

participate. I will be working with you exactly as I would normally, but audio recording sessions so that I can look for changes in the types of personal pronouns used from beginning to end of therapy and attempting to relate this to your recovery and progress, as measured by the CORE questionnaire.

Thank you for agreeing to participate in my research. I really appreciate your help and I hope you will find your participation interesting and rewarding.

### **How to use this book**

This book is yours to keep as your own personal record of your journey in therapy. I would like you to write in it after each session, or between sessions, as much or as little as you like. If you fill the book I will provide you with another one! Please record *anything* which you feel is significant or important to you; any thoughts, realisations, things you wish to talk about next time -- anything -- it's up to you.

At the end of our work together, we have agreed that I will interview you about your experiences in working with me. I'm going to be particularly interested in what it felt like for you to be my client at various points on our journey together. I will ask you about what felt helpful or significant and indeed what was less helpful or even unhelpful (I hope there won't be too much of that but if there is it's important that I know about it). It's crucial to my research that you are completely honest and that you remember it is more important to me to know about your experiences accurately, than it is to hear you saying "nice things" about your experience of the work.

I'm going to be especially interested in how it was for you on those occasions when I invited you to re-phrase something you had said, perhaps inviting you to use a different tense or a different pronoun. What changed for you in your experiencing of your feelings when I did this? Was that a positive change? Did it make things feel more difficult? Was it helpful or unhelpful? Were you resistant to it at times? Did it make you feel annoyed or even angry? Did it feel like something might have shifted for you, perhaps a feeling you had previously felt stuck with? These are just examples of course.

It is important that you write regularly in this book, ideally after every session and that you *date* your entries. This will then enable me to match any comments you make to a particular point in the recording of that session.

Please remember that all our work is *completely confidential*. This book is yours to keep. I will not take it from you or ask to look at it -- although it's fine if you yourself want to show

me something that you have written. If we discover something that turns out to be an important piece of learning or something of great importance or relevance to my research, it's possible that I might ask you if I can quote what you have written -- anonymously of course -- when writing up my results. If you say yes, I will always show you what I propose to write and seek your approval before using it. However, it is entirely up to you whether you choose to allow me to do this and of course I may not even ask in the first place.

Again, keep in mind that all recordings, all materials -- everything to do with this research and our work together -- are kept securely in an encrypted format. If you have any queries or concerns about this, please mention them to me or refer to the patient information leaflet which I gave you when inviting you to participate.

You can withdraw from the research at any time -- I hope you won't -- but the decision to participate is yours to make and to change if you so wish. This will not affect my commitment to helping you in any way.

# Appendix E — Interview plan

## Central Research Question

*To explore clients' experiences of interventions during their therapy regarding their usage of pronouns; specifically - focusing on what they experienced when the therapist invited them to rephrase what they had said, inviting a shift from a second or third person pronoun to a first person personal pronoun usage.*

## Introduction

- First of all, just thinking generally, what would you say were the things (experiences, actions, events) in your counselling which you think helped or contributed to it being a helpful therapeutic experience?
  - Explore and probe fully
- And what experiences or events did you find did not contribute usefully or were less helpful or even unhelpful?
  - Explore and probe fully

## Understanding requests for shift in pronoun usage

- I want you to think about those times when I might have invited you to rephrase something you were saying, possibly inviting you to change the words you used so that you were speaking in the first person, talking about “I did” or “I felt” etc
  - To what extent did you understand what I was asking you to do?
  - What things did you find helped you to understand my request?
  - Where their times when you are confused by what I was saying or unclear about what I was asking you to do?
  - Can you recall any of the words or phrases I used (perhaps using your note book) which you found unhelpful or confusing?

## Experiences of pronoun usage interventions

- How did you feel about being asked during a session to make a change in the way you had said something?
  - Did it at any point feel like an unwelcome interruption?
  - Did what I said sound like an invitation? Or a request? Perhaps a demand?
  - To what extent did you feel you could have declined or, said “no”

- How was my intervention for you at that point?
  - Did you welcome it?
  - Perhaps feel frustrated?
  - Stopped in your tracks?
- What *feelings* did you experience towards me the therapist as I made this intervention?
- Of course, you knew from the outset that I would be making such interventions because you had agreed to participate in research about this. What difference did this make do you think?
- If you hadn't have known this, how if at all, might your reactions have been different?
- How, if at all, did your experiences of my interventions around pronoun usage change or vary during the course of your counselling?
- Did you always feel the same way and respond similarly on all occasions?
  - If not, please tell me how your experiences varied
    - What factors can you identify that contributed to such experiences being a positive experience?
    - And what factors can you identify that made such experiences less helpful or even negative?
    - Were there any particular circumstances or times during which being invited to rephrase a statement was especially ...
      - Helpful/positive/easy?
      - Unhelpful/negative/difficult?

### **Changes in the session as a result of pronoun interventions**

- How did your experience of your story / narrative / what you are saying, change when (or if) you changed to using first a person pronoun ("I", "me", "my" etc) to describe it
  - Was there a change in your emotions or feelings in the here and now?
  - Which emotions did you experience? Or what changes in emotions did you experience?
  - If you experienced a change in emotions, was this okay? Or did you find yourself resisting it?
  - How, if at all, did your relationship to what you were describing /events you were describing change?
    - How did you feel about the events you were describing after changing from an impersonal to a personal pronoun?

- Did you feel more or perhaps less “connected” to those events? Closer somehow? More distant -- perhaps because it wasn’t like you talking? Not the way you usually speak?
  - What do you suppose changed for you when you changed pronoun usage? Was this as result of using different words? Or was it something else? What else?
- How was it for you?
  - Tell me what it was like
  - What words would you use to describe the experience?
  - Was it okay?
  - Upsetting?

### **Changes beyond the session as a result of pronoun interventions**

- What contribution did changes you made in the way you spoke about your experiences in sessions make to your overall experience of your counselling?
  - How, if at all, did your relationship to the events you were describing change, that is, change beyond the duration of the therapy session?
  - How, if at all, has your experience of my interventions about pronoun usage in your counselling changed the way you speak in “real life?”
    - It is a positive or negative thing? Explain
  - Have you started to think differently, or talk differently (in your head or out loud to others), about how you describe your experiences in life?
  - Do you use personal pronouns (for example “I feel, instead of “it is” or “you feel”), more than you used to do?
  - Has it made you more aware of “owning” your experiences when you talk about them?
    - How do you experience this different awareness? What’s it like?
    - Is it a positive/negative thing?
    - Have you noticed that people respond differently to you if you change from second or third person pronouns to using first person pronouns?
- You know that the research you agreed to help me with is designed to make counselling a better or more useful experience for those who undertake it. As someone who has been through this process and experienced being invited to change the way you talk about your experiences, what advice would you give to me and to the profession as a whole about this type of intervention?

- If anything else you would like to share with me about your experience of counselling generally or my interventions around pronoun usage specifically?
- Thank the participant and close the interview
- Discuss their options should they feel the interview has raised issues which they would like to address with me.

## Appendix F — Extracts from research journal

### Tuesday, 6<sup>th</sup> September 2011 – Client pulls out of research

My first research participant discontinued his counselling last week. It was the day after we recorded a session for the first time and although he gave me what obviously seemed to him to be a plausible reason for dropping out, I was left wondering if it was his awareness of the research which made him uncomfortable. Yes, he was aware (from his discussions with me and from the participant information leaflet) that he could leave the research and continue in therapy but in practice, how realistic is this option? I have to consider that my clients, including this one, may not be among the most assertive or confident of people.

Debbie Daniels is researching the impact on dialogue in therapy of breaches in the therapeutic frame. She believes that even the best research project, designed with the most stringent ethical standards in mind, *necessarily* represents a breach of the frame and says “it is sad for your research but the saner ones will leave therapy because of it.” (Daniels, 2011)

Those who don’t and who remain will, she says, signal their discomfort by messages from their unconscious, “encoded” in their dialogue with me.

She cites how this might manifest itself in the following example, based on the current controversy about journalists allegedly hacking into the private phone messages of celebrities.

*“Well, let’s see what you’ve been talking about there; you’ve been telling me about the hacking story you were reading in the newspaper and how the people involved at the newspaper should be put in prison, because they’ve invaded people’s privacy and made it public ... What is that has happened here [ in your therapy] do you think, that might have triggered that story?”* (Daniels, 2011)

She continues;

*“I have no doubt there will be stories of invasion of privacy, however subtle they may be.”*

Daniels suggests that the best way to stop participant clients from leaving is to listen to the encoded material, put the themes back to them, then ask them for the trigger. In this way, she argues, clients will be aware that I understand how they unconsciously perceive their participation.

## **Monday, 19th September 2011 - The potential impact on practice of conducting my research**

A second client agreed a fortnight ago to participate in the research following his assessment session. However, he did not have his diary with him and as a teacher starting a new academic year, he wasn't sure about his availability. I suppose I ask myself, "who comes to a therapy session without bringing their diary?" He said he would get back to me to make a further appointment.

A few days later e-mailed him some information I promised I would send to him and gently reminded him about getting in touch. No response. After a few more days, I wondered if perhaps I had written down his e-mail address incorrectly -- I find it is so easy to get it wrong with e-mail addresses and often one is none the wiser about the mistake as some providers do not "bounce back" the e-mail to its sender. I therefore sent him a brief text message checking if he had received the e-mail and again inviting him to get in touch. Again, no response. I'm really starting to wonder about the impact of the research on my work.

In fact, whilst this was happening another client agreed to participate. This one is herself a medical professional and so is perhaps more aware than most of the importance of clinical research. She's due tomorrow to come for her first session since giving consent, a session that she knows will be audio recorded. I feel anxious. I hope she will turn up and even if she does, I will remain anxious until she comes yet again. This awareness within me of the potential impact on practice of conducting my research surely also cannot be a good thing for the work? I believe that in some way it is bound to be communicated to the client, perhaps further complicating an already precarious situation.

## **Friday, 23<sup>rd</sup> September 2011 – The benefits of me of transcribing a session**

The client I mentioned who is a medical professional, came to her session as scheduled and I recorded the session without incident. I've just finished transcribing the recording. I didn't time how long it took but I think it was approximately 6 hours.

It's an inevitably tedious process yet also fascinating. So much became apparent to me that I was not aware of during the session. This is a woman who obviously finds it really hard to express their feelings and acknowledge them. This is one of the principal issues in her relationship, a relationship which has become so difficult for her that she's had an affair, adding further to the complications between she and her husband. Though her difficulties in expressing her feelings were apparent in the session, it was only when I read to the transcript

that I began to understand the true extent of these difficulties. Also the true extent to which she is incredibly focused on her partner's experiences, rather than on her own.

From the point of view of my research, there is one nice example of where I invite her to order her feelings by changing from the third to the first person pronoun, after which she immediately becomes emotional and expresses her sadness, something which only happens at that particular point in the session, although her sadness is clearly just beneath the surface throughout.

What also is apparent to me, somewhat disappointingly I have to admit, is the extent to which I use "third person pronoun language" when it really would have been more appropriate and arguably more useful for me to use the second person ("you"). So for example at one point (52: 04) I say "I notice that there are a lot of feelings there. ..." rather than "you have a lot of feelings ..."

Dear me, what chance do my clients have, if even *I* can't get my pronoun usage to be appropriate! I wonder though, if I was somehow encouraged to do this (out of awareness) by the client's process? Or and perhaps more likely, am I using the third person (again perhaps unconsciously) because to do so seems like it might be less challenging for a person who obviously struggles to own her feelings?

I shall keep an eye on that one in future sessions. I'll also, having transcribed the session, be much more aware of this client's process. Obviously, I can't overtly bring what I've learned from transcribing the last session into a future session. However, having been alerted about certain processes by the transcribing process, I might be more aware of those processes in future sessions, and then able to reflect usefully on those things.

## **Reflexive statement**

### **25th June 2011 - Owing my fears & expectations**

Whilst visiting Metanoia last week I read David Mair's DPsych project<sup>31</sup>. I was tremendously impressed and in particular by David's reflexivity. For example he included an excellent 'reflexive review of the doctoral process' (p167) including a short section on changes in his Self in which he cites the helpfulness of a more social constructionist perspective of self in a LBGQ context. This section includes a brief review of his 'doctoral journey' and how it changed him, contrasting his perspectives (for example of 'research') then and now.

Inspired by this, I determined that I would aim for a similar degree of reflexivity in my own work. As part of this, I wanted to set out my fears and expectations about my research, in advance of having commenced it. I think this is important because my research involves working with my own clients and my analysis will inevitably be a very personal one, imbued with my own values, perspectives and expectations. This document tries to identify some of these so that I can reflexively be aware of them during the research process.

#### ***Fears***

I honestly wonder if I will find anything interesting at all! Specifically, I fear that many of my clients may not be impacted by my interventions around pronoun usage. For a start, I have noticed that only a small proportion of my clients persistently distantiate themselves from their experience by using the second or third person when talking about their experiences. Certainly, relatively few clients do this to such a degree that it broaches my pre-sensitised awareness of this phenomenon. So, my ability to work therapeutically with this phenomenon may well be limited.

I confess I am tempted to invite only those clients who distantiate to a significant degree. However, this would not only be disingenuous, it would also be practically difficult: how would I know in advance of working with the client whether they would distantiate substantially or not?

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<sup>31</sup> Mind the Gap? Exploring contemporary gay, bisexual and queer male experience and the provision of relevant and appropriate counselling in British University settings. A project submitted in 2010 by David JB Mair to Middlesex University in collaboration with Metanoia Institute in partial fulfilment of the requirements for the degree of Doctor in Psychotherapy by Professional Studies.

Also, whether they distantiate or not, there could still be changes in their usage of language between commencement and termination of therapy and this would perhaps be identified and quantitative part of the research. I might not find what I expect but perhaps I will find something else which is useful.

The other fear I have relates to the quantitative part of the study. The sample is extremely small -- perhaps 10 clients at most. I think my chances of establishing anything significant whatsoever are extremely small. And my chances of identifying anything significant within the different subscales of distress addressed by CORE are smaller still.

I just hope that the research hints at something worthy of further and more substantial investigation.

Even if my clients *do* distantiate, my interventions may turn out to have been intrusive or unhelpful. Obviously, this would still be an extremely valid finding because such interventions (“I wonder if you would you like to own that?” etc) are common within humanistic therapy.

So these are some fears of which I am aware as I move through project approval, hopefully soon to be granted, into the actual implementation phase of the project. However, I’m also aware of a number of expectations, beliefs, perhaps even assumptions.

### ***Expectations & Assumptions - What do I think I will find?***

- 1. There will be no single “right” way in which clients should use pronouns. What may be psychologically healthy is likely to be the appropriate use of pronouns; using language appropriately for the circumstances or experiences which are being described. I’m hopeful therefore that the research will provide knowledge which suggests what therapeutic practices and interventions around pronoun usage are appropriate for which circumstances -- or at least provide a step in this direction.*

My own experience, informal yet collected over 18 years of practice, is that when I invite clients to own their experiences by re-stating them in the first person, they often connect more powerfully with their emotions and feelings about that experience. I believe therefore that avoiding using the first person when discussing experiences can be a kind of “defence mechanism” to avoid painful or difficult feelings. When I invite clients to drop this defence, I invite them to connect with their experiences and in my view to move towards release or catharsis.

However, it is clear to me from the literature that a *preoccupation* with the self, as manifested by excessive use of the first person in personal writing, is associated with unhelpful outcomes. This can be particularly the case in clients with major depression who seem to turn in on themselves, ruminating excessively on their experience. Also, as I write this, I'm thinking particularly of the work done in analysing the writing of poets and the link between first person singular (FPS) pronoun usage and suicidality (Stirman and Pennebaker, 2001) and other work which has shown that the more that people make reference to *others* in their talk, the physically healthier they are and the more likely they are to deal effectively with emotional difficulties or traumatic upheaval in their lives (Chung and Pennebaker, 2007).

2. *Given the assumptions above, I'm expecting to find that some, perhaps many, of my participants will report that they found my interventions, particularly my invitations to restate something in the first person, had a significant impact on their emotions. Specifically, they might state that they felt things more strongly, became more upset, angry or hurt for example. I'm not expecting to hear that it "made no difference" to their experiencing of the story they are telling!*
3. *Conversely, if I invite a client who seems overly preoccupied with their self, for example using lots of FPS and seeming interested only in how events impact on them, then when I invite them to see things from another person's point of view, I expect they might find this difficult and may therefore resist this in some way. They might even become irritated with me for asking them to consider doing this. I'm genuinely not sure whether this will be a helpful contribution to the progress of their therapy.*
4. *I'm aware of the possibility that there might be some form of relationship between the type or extent of the client's distress and their usage of language. I think it's conceivable that such a relationship exists and although I will be looking for it, I doubt I will find it in so small a sample.*

One piece of research found some (but hardly conclusive) evidence to suggest that clients may distantiolate more when under stress (Alban and Groman, 1976). It's possible therefore that a large enough sample might establish a correlation between the numbers of different types of pronouns used by a clients and the nature of their distress as measured by CORE. Clearly I am aware of this possibility but I'm highly sceptical of such a correlation being established with any degree of reliability in such a small sample. Nevertheless, this is one of the things I'm going to be looking for.

5. *I believe there might be a slight increase in the frequency of first person pronoun usage between commencement and termination of therapy.*

This assumption is based on work conducted previously (van Staden, 1999; van Staden, 2003) which found a small but significant increase between commencement and termination of therapy in a group of 20 patients over 40 sessions. There was no *direct* relationship between degree of improvement and frequency of pronoun usage.

6. *Clients who are least confident or assertive, perhaps especially those who present with an element of bullying or victimisation in their story are perhaps less likely than others to use first person pronouns.*

In the work by Van Staden cited above, the clients with the best outcomes tended to use pronouns in a way which were suggestive of empowerment or agency. With this in mind, it's perhaps not unreasonable to assume that clients who are controlled, feel victimised, powerless or who lack agency, will use fewer FPPs, proportionally speaking.

CORE includes no direct measure of empowerment or agency but it does attempt to measure functioning and I think it's conceivable and I think that there might be a relationship between this and FPP usage.

## Appendix G — Original code listing showing first round of changes

Hierarchical Name	Description	✓? Nickname	No. of Refs
2nd or 3rd person is more natural than 1st	First person usage requires conscious effort.		1
Apologising for self	Client constantly apologises for who they are, suggesting this may be reflected by distancing from self in language.		3
Aware of distantiated speech in retrospect	Aware of distantiated speech outside of session in retrospect. <i>Include within awareness hierarchy below</i>	✓ Aware in retrospect <i>Check</i>	5
Awareness	Client mentions awareness or lack of awareness of feelings <i>Change to</i> "Client mentions change in awareness connected with owning or distantiating in speech."	✓	42
Awareness\Awareness of own needs enhanced	Interventions have facilitated client to become more aware of own needs, possibly unaware previously.		2
Awareness\Changed experience of feelings	Client says changing language - changed experience of feelings if not the feelings themselves.	✓	8
Awareness\Created awareness of feelings	Intervention(s) facilitated client to become aware or more aware of feelings. <i>Combine with node marked A</i>	✓	6
Awareness\Created awareness outside of session	Interventions in session have helped enhance self-awareness outside of sessions.		12
Awareness\Created change in thinking or conceptualising	Intervention caused client to think about or conceptualise things differently to previously.	✓	4
Awareness\Created feelings of sadness <i>Merge with Negatives\Upset by changed pronoun use at B below. Remove from "Negatives" and merge into "Changed experience of feeling" under "Awareness"</i>	Intervention(s) caused emotions or created feelings of sadness, loss, grief etc.	✓	4
Awareness\Creates new awareness	<sup>A</sup> Intervention created new awareness of feelings. <i>Combine as stated above with "Created awareness of feelings"</i>	✓	9
Awareness\More aware of emotions when using 1st person <i>Merge with Negatives\Upset by changed pronoun use at B below, remove from "Negatives" and merge into "Changed experience"</i>	Client reports feeling more emotional when talking about things in the 1st person.		1
Awareness\Noticing others' expression of feelings	Client has noticed how other people express their feelings in their language use as a result of pronoun interventions in own therapy.		1
Awareness\Therapy made link between language and experiencing	<i>Amend description</i> Client acknowledges that therapy enabled them to notice distantiated speech and made link with experiencing.	Enabling	1
Balance required <i>Rename to "Distantiating serves useful purpose"</i>	Client needs to cope with everyday life. Doesn't want to own everything, couldn't cope. Therefore distantiated speech serves a practical purpose.	✓ <i>Rename to "Useful to distance"</i>	2

Benefit from therapy	Benefit from therapy (not specifically because of pronoun interventions) <i>Delete this code as not relevant to study</i>	✓	Benefit generic	3
Change in language use rated significant or important	Rates changes as significant or important		Important aspect of work	6
Changed pronoun usage impacted on behaviour Rename to "\Changed pronoun use in self	Client changed pronoun usage in self dialogue and this impacted on behaviour to reduce procrastination.	✓	Procrastination reduced	1
Changed pronoun usage in session	Client made conscious effort to check pronoun usage and to change to first person within session.		Changed usage in session	1
Noticed or Changed pronoun usage outside of session	Client made conscious effort to check pronoun usage and to change to first person outside of session.	✓	Changed usage outside session	5

Hierarchical Name	Description		Nickname	No. of Refs
Congruence in language	Being transparent, saying what one feels, being on the outside like on the inside.	✓	Congruence	1
Congruence\Chameleon-like	Client describes incongruence, different people in different situations.		Chameleon	1
Congruence\Concerned about acceptance	Client worries that being congruent might lead to rejection or non-acceptance by others.			1
Congruence\Congruence in others	Interventions created awareness of congruence in other people		Congruence others noticed	1
Derealisation or disassociation	Client was experiencing disassociation and therapy, including pronoun interventions, challenged this.			1
Discusses historical negative experiences related to language	Client mentions experiences from past linked to inappropriate pronoun usage	✓		1
Distancing depersonalises	Client realises that second person or third person distances from self or feelings.		Distances from self	1
Distantiated speech defence <i>Combine with "Distantiation serves useful purpose" above</i>	Distantiated speech may be a protection or a defence, protecting the self.	✓		1
Distantiation well-established	Distantiation was a long-standing or well-established way of being.			1
Doesn't remember intervention	Client does not remember intervention when mentioned in interview.		No recall	1
Example of intervention	Example of one of my interventions.		Example	1
Experiences problems from enhanced awareness of feelings	Client experienced problems as a result of enhanced awareness of feelings arising from changing pronoun usage.	✓	Delete this code and content	1
Facilitated increased self dialogue	Interventions facilitated client's dialogue with self. <i>Merge with "Changed pronoun use in self dialogue with benefit" above</i>		Self dialogue increased	1
Found it difficult to rephrase in session	Client experienced difficulty on being invited to rephrase using different pronoun.	✓	Difficulty in rephrasing	1

Frequency don't do it too often	Comment about frequency of intervention -- not wanting to do it too often.	Frequency care	:
Frequency don't do it too often\Key moments	Interventions that target key moments like significant feelings or important events are more impactful.	Key moments	:
Frequency don't do it too often\Lose impact if interventions too frequent	Client says intervening too frequently would lead to interventions losing their impact.	Frequency reduces impact	:
Initiated change of pronoun usage <i>Include in "Changed pronoun usage in session" above</i>	Intervention causes client to consciously change his/her pronoun language	✓	:
Intervention doesn't get in the way of process	With reference to concern about this, client says interventions did not block process or divert it	✓	:
Intervention impacted out of awareness	Intervention had an effect subsequently without client realising it consciously or at the time.	✓ Impacted later	!
Intervention shocked or was powerful	My intervention caused shock, alarm, surprise, was a jolt	Shocking	(
Invitation to change phrasing could be declined	Invitation to change phrasing was experienced by client as one he/she could have declined		:

Hierarchical Name	Description	Nickname	No. of Refs
Let the client finish talking before intervene	Clients says letting them finish before I intervene about pronouns helped mitigate any annoyance.	Let client finish	:
Linking FPS usage to confidence	Client associates FPS usage with increased self-confidence	✓ Increases confidence	:
Negatives	Client mentions any negative aspects of my pronoun intervention	✓ Negatives	:
Negatives\Confusing or disconcerting	Changing pronoun use made client to feel a little confused at times when talking - 'does your head in'.	Confusing	:
Negatives\Depression made worse	Acknowledgement of feelings leads to further depression.	✓ Depression worsened	:
Negatives\Facilitating acknowledgement can produce self blame or shame	Becoming more aware lead client to start blaming self for past behaviours and feelings shame.	Shame	(
Negatives\Owning needs feels selfish	Client felt selfish or greedy when invited to use FPS.		:
Negatives\Pedantic or Nit picking	Experiences intervention as minor, unimportant, nitpicking, pedantic etc	Pedantic	:
Negatives\Raw feelings	Feelings accessed by changed pronoun usage were just too raw or/unprocessed	✓ Raw	:
Negatives\Self help mantras	Describes intervention as reminding her of speak out loud self help mantras read in books.	✓	:

Negatives\Unable to comply <i>Restructure in hierarchy so not included within Negatives</i>	Unable to comply with, or respond to, invitation to change pronoun usage	✓	Unable to comply	!
Negatives\Upset by changed pronoun use	B Felt upset or sad or distressed as a result of of using a change in pronoun to discuss something	✓	Combine with "feels emotional"	:
Negatives\Worth the risk <i>Restructure in hierarchy so not included within Negatives</i>	Client acknowledges risks and difficulties but still thinks it's worth it because alternative is worse.	✓	Worth the risk	:
Not aware of research process	Unaware of research during therapy, research was not intrusive or counterproductive.	✓		:
Odd to talk about self in 2nd or 3rd person	Client feels it is odd to use 2nd or 3rd person when talking about self but only as a result of therapy, not previously.	✓	Odd thing to do	:
Ownership creates sense of vulnerability	Ownership creates a sense of vulnerability, possibly linked to a lack of self-confidence or lack of assertiveness. Like 'nailing colours to the mast'.	✓	Vulnerability	:
Ownership or acknowledgement makes change possible	Client believes that owning experience is necessary to create possibility for change.	✓	Ownership facilitates change	:
Owning in language connects to responsibilities	Client says that owning things in language makes more aware of responsibilities and more likely to attend to them.		Responsibility awareness	:
Owning up to or acknowledging behaviour	Client acknowledges actions or behaviour they regret as a result of owning this in speech.	✓	Owning regretted	:
Owning up to or acknowledging feelings	Client describes change resulting from changed pronoun usage as being like an acknowledgement, almost a confession.		Owning feelings	!
		✓		

Hierarchical Name	Description		Nickname	No. of Refs
Positive impact on relationship outside therapy	Has experienced improvement in relationships external to counselling as result of changed pronoun use	✓	Relationship improvement	6
Positive impact on relationship outside therapy\Enhanced sense of identity <i>Merge with code above</i>	Interventions have facilitated an enhanced sense of self identity in a relationship.	✓	Self-identity enhanced	1
Positive impact on relationship outside therapy\Has become more confident or independent in	Client has become more confident or independent in relationship because of enhanced self-awareness.		Confidence improvement	3
Positive impact on relationship outside therapy\Positive impact on communications	Changed pronoun usage in relationship(s) outside therapy and benefited from improved communications.		Comms improvement	3
Positive response to intervention	Responded positively to intervention or found it a welcome or helpful experience		Positive to intervention	7
Process over therapy	Pronoun usage interventions not a one off but a process which evolved over therapy sessions.	✓	Process	1
Process over therapy\Gets easier over time	Interventions get easier/quicker over time because client understands what's going on.		Easier with practice	1

Realisation of something unaware previously <i>Combine into "Creates new awareness" at A above</i>	Client realised something of which they were unaware previously, something unaware prior to intervention. Perhaps should be part of awareness?	✓ New awareness	7
Realised not owning feelings previously	Realised was not owning feelings previously		5
Realises 2nd or 3rd person distances from feelings	Realises 2nd or 3rd person distances from feelings.	2P or 3P distances	4
Reflected on pronoun use outside of session Merge with "Noticed or Changed pronoun usage outside of session"	Client had reflected on pronoun use outside session especially negatives of distancing.	✓ Reflects outside	1
Refreshing Enabling Lightening	Experienced sense of freedom, letting go, unburdening etc		4
Rephrasing didn't feel silly or childlike	Client's difficulties weren't about the task seeming childish or silly.		4
Self Focus	Client mentions focus on self or not focusing on self	Self focus	9
Sensitivity and balance required when making interventions	Interventions require balance and sensitivity – don't intervene unless deemed important or significant.	✓ Sensitivity	3
Shame about expressing feelings	Client feels ashamed when re-phrasing, feels not okay to express feelings, somehow wrong.	Ashamed to express feelings	4
Reports\\Node Listing sorted by Hierarchical name		Page 4 of 5	

Hierarchical Name	Description	Nickname	No. of Refs
Suppressed Feelings	Client acknowledges that distantiation is Mechanism to suppress Feelings.	✓ Suppressed feelings	7
Suppressed Feelings\Keeping busy to distantiate	Uses activity or keeps busy to distance from feelings.	✓ Keeping busy	4
Timing	Timing of interventions is important -- picking the "right time" for the client.	Timing	4
Unaware of inappropriate pronoun usage	Was unaware that was using pronouns inappropriately, perhaps at beginning of work.	Unaware inappropriate usage	3
Uncomfortable or awkward feelings produced by intervention	Client felt awkward, uncomfortable, weird, perhaps embarrassed as I pointed out pronoun usage.	Uncomfy	14
Uncomfortable or awkward feelings produced by intervention\Doesn't know why	Client doesn't understand or is surprised why changing pronoun usage is uncomfortable or difficult.	Why uncomfy don't know	1
Uncomfortable or awkward feelings produced by intervention\Owning the positives	Owning positive aspects of self behaviour can be just as uncomfortable for client as the negatives.		2
Uncomfortable or awkward feelings produced by intervention\Uncomfortable but beneficial	Despite experiencing discomfort, client feels ownership was important, necessary or beneficial.	Uncomfy but beneficial	2
use the 2nd and 3rd person pronouns discussing difficult issues	Client acknowledges they use second and third person pronouns when discussing difficult feelings or issues.		2

Uses FPS more in internal than external dialogue <i>Include in</i> “\Changed pronoun use in self dialogue with benefit”	Client notices they use first person pronouns more in their internal dialogue then when talking out loud, where they tend to use second and third person.	✓ FPS more internal	1
Verbal barrier is term used to describe distancing <i>Combine into</i> <u>\Awareness\Therapy made link between language and</u>	Client use the term “verbal barrier” to describe the process of distancing himself from his feelings and in particular his responsibilities.	✓ Verbal barrier	1
Writing	Reflective writing references.		11
Writing\Noticed changing pronoun usage when writing journal	Client notices has increased FPS usage in writing in journal over duration of therapy	FPS increase in journal	2
Writing\Reading journal elicited sense of progress	Reading journal elicited sense of progress or positive movement	Reading demonstrates progress	4
Writing\Re-reading journal was difficult and or wanted to avoid	Experience of re-reading Journal was anticipated as difficult and client wished to avoid	Re-reading difficult	1
Writing\Stopped writing when feeling better	Stopped writing in the journal started to feel better.	✓	1
Writing\Writing facilitated awareness or acknowledgement of feelings	Client states that writing facilitated awareness or acknowledgement of feelings, where not aware in session.		3
Writing\Writing frees client to be congruent	Writing frees the client to express feelings congruently without fear of judgement.		1
Writing\Writing was positive or helpful	Positive or helpful for/useful experience of writing in journal.	Writing helpful	5
Writing\Written about an intervention	Client had written in journal about intervention used in session	Writes about intervention	1
Reports\Node Listing sorted by Hierarchical name		Page 5 of 5	

## Appendix H — One complete interview transcript showing codes and annotations

2012-11-01 Interview with K666

T=Therapist, C=Client. Time Span =m:ss

BACKGROUND: Client is a 23-year-old woman who has been married for five years to a man she met when she was 16. She works as an account director in a PR company. She has a debilitating and progressive bone condition which particularly affects her spine. She experiences constant pain and mobility problems. She has recently also started collapsing for no apparent reason, with no loss of consciousness, possibly as her spine deteriorates and causes pressure on nerves in her spinal column. She was referred for counselling by her GP to help her come to terms with this. She was depressed and somewhat traumatised by the realisation. After making some gains in therapy she experienced much improved mood. The client returned to having a bubbly and outgoing personality and could be lively and talkative in sessions. Unfortunately she then found out that her husband had been unfaithful to her on more than one occasion. At the time of the interview, they were living separately. Shortly after this, the relationship ended completely. Client has since re-contracted for further counselling.

ID	TIME SPAN	C/T	CONTENT	CODE
1	2:18 - 2:34	T	Ideally I want to talk as little as possible. Rather than me asking a lot of questions. If you could just talk to me about how you found things really.	
2	2:34 - 2:38	C	That's fine. But if I get stuck, do ask me questions.	
3	2:38 - 2:43	T	Of course I will yes.	
4	2:43 - 2:48	C	So do you want me to start just in general about how I found it overall?	
5	2:48 - 2:49	T	Yes.	
6	2:49 - 3:23	C	<p>Okay. Well obviously Dr. D recommended that I came here, I've never been to anything like this before, so I guess to start with it was a bit of a trial and error exercise for me in terms of, as you know, I was a bit at my wits end with everything and I just wanted it to ... it was another option I wanted to investigate. And to start with, to be honest, in the first instance, I didn't know whether I would come once, come 10 times or come 100 times. Erm but I have found it really useful and that's why, you know, I keep coming back.</p> <p>And I think I find it useful because erm ... well various things. It feels like my safe place, if that makes sense. It is like somewhere where I can say anything about how I'm feeling and not be judged. And I also find it valuable that you have the experience of having spoken to lots of other people that might be in my situation, or might have gone through a different difficult period but ... it kind of makes me feel a bit more normal, or a bit more sane, that I'm not the only person in the world to have ever gone through these experiences.</p>	
7	3:23 - 3:56	C		

8	3:56 - 3:57	T	It kind of normalises things for you ...	
			Yeah and makes me feel a little bit more, you know, that, that what's happening is acceptable almost and that there is often a reason for what I'm feeling and feeling certain ways. I think that's one of the big things. And I quite like when you ... I quite like sometimes that you just let me talk and I know that you are not going to say "why did you say that?" Or anything like that. And I also quite like that ... when you do say something, you seem to know the right time, when to say something. And also you sort of prompt me -- not prompt -- but encourage me to think about, if I'm feeling a certain way because of XYZ. Or you will liken it to a scenario, you know, that anyone in everyday life might feel. And that then makes me feel that actually, the way I'm feeling <i>is</i> appropriate or <i>is</i> acceptable.	Timing important
9	3:57 - 4:50	C		
10	4:50 - 5:01	T	So I might say "isn't that are perfectly understandable reaction from someone in your situation?"	
			Yeah. I think one thing I've noticed as we've gone through and I notice it more in everyday life as well, not just when I'm here, is that I am constantly apologising for things; apologising for how I am feeling or how I act or how, you know, even apologising for being in pain sometimes. I think it made me realise that I don't have to apologise for those things. <a href="#">1</a> And also, that I am trying my best to deal with them and that -- because I obviously worry a lot about what other people think it has made me realise, through us talking, and you saying things like that, that -- you know -- many people would possibly deal with things in the same way as I am. Or maybe even it would affect them more so. And I don't feel like I have to apologise for myself as much now because ... it is how I am feeling and I am doing my best to cope with it really.	Memo (green highlight). See at end.
11	5:01 - 5:50	C		Apologising for self
12	5:50 - 6:04	T	I'm actually going to ask you a question at that point about ... and you might not know the answer to this at all but, who does it feel like he's apologising? Is it you that's apologising?	
			I'm not really sure because, I've never consciously been aware of the fact that I have apologised for myself but going back to what you were saying about the use of language, I never was really consciously aware of how I used language when I was explaining my feelings either. I am obviously interested in language because of what I do anyway and on a personal level I am interested in learning new things. I was talking to one of my colleagues at work about the use of language and my use of pronouns if I am explaining something particularly difficult.	Unaware of inappropriate pronoun usage
13	6:04 - 6:41	C		Uses 2 <sup>nd</sup> & 3 <sup>rd</sup> person when discussing something difficult
			And it sort of made me sit back and think as to when I do generalise a situation, maybe it did make me think "I wonder if it is me trying to distance myself from what's going on to me?" Maybe not even acknowledged what I was going through personally. Almost make it sound like a collective "we are". Erm so I don't really know if it is me apologising or not but I think because of the nature of the person that I am, where I do do most things to try and please other people, I probably am always apologising myself for fear of upsetting someone and therefore not being accepted by somebody else.	Distancing depersonalises
14	6:41 - 7:19	C		Apologising for self
15	7:19 - 7:35	T	I suppose I want to say, you know, YOU sitting here now ... if you were really kind of, you know, brutally, selfishly honest, do you <i>really</i> feel as though you need to apologise? <a href="#">2</a>	Memo (blue highlight). See at end.
16	7:35 -	C	Yeah.	

- 7:36
- 17 7:36 - 7:37 T You do?
- 18 7:37 - 7:38 C Yeah.
- 19 7:38 - 8:34 C Okay. Well ... I'm not ... I did at the beginning lot more erm but my mindset is changing a lot and do know that I'm getting stronger than ... mentally stronger with how I'm dealing with things. I do feel sometimes that there is a need to apologise because, for instance, I feel guilty if I am feeling particularly down, particularly grumpy, or in pain and I know that I'm not my usual self. Part of me feels that I need to apologise, whereas really, if I sit down and think about it, I know there is nothing to apologise for. That's the difference. Increasingly I am feeling that "no, I don't need to apologise" and especially with the people that care about me and the people I spend the most time with, they wouldn't ever accept that apology. But I almost feel like I have let *somebody* -- I don't really know who -- down for the way that I've let things get on top of me.
- 20 8:34 - 8:51 T The reason I asked the question was are you apologising because you feel you *should*; are you apologising for *you*? Or are you apologising for *something that you have done*?
- 21 8:51 - 9:17 C Hmmm. Well no, because ... like, when all the stuff happened with [Husband] and I, I knew that the situation had had an impact on us and him for instance. But I wasn't apologising for myself because I knew it wasn't my fault. I was apologising for the situation we found ourselves in. So it was me saying sorry but -- I don't know ... 3
- 22 9:17 - 9:21 T For your contribution for what might have been making the situation worse?
- 23 9:21 - 9:22 C Yeah.
- 24 9:22 - 9:27 T Hmmm, okay, yeah. Can I ask you another question?
- 25 9:27 - 9:28 C Yes.
- 26 9:28 - 9:43 T Based on what you've just said, you mentioned pronouns and you mentioned that you might have been using second person or third person pronouns, to generalise things, to avoid feeling things yourself.
- 27 9:43 - 9:44 C Yeah.
- 28 9:44 - 9:48 T I know that's possibly come from me explaining that to you.
- 29 9:48 - 9:49 C Hmmm.
- 30 9:49 - 10:00 T Honestly now, speaking completely for yourself and just setting aside what I might have said to you, do you think that really is the case? Or do you think it might be something else that is going on there?
- 31 10:00 - 11:15 C I think if you hadn't pointed out to me what I was doing and what I was saying, I probably wouldn't have picked up on it myself, but then when you did pointed out -- and I don't think you said "this is what you are doing" -- I think you just invited me to maybe think that that was an option, erm. When
- Aware of distantiated speech in retrospect

			you pointed that out, I did start to think about it quite a lot because I thought, I wonder sometimes if it <i>isn't</i> related and actually I'm just trying to describe a scenario so I distance myself because I am trying to describe a scenario of how <i>someone</i> might feel in a situation. But then I know that, at the time, especially in my earlier appointments, I was struggling to accept things. Even now, sometimes, I feel like I'm not me. I feel like I'm living somebody else's life and it's quite strange sometimes. I feel like I'm watching myself go about everyday life. But I do feel like I have started to accept a lot more. When I was really, really struggling, I was almost in a position where I couldn't even think past the end of the day because I was so sad, but now I do feel like I am accepting a lot more things. And thinking about, what am I going to do and what am I going to do next? And how am I going to tackle this?	Distancing depersonalises  Therapy made link between language and experiencing  Derealisation and dissociation
32	11:15 - 11:42	C	I do honestly think that me saying ... me not using ... I remember once when you invited me to say, you know, to actually say "I am" whatever. And it was saying it out loud that made ... and I remember getting really upset -- not getting upset because of what you'd asked me -- getting upset with the realisation that I am actually struggling. And I <i>am</i> in need of a bit of help sometimes.	Created awareness of feelings
33	11:42 - 11:52	T	Sorry to interrupt but shifting from what you'd said [originally] to the first person "I", really did <i>what</i> ? It really changed your emotions ...?	
34	11:52 - 11:57	C	I think those emotions that I was feeling were the same but it really hit home that it was happening to <i>me</i> .	Created awareness of feelings & Distancing depersonalises
35	11:57 - 11:58	T	Right, right	
36	11:58 - 12:19	C	And made me sort of sit up and realise that ... because I do consider myself a bit of a trooper and because I do try to get on with it was actually realising it was happening to me. It was a relief almost that, you know, yeah, that is me that it's happening to. I'm doing my best here but it is me that it's happening to.	Owning up to or acknowledging feelings & Refreshing, enabling, and lightning
37	12:19 - 12:20	T	Like a letting go?	
38	12:20 - 12:50	C	Yeah. But it wasn't another person that I was watching on an everyday basis. It was actually <i>me</i> . I guess there was an element of me feeling upset about that but not because of what we were talking about ... purely the realisation. Maybe slightly -- only because I do like language so much -- maybe I was slightly embarrassed, that maybe I wasn't accepting things before and maybe ... I don't know.	Uncomfortable or awkward feelings produced by intervention
39	12:50 - 12:54	T	Were you a bit embarrassed that I picked you up on your language?	
40	12:54 - 13:55	C	Possibly yeah. Because obviously it's something that I think I'm quite good at. And maybe just because ... I don't know ... it's really hard to explain but, you know, I am a very, you know, I don't know -- self-aware and all those kind of things. And I'm ... I guess I just thought "oh God, maybe I have just been like rolling along and not really facing up to things" I don't know. And then I think it made me start realising other words I was using to describe feelings. Like I know when ... if I could explain something really succinctly ... I know that sometimes when I'm explaining something that is difficult or upsetting, I don't use the same sort of words and it's often because I can't put my finger on a word that actually describes how I'm feeling. I'll just say something like "rubbish". And I don't know why I do that. But it's just because	Noticed or changed pronoun use outside of session

- there is no word to explain it so ...
- 41 13:55 - 14:16 T Or I wonder if it is that because you don't like actually talking about you and because I suspect that you don't like to take up too much space in your conversations about you, that you deliberately choose a word like "rubbish" ...
- 42 14:16 - 14:17 C Yeah.
- 43 14:17 - 14:23 T Because to really explain how you are feeling, would take up a bit more ... time?
- 44 14:23 - 14:24 C Yeah.
- 45 14:24 - 14:26 T And take a bit more out of people, ask more of them.
- 46 14:26 - 14:27 C Yeah.
- 47 14:27 - 14:30 T I wonder if there is some of that?
- 48 14:30 - 15:01 C Yeah and I think words like that ... I think it's because I'm quite hard on myself and at times I've ... I've never felt really sorry for myself, more the opposite where I have felt like "God, I really need to get a grip now" and erm you know, I have been quite hard on myself and felt like I've been self pitying and things like that. I think how I feel about myself sometimes is probably reflected in the words that I choose. Where I do feel like I'm being a bit pathetic or ... you know.
- 49 15:01 - 15:17 T Hmmm. Hmmm. I suppose one of the things I've tried to do is to -- not make you feel sorry for yourself -- not make you wallow in pity but to find a balance between denial and acknowledgement.
- 50 15:17 - 16:16 C Yeah. Yeah and I do think that's an important balance because you don't want to go too far where you wallow every day but I think that you have to accept things and to a certain degree realise -- like you've explained -- that it's almost like a loss and like if you are grieving you can't move on until you've acknowledged the loss. I do feel like it allowed me to think "this has happened and this is horrible" and obviously there have been other horrible instances recently but going back to my health, which is obviously why I first started coming, I have always tried to be really positive about that and, you know, direct my own therapies and things like that, to make sure I can try and keep on top of things a bit. And try and keep slowly -- not recovering -- but managing my pain and things like that. I can't remember where I was going with this strand now ... I don't know. Distantiation serves useful purpose
- 51 16:16 - 16:35 T Again, just picking up on something that you said. You mentioned that when I invited you to use the first person, it was ... challenging. Painful even. A hard thing to do.
- 52 16:35 - 16:36 C Yeah.
- 53 16:36 - 16:44 T I guess I'm thinking I could have easily got that wrong.
- 54 16:44 - 17:32 C Erm. No because ... I can't remember *any* instance where you've ever said anything where I've thought "why as he said that?" I honestly can't. So I do think you are able to gauge when to say it and what to say. Obviously Sensitivity and balance required when making interventions

			because I knew I was going to be involved in this [the research] I knew that there would be some leaning towards language anyway. But it didn't make me feel uncomfortable to the point where I thought "I wish he hadn't said it" or anything like that. It was more the self-realisation of, you know, why have I been doing this? And does it mean more than I perhaps realise? I almost felt a bit peeved at myself that maybe I was trying to, you know, deny what was going on or something like that. I wasn't cross or ...	Uncomfortable but beneficial Negatives\Facilitating acknowledgement can produce self blame shame
55	17:32 - 17:36	T	I suppose my concern is that denial might serve a purpose.	
56	17:36 - 17:37	C	Hmmm.	
57	17:37 - 17:46	T	Because you <i>are</i> dealing with something that is really very difficult for you and is going to remain difficult. It's a really big thing I think.	
58	17:46 - 17:47	C	Yeah	
59	17:47 - 18:06	T	Life changing. This is perhaps a question as much for me as it is for you really ... how do I know how far to go? How do I know ... I mean ... that denial might be protecting you from something that is just too unbearable.	
60	18:06 - 18:28	C	Yeah. I guess there is that. But equally you didn't say to me "you've just said 'we' and it's not happening to me so that's a stupid thing to say. It's happening to <i>you!</i> " You didn't say it like that did you? [laughs]. That would really have been different! It was an invitation to think about ... and I could have said "no".	Invitation to change phrasing could be declined
61	18:28 - 18:36	T	So what seems to have been important there is that I phrased it as an invitation and you felt you could have, if you'd wanted to, refused it.	
62	18:36 - 19:05	C	Yeah! It was a consideration. Like, we talked about lots of things and you didn't say to me "I think you're feeling like that because of X". I think the way you've phrased everything was "perhaps there is ..." By using those words I could say to you "well no, I <i>don't</i> think it's because of that because I'm actually, I'm actually feeling like <i>this</i> ". I think that was the key thing. You didn't say it in that manner. You maybe offered me another way of thinking about something but that was all.	Invitation to change phrasing could be declined
63	19:05 - 19:10	T	And it is that offering, the invitation, that tentativeness that seems to have been important.	
64	19:10 - 19:11	C	Yeah.	
65	19:11 - 19:12	T	Right Ok.	
66	19:12 - 19:17	C	Because you would have been able to gauge then I think if I actually did disagree.	
67	19:17 - 19:20	T	And you would have said presumably, yeah?	
68	19:20 - 19:36	C	Yeah. And I don't think you would have said that if we didn't have ... at that stage I honestly felt I could open up about how I was feeling and things. If it was the first thing you'd said to me when I sat down I maybe would have reacted a bit differently. But there was hopefully that ...	Timing is important (picking the "right time" for the client.)
69	19:36 - 19:37	T	Relationship.	

70	19:37 - 19:40	C	Yeah. By that point.	
71	19:40 - 19:43	T	Hmmm.	
72	19:43 - 20:08	C	But I suppose because I do have an interest in language ... I don't know if everyone would have the same reaction as me. Obviously I can only talk about my experiences and I don't know if anyone ... if everybody would see that it matters as much as I do. But because I do have an interest in words ...	
73	20:08 - 20:14	T	Yes, I suppose you could have thought "what does it matter? They are only words aren't they?" But you did and say that.	
74	20:14 - 20:20	C	No. I do personally class things like that as important. But I don't know if everybody ...	Change in language use created a significant or important
75	20:20 - 20:21	T	Hmmm you can only speak for yourself.	
76	20:21 - 20:49	C	Yeah. But it has made me think about other words. I don't know how much I've done it here. I know we talked about it once. About words like "but" because that's kind of apologising for myself isn't it? And I know that if I explain something, it's almost like I am seeking reassurance at the end. And I can't think of an example now but ...	
77	20:49 - 20:50	T	You've just done it! [Laughs]	
78	20:50 - 21:18	C	Yeah! [Laughs] Da da! I think if I was to explain the situation -- say how I was feeling -- and if I was to say, you know, "I went out with my friends on Friday and I felt really, really sad so I went home, that's all right isn't it?" I feel like I say "isn't it" a lot at the end. I can seeking reassurance from someone saying "that's okay". I think that's part of me constantly apologising for myself.	
79	21:18 - 21:19	T	Checking it out?	
80	21:19 - 21:20	C	Yeah.	
81	21:20 - 21:21	T	"Does that sound okay?"	
82	21:21 - 21:48	C	Yeah. And I don't think there's anyone really in my circle of friends or family that would judge me but I constantly do that because obviously there is no ... script as to how I'm supposed to be feeling on a day-to-day basis. So I guess it's a bit of a sanity check. Especially with what's happened with [Husband] and things like that. I naturally question, you know, how I've dealt with things and how how I've been and ...	
83	21:48 - 21:51	T	"Is it okay for me to feel like this? To say this, to take this position?"	
84	21:51 - 21:58	C	Yeah. So I think I naturally look at lots of words now [laughs].	Create awareness outside of session & Created change in thinking or conceptualising
85	21:58 - 22:09	T	In terms of pronoun specifically, have you found yourself using language differently then, out there in the real world?	
86	22:09 - 22:56	C	I have. Probably because my colleague L. at work, she's a wordy person like me and because I've gone back to her and said "I was talking about this last	Noticed or changed pronoun usage outside

- night, I found this really interesting" because I knew she would find it interesting, as well, purely from a language point of view, so I probably have to a certain extent at work. And when I have been explaining things, like to my mum and dad if they ask how I'm feeling at the moment. I have noticed that I've tried to say "I" and those kind of things more, rather than distancing myself and talking about some random collective somewhere. So I do think to a certain ... not massively erm, perhaps not as much I do it here because I really get to grips with my thoughts when I'm here and think about things a lot more really.
- of session
- 87 22:56 - 23:01 T And I guess here, you know that you can say whatever you want.
- 88 23:01 - 23:02 C Yeah.
- 89 23:02 - 23:07 T Whereas perhaps you are not always assured of that in other situations.
- 90 23:07 - 23:28 C No. Even if it's even if it's someone I completely trust like my parents, you know, I know I could tell them anything but I might just tell them the top level of how I am feeling because ... I don't want to worry them and also I don't always know what benefit is going to have going into the ins and outs of my feelings. Maybe I do need to talk more?
- 91 23:28 - 23:36 T One of the things you are saying is that the biggest reaction for you has been that it makes *you* feel different when you use different language.
- 92 23:36 - 23:38 C Yeah.
- 93 23:38 - 23:39 T Not necessarily makes other people feel different.
- 94 23:39 - 23:40 C Yeah.
- 95 23:40 - 23:44 T You get those feelings much more powerfully.
- 96 23:44 - 23:47 C Yeah and I don't know if it's purely the pronoun thing or if it's just a collection of lots of things from having come here and even from my medication even but I feel like I am thinking about things a lot more rationally now as well. Rather than before it just felt like there was some cauldron in my head constantly bubbling over. And I couldn't really segment one thing from another but I feel I, like I think about things now and I think about things a lot more calmly. And I do kind of *acknowledge* things a lot more and erm even when I'm really upset. Even when I'm, you know, it really difficult times, I do feel like I can think "Right, this is happening now and face up to a kind of thing". And I don't know what that is to be attributed to but I do feel overall a bit more [says quietly] *in control*.
- Created change in thinking or conceptualising & Created awareness of feelings & Created awareness outside of session
- 97 23:47 - 24:52 T You see, think it has helped that you are interested in language and words, being a wordsmith yourself.
- 98 24:52 - 24:58 C Yeah. [says quietly] I think so. I don't know what else to say now! [Laughs].
- 99 24:58 - 25:19 T Okay, well ... again, just picking up on a couple of things that you said, you mentioned timing which ... not just in terms of how soon I started saying these things to you, you know, waiting until we had a relationship and that made it okay. I wonder as well about the frequency with which I have done it. Because I haven't done it a lot I don't think.

- 100 25:19 -  
25:20 C No
- 101 25:20 -  
25:24 T I don't imagine I've done it too much.
- 102 25:24 -  
25:25 C No
- 103 25:25 -  
25:27 T But I wonder if perhaps I might have done it a bit more even?
- Erm ... I mean, I wouldn't have minded if you did. I think ... I mean, I don't mind at all really. Because I know I'm coming here because I want some positive benefit. So I'd trust that whatever you said and whenever you said it, it would be right. Because I have placed that trust in you. I guess, for some people, if it was to be every couple of sentences or even a few times in one evening [in one session] they might feel like they were being a bit ticked off or something, rather than just being able to express themselves. So I guess it's felt, for me, like the right level but I don't think I would have bothered if it was slightly more.
- 104 25:27 -  
26:09 C
- Frequency -- don't do it too often
- 105 26:09 -  
26:16 T I think you've raised an interesting point; there is always that risk perhaps a view feeling that I was criticising you.
- 106 26:16 -  
26:17 C Yeah.
- 107 26:17 -  
26:20 T The way that you use words and that might have inhibited you.
- Yeah and I guess because I tried to explain things as well as I possibly can, partly through fear of people judging me thinking "why do you think like that?", I do consciously trying to think how I explain something and I do that in all ... I do it at work if I'm trying to something work-related to a client. I will always back it up with an example. To try and get somebody to explain something. Whereas I suppose some people, especially if they are feeling really distraught, or upset about something, might just want to get the words out and not think "Right, I'll explain it like this and then I'll ..."
- 108 26:20 -  
26:57 C
- Timing & Frequency -- don't do it too often
- 109 26:57 -  
27:09 T So the last thing you would want is if you were having a real stream of consciousness flow, is me interrupting you going "just hang on a minute. Could you just rephrase that?"
- Yeah but I don't think you ever interrupt. I think there have been times when, say I was talking about three instances of something that had happened, or three levels of how I was feeling ... when I finished talking, I know there will have been instances where you will have said "just picking up on something ..." and it might be the *first* thing I said but you didn't cut me off at the first example and say "whoa, let's ...", you know. I think you let me flow with the conversation. Like I said before, the way you introduce a point, it wasn't like I was being told off. What was unlike you were saying "this is what you said then". It was just an encouragement to rethink something I'd set. So I don't feel like it is an interruption. I feel like it comes in the natural flow of conversation. Plus I would feel guilty if you didn't speak for a whole hour! [Laughs].
- 110 27:09 -  
28:09 C
- Let the client finish before intervening
- 111 28:09 -  
28:10 T Can we talk a bit about your book?
- 112 28:10 -  
28:11 C Yeah.

- 113 28:11 - 28:19 T The one that idea you and ask you to write in yeah? What's that mean like? What have you done with it?
- I guess that, in the same way that I found an interest in the language side of things, I similarly was happy to write things down because I am comfortable with writing. So for me, I thought "yeah it's a good idea". It makes sense. I often can't get what's in my head onto paper in a work context for instance so maybe it will help with emotions. And also I was willing to try anything so if I would consider writing it out, it might help and I was willing to give it a go.
- 114 28:19 - 29:31 C For me personally, I have found it helpful and I'm glad I tried it. Whilst it might not suit everybody because they might not be able to get their feelings down, I do think everybody should try it. There's a couple of things. Usually write a lot of things down to summarise what we've talked about because I sometimes think of things that I didn't even know I was feeling. Or that I didn't even particularly acknowledge had happened or that ...
- Writing was positive or helpful
- Writing facilitated awareness or acknowledgement of feelings
- 115 29:31 - 29:37 T Sorry, just to clarify then, you sometimes wrote about the sessions?
- 116 29:37 - 29:38 C Yeah.
- 117 29:38 - 29:45 T And in writing about what we discussed are you saying that you then had additional awareness of feelings?
- Yeah well as I go along, like in everyday life, and will sometimes make notes of things. Probably on the more extremes of days when I felt particularly high or particularly sad. I don't know if it's wrong or not but on the days that I just about felt alright, I haven't felt as inclined to write something down. Whereas like this week I feel for no particular reason like I've had a really positive week. I feel quite upbeat and I have written that down because I've tried to sort of pinpoint what might be making me feel that way and how I have perhaps behave differently, my pain has been in relation to my mood and things like that. And then similarly, when I've had really bad days, because I've learned from the past that it has helped to write things down and write down, I'll write frustrations if I feel like I can't vent or alright, you know, how truly sad I do feel. And sometimes make a note of things because I remember how I've dealt with something. Or I remember something [Husband] said to me that I think is just beyond belief and I'll write it down.
- 118 29:45 - 30:49 C
- Then, I write things down sometimes when I've been here because if we are just chatting in the flow of conversation and sometimes I can't believe how quickly an hour flies by, because I just blugh, but I sometimes say something to you, and we will get chatting about it and I don't realise until I'm here, how much of an impact something from the previous week has had on me. And I think "oh gosh, that really did upset me" or "I really have been feeling particularly crap" or, you know, something like that. And so I might write that down then when I go home. If I describe how I am feeling to you about a particular event or something and when I'm apologising for myself getting upset about it, I quite like when you explain either another example as to why it is normal to feel that way or even a bit of the science behind it. Some of the different things you have explained to me like last week you talked about splitting and I remember once before you showed me something and you showed me with the placemats...
- Writing was positive or helpful
- Writing facilitated awareness or acknowledgement of feelings
- 119 30:49 - 32:00 C
- 120 32:00 - 32:01 T Ahh the overlapping ... [circles]
- 121 32:01 - C Yeah and the science, I am calling it science but...

- 32:04
- 122 32:04 -  
32:05 T The theory.
- 123 32:05 -  
32:32 C Yeah. That kind of thing does make me think "yeah". And I write things like that down because it almost reminds me that I'm not going insane. I read back on things like that, like the use of language, I remember that was one of the first things I wrote about in my book. And about not apologising for myself they are almost like "how to" guides that, you know, if I flip back ...
- 124 32:32 -  
32:33 T Your own personal self-help book.
- 125 32:33 -  
33:38 C Yeah, because I think, I mean, I tried reading a couple of the books that Dr. D gave me -- it's not a criticism of him -- but they were more like inspirational "Come on! It's fine", you know. "Fix up, look sharp" kind of thing and I didn't feel I needed that. I felt I was already doing my best to stay positive. I didn't feel like I needed the encouragement to stay positive. But I feel like just recapping on some reasonings or even positive things that I would perhaps not have acknowledged, things I've done well at or sometimes when I dealt with things really quite, you know ... in a positive way that maybe ... I try to write things like that down. Not because I am trying to big myself up but just to remind myself that "you are doing all right here". And also I think it makes me ... in my head, if there's any way of me monitoring that I'm getting a little bit better and dealing with things a bit better, that'll spur me on to feel a bit more encouraged about something going in the right direction.
- 126 33:38 -  
33:44 T So you do go back to your book and read stuff.
- 127 33:44 -  
33:46 C Not obviously in great detail.
- 128 33:46 -  
34:01 T Is there anything that you have written that might be particularly about a way that I have worked with you or something I have said pronoun wise that's in your book, that sticks in your mind?
- 129 34:01 -  
34:49 C Well, I remember going home that night that we first talked about pronouns and I can remember sitting in the kitchen, having my tea, literally within five minutes of having gone home and I can remember writing that down because it did strike such a chord with me. And I think at that point on, I was writing about me. I wasn't saying "life is this", you know, or "isn't it horrible that X happened", I was writing about "I feel shit" [laughs], you know, that kind of thing. So I guess there's that side of things but I can't really think of any other instances.
- 130 34:49 -  
35:01 T It sounds like you have used that book to remember things, to remind you of things, to capture particular bits of that explained things well for you.
- 131 35:01 -  
35:03 C Yeah
- 132 35:03 -  
35:15 T But then in that last example it sounds like what you've done as well is really allowed you i.e. "I" to speak candidly about your experiences.
- 133 35:15 -  
36:41 C Yeah like an honest expression. Not because I don't feel like I can be honest with the people. Maybe just because I don't always know how much detail to go into. How much people really need or want to know, I don't know but I suppose a piece of paper can't talk back to you, can't judge. It's almost like when I come here, I feel like I can say anything and similarly when I'm writing

Writing\Reading Journal  
elicited sense of  
progress

Writing\Noticed change  
of pronoun usage when  
writing Journal

- it down, wouldn't necessarily want anyone to pick it up and read it from to back but I don't think there's anything in there that I would be ... I wouldn't say "here you go mum have a read". But if she read it, I wouldn't be devastated because there's nothing in there that I probably haven't said at some point that they are maybe just the most raw feelings rather than ... I think one of the things that -- and it's not regret anything like that -- but I think because I put a brave face on a lot of the time to protect people around me and even probably me to a certain extent, I don't think some people realise how awful I feel sometimes. Pain wise and just dealing with life. And even like with the stuff with [Husband] recently; one of my friends sent me a text a couple of weeks after she had found out. And she was saying about how well I was dealing with it, you know, "good God. You just seem totally okay". And I was like "I'm really not" but what's the alternative?
- You know, I could meet you every time and cry my eyes out and talk about nothing other than [Husband] that is not going to get anywhere. I know I can open up to my friends if I want to but not crying doesn't mean that I'm not hurting inside. And in general, I do do that, which I think a lot of people do and try to put a brave face on. And naturally people think "oh she's all right", especially because it's my back that is, you know, *wrong* erm people, I think ... if I all of a sudden only had one leg people would instantly know "crikey!". Whereas because I just try and, because I'm conscious of how I hold myself and how I walk and sit and stand and things like that, it's almost invisible isn't it to some people? And if I'm all smiley I think they think "oh she's better now".
- I think there's been a lesson there for me. I mean I'm slightly getting off the research but just, whilst we're talking about it, one of the things I've learned is that: you are incredibly smiley and positive and you know, that's great. And even here, sometimes I have to remember to look a bit beyond that ...
- Yeah.
- And to facilitate you to express what else is there. It's not that being positive isn't a part of who you are but it's not all of who you are.
- No. And I think I do believe that you can't just go around expressing your sadness all the time and I have got to get on with my life but it doesn't mean that sometimes inside I aren't ... I'm not being fake but I may be shielding me or shielding everybody else.
- It brings me back to that question I asked you at the beginning; something about, do *you* feel you have to apologise? In my mind, maybe what I was driving up there was maybe that there are different *yous*? I think one of the things about this pronoun businesses that it's all very well saying "I" but I think even the I might be divided.
- Yeah I know what you mean. Because I sometimes feel like there is a me on the inside and a me. So there is a me that you can actually see and there is what's going on inside isn't there? And nobody can see what's going on in your head. They can only judge what's going on in your head by your outward behaviour and the things that you say. I do think there is a slight divide there, purely using that example. Sometimes I might be smiley on the outside. I might be feeling relatively upbeat but on the inside I'm still in a lot of pain and still really quite sad or angry sometimes for instance. But as I have started to get a bit mentally stronger, that divide is not as great. And I think that by using words like "I" ... I do feel some people could say "yeah I
- Distantiation serves useful purpose
- Congruence in language\Chameleon-like
- Congruence\* in language
- \*Congruence means 'Being transparent, saying what one feels,

- am feeling very happy today" and inside they could think "no I'm not" but I don't feel like I personally do that. I feel like when I do use words like "I", because I am trying so hard to explain to people how I am feeling I do feel like I am being ... [genuine] being on the outside like on the inside.'
- 141 40:00 - 40:01 T ... you are being genuine.
- 142 40:01 - 40:33 C Yeah. And I remembered like instances where you've explained that I don't need to apologise for myself or, you know, that people won't judge me if I leave an hour before, you know, the world isn't going to end. Or if I don't meet them that night. It's just about a balance isn't it? Between not becoming a hermit and just realising sometimes when enough is enough and I need to go home and rest.
- 143 40:33 - 40:41 T I guess it's like there are these tensions and you are trying to manage those tensions that are pulling you in different directions really.
- 144 40:41 - 40:57 C Yeah, I do feel like that. But I do feel like it's a constant balancing, you know, I don't know that sort of ... getting through each day and doing all right that's ...
- 145 40:57 - 41:23 T I mean, I suppose one of the things, I mean, you work in PR so you will understand this better than anybody; people want to consume a nice neat package. They want a 10 second slot on the news they don't want things to be complicated. They want nice, easily assimilated chunks. And maybe that's what you've been doing with yourself a bit.
- 146 41:23 - 41:24 C Yeah.
- 147 41:24 - 41:36 T That you felt as though you had to package yourself into chunks that people could digest but really it's much more complicated than that because beneath the surface there is all sorts going on.
- 148 41:36 - 42:06 C Yeah and, you know, maybe there is an element of me thinking ... I did worry quite a lot about if I was going to lose some friends. And I don't know why I worried about that but I think it was just because I think I thought well, like when we've talked about [Husband], I've changed now, perhaps through no fault of my own I am a different person and my future is going to be maybe different. And I suppose I worried, God what if people won't want to be my friend anymore?
- 149 42:06 - 42:55 C I know that if I sit down and think about it, my personality is pretty much the same, when I'm at my best. I do still see people and I like to think I sort of bring something to the group. But I guess I did worry that what if I am going to lose people here? Erm and as recent events have turned out and it's just made me feel like my worries were founded. But I think I was always just trying to not give too much away. Because I was protect ... I don't know, I've always had a really good circle of friends. And that was one thing that I wanted to remain a constant when other things were perhaps not going away I wanted them. I didn't want my, you know, friendships to be upset as well because ... [trails off]. Distantiation serves useful purpose
- 150 42:55 - 43:14 T You've been very generous in a lot of things you said about the positives that you have experienced here. And I do want you to be equally as honest if there's been things that you wished I had done more of, less of or differently.
- 151 43:14 - 43:52 C I don't think -- and I'm not just saying that because I'm sat opposite you -- there has not been anything that made me feel ... I haven't left thinking "oh

			that wasn't helpful tonight". I've always left feeling positive. The only thing ... I've never felt uneasy about coming ... but to begin with I feel like I didn't know what to say when I came. I shouldn't have ever felt like that because when I come I don't stop talking! But I suppose in the first instances, when I <i>was</i> struggling to get to grips with my feelings, I didn't really know what was justifiable to say.	
			Because I was still being quite harsh on myself I kept telling myself that there will be 10 other people that come and see you that are in 100 times worse position than me. I didn't know if what I said would sound pathetic or ... so to criticism on my part but I felt sometimes like "oh, I don't know why I'm going tonight because I don't actually know what I'm going to say". But that wasn't a criticism of you, that was of me. But there has never been anything where I have thought, you know ... and I think when I first started coming as well, just because I didn't know what to expect, and you know if you were going to ask you me some questions, things about how I was feeling ... I suppose I felt a bit nervous as to "how do I even know what to say?" But obviously that's a learning curve, to see how these appointments work.	
152	43:52 - 44:40	C		
153	44:40 - 44:48	T	Because there is no sort of, you know, you come here not quite sure what to do, how it works, what the protocol is.	
154	44:48 - 45:12	C	No I don't suppose there is a set guide. The only thing I ever found hard to do and I don't even know if I actually did it, and that's not a criticism of you for pointing it out but there was like one time when I was really, really upset. And I can't even remember what I was upset about now. And I remember you said "if you were in the room now" -- basically if someone else was you - what would you say to that person?	Example of an intervention
155	45:12 - 45:14	T	Say to yourself kind of thing?	
156	45:14 - 45:46	C	Yeah and I just couldn't, I just couldn't find the words. And I don't know why I found that so difficult because in other instances, I would happily say "I, I, I". I just really ... I couldn't find ... and I don't think I did say it. And obviously it was fine, we talked about something else. But I don't know why that particular situation ... that is the only thing that ever stuck my mind where I found something ... not uncomfortable but ... I just couldn't actually ... I had no idea what, what I would have said.	Found it difficult to rephrase in session & Unable to comply
157	45:46 - 45:48	T	It wasn't that you didn't understand what I wanted you to do?	
158	45:48 - 46:14	C	No! I think it was because, what I was particularly upset about, I think it was something about [Husband], I think it was when I first said ... I just felt so desperately ... <i>horrible</i> ... that it just felt like any word that I word I would have come out with wouldn't have even come close. So I think that's what it was.	Found it difficult to rephrase in session & Unable to comply
159	46:14 - 46:17	T	You just didn't have the words to describe.	
160	46:17 - 46:24	C	But that's the only thing that I can ever think that I didn't do or didn't take on board or didn't ...	
161	46:24 - 46:56	T	Yeah. That might be ... that might just have been the timing as well. This is I suppose the point of learning for the future, for <i>our</i> future together, you know, not that specific situation but maybe we should go back to that [way of working]. What I was trying to do there was actually encourage dialogue between those different parts of yourself that I just mentioned. Maybe I <i>will</i>	Timing Timing of interventions is important -- picking the "right time" for the client.

			try that again if it feels appropriate.	
			I think because if we are talking now for instance and obviously I'm not crying wreck at the moment, I could happily do it now about anything. I think it was just in that particular instance I just felt so ... swallowed up by how sad I felt. No words would come out. But I think in general that that kind of is important because, like you say, if there are two sides to me, maybe that <i>is</i> important. I sometimes think a lot of people are their own worst critic and I think that in a lot of instances, the advice I would give somebody else, I don't follow myself. I think that's true of a lot of people and a lot of situations.	
162	46:56 - 47:48	C		
			I almost think that if I did that a bit more, it would make me realise, I don't know ... just as an example, one of my friends at the moment, her fiancé cheated on her. She forgave him and forgave him relatively quickly. Her sister, who is also my friend, just can't comprehend what's going on in that situation. We were talking about it the other week and she said "I can't believe, you know that she's just seemingly said 'yeah okay let's move on'." And she said "because she's such a strong minded person that really cares about morals, that if it'd happened to her best friend, or her sister, who I was talking to at the time, she'd have been the first person to really encourage them to, you know, value themselves a bit more. "Take your time, don't go rushing back". I think I do that sometimes I don't follow perhaps my own advice. And maybe if I was to think to myself "what would I say to me?"	
163	47:48 - 48:57	C		
			Almost like you set lower standards or what <i>you</i> expect then you expect your friends ...	
164	48:57 - 49:01	T		
			Yeah because I certainly want the best for my friends and even when things have been really, really hard I've always tried to be ...	
165	49:01 - 49:10	C		
			You want the best for you?	
166	49:10 - 49:13	T		
			Well, I would hope that I do but it's almost like I'd always put everybody else first, I think.	
167	49:13 - 49:20	C		
			What's it like if you say "I want the best for me?"	Example of intervention
168	49:20 - 49:25	T		
			It almost feels ... sounds ... feels like it would sound a bit selfish. A bit, you know, <i>greedy</i> . But it's not is it?	Negatives\Owning needs feel selfish & Self focus
169	49:25 - 49:31	C		
			So when I'm asking you to do that, you are confronting something? Something quite big inside yourself.	
170	49:31 - 49:37	T		
			Yeah. Yeah, that, that does make me feel a bit <i>oooo</i> , and I don't know ... <i>why</i> .	Uncomfortable or awkward feelings produced by intervention
171	49:37 - 49:46	C		
			Hmmm. I guess I think that's the power of the technique. The power of the approach if you like. It does just feel different if I say "I".	
172	49:46 - 50:02	T		
			Hmmm. I remember -- I don't know if it was the last time I came or the time before, when I was quite upset and I just said "I just want to be happy". And as I said it, I remembered just getting so emotional about that, that expression of what I'd said.	Awareness\Changed awareness of feelings
173	50:02 - 50:14	C		
			Hmmm.	
174	50:14 - 50:17	T		
			And obviously it's not that big a thing to say but I think it was me admitting that that's literally all I want, I just want to be happy. I feel like I've been	
175	50:17 - 50:31	C		

- robbed of being happy. I suppose it's a similar sort of thing ...
- 176 50:31 - 50:34 T I guess if you'd said "you just want to be happy don't you?"
- 177 50:34 - 50:36 C Yeah, everyone wants to be happy, yeah.
- 178 50:36 - 50:39 T Everyone wants to be happy but it's different when you say "I just want to be happy".
- 179 50:39 - 50:47 C Yeah and saying that "I just want to be happy, makes me realise that I'm not. Awareness\Created awareness of feelings
- 180 50:47 - 50:48 T Yeah. Hmmm.
- 181 50:48 - 50:53 C Whereas everyone wants to be happy, it's a statement isn't it?
- 182 50:53 - 50:55 T It really puts you in touch with your awareness of your unhappiness ...
- 183 50:55 - 51:11 C Yeah. Especially when you are talking about something that you want. But you know you're not there. That's why it made me feel so upset, that I realised I was talking about a scenario that I perhaps wasn't in.
- 184 51:11 - 51:19 T I'm conscious that we are getting towards the end of our time. But there is still time if there's anything else you want to say.
- 185 51:19 - 52:40 C No. I think ... I hope I have touched on ... that I have I have found it really helpful and I have ... I think I came into it with the right frame of mind. In a different scenario my mum was ... she's getting a bit out of her wits end with [Husband], I think just because she is literally clinging on that things might, that things can get back to some sort of ... 'happy state' [said slightly tongue in cheek]. She was saying "won't you try going to speak to someone? Can't you go see someone together?" And she was, you know, trying to think of all the options. I said to my mum, "I don't want to sound defeatist or negative but I really think that your heart has got to be in it if you go to something like that". And yes there is a chance, that if we went, he'd have some huge epiphany when we were there. And he'd find it really, you know, "Wow! This is enlightening!" But I don't think he would. I think he would go with a wall at thinking "what a load of rubbish!" And answer the questions when he's asked or, you know, nod and say things he thinks he is expected to say. But I do think you have to give it a chance and really want it to work. That's obviously a completely different example that if [Husband] had been in my shoes, with this instance, this would have been way off his radar. Whereas I think you have to want it.
- 186 52:40 - 52:47 T Absolutely. I am only ever as good as my client will let me be.
- 187 52:47 - 57:56.5 T Okay well if you are sure there is nothing more ...

## Memo Annotations

No.	CONTENT
<u>1</u>	I'm wondering if distancing from self and experience using second and third person pronouns is connected to the phenomenon of the client constantly apologising. If they feel a need to apologise for who they are, they might be uncomfortable "taking up space" linguistically speaking and this might lead to them suppressing forms of expression in pronouns that are more connected, such as "I" or "me".
<u>2</u>	I was really interested if the client authentically and genuinely felt that she really needed to apologise for her, as it were, organismic self. Or, did she feel like she should apologise needed to apologise because their difficulties and problems, she was aware, were causing other people inconvenience or stress.
<u>3</u>	To me, this feels like the client taking responsibility. We can take responsibility for things and indicate that we are doing this, using our language. So, I would argue that using first person singular (FPS) pronouns acknowledges responsibility whilst using the second or third person distances from responsibility. Interesting, I think, that the client is using FPS to take responsibility for situations but then distancing herself using second and third person pronouns, from her feelings. She's assuming responsibility here for a difficult situation in which someone else has behaved badly. She feels she has contributed to causing this i.e. almost "drove him to it". However, perhaps she's forgetting that every individual has an individual choice?

## **Appendix I —Participant information - Guidelines for feeding back on your interview**

Thank you for agreeing to provide feedback on your interview as a participant in my doctoral research.

The attached transcript is a verbatim record of our interview, complete with hesitations - *erms* and *ahhs* etc. Each paragraph is numbered and contains a time code, making it easy to reference. You will notice that the speaker is indicated by either “T” for therapist or “C” for client.

The transcript is a verbatim account of what you said but it’s worth you checking that this is actually *what you meant*. If you feel that what you intended has not come across clearly, please clarify your meaning for me.

As you read through the transcript, it may trigger other thoughts or remind you of things that you did not say at the time. If this happens, I would welcome you sharing these thoughts with me.

Certain passages in the transcripts are highlighted in gold. These are the passages which I consider contain material which is relevant to the focus of my research i.e. comments relating to your experience of my interventions concerning pronoun usage. This is not to say that other content is unimportant but it may not be directly relevant to the questions I’m trying to answer in my study. Of course, this represents my subjective judgement; if you feel that I have not highlighted something which is relevant or important, please feel free to highlight or indicate the passage and say why it is relevant or important in your perspective.

You will notice the right-hand column (“Codes”). Comments in this column represent a “label” for instance of the highlighted text. These labels (or codes) are my attempt to capture the essence of what you were saying within the highlighted text. The codes are *my own descriptions* of what I think you were saying. You will notice that the same codes may appear several times because this theme may be repeated several times within the interview. You’ll also notice that the same highlighted portion may be coded with several different labels, each one my attempt to capture an aspect of what you were saying.

Obviously, this is a subjective process and I would especially welcome your feedback here. Do my labels (codes) represent an accurate description of what you were saying? Are you in fact saying something completely different? Are additional labels applicable yet not shown? Have I misinterpreted your meaning?

Also attached is a complete listing of all the labels (codes) that I have used, not just in your interview but across all the interviews. You can if you wish decide to choose

alternative or additional labels from this list. You can add your own if you wish. The attached list is a long one and for your convenience, the labels are listed in alphabetical order. You'll notice that some labels are gathered together under an overarching label. For example, several labels fall under the code "Awareness".

Please don't worry about finding an appropriate label from the list. It may be quicker and easier for you to simply use your own words and this is absolutely fine by me. However, the list is there for your reference should you wish to use it.

Finally, I also welcome any general comments or observations that you have concerning any aspect of your interview and/or the work we did together concerning the way you express yourself in pronouns. It may be for example, you've had further thoughts since our interview or reading this transcript may stimulate some new thinking on your part.

You are welcome to make changes directly onto the transcript itself (I obviously have an original copy, so don't worry about annotating this one). If you make changes in this way, it would be helpful if you used a different colour text or highlight. You may of course prefer for your comments to appear separately and if so this is fine.

Once again, thank you very much for your participation in my study and thank you for taking the time and trouble to provide feed back on your interview.

A handwritten signature in black ink that reads "Alan Priest". The signature is written in a cursive, flowing style.

**Alan Priest MA**

*UKCP Registered & BACP Accredited Psychotherapist and Counsellor*

## Appendix J — Final listing of codes

Name	Description
2nd or 3rd person is more natural than 1st	First person usage requires conscious effort.
Apologising for self	Client constantly apologises for who they are, suggesting this may be reflected by distancing from self in language.
Aware of distantiated speech in retrospect	Aware of distantiated speech outside of session in retrospect.
Awareness	Client mentions awareness or lack of awareness of feelings connected with owning or distantiating in speech.
Awareness of own needs enhanced	Interventions have facilitated client to become more aware of own needs, possibly unaware previously.
Chameleon-like	Client describes incongruence, different people in different situations.
Change in language use rated significant or important	Rates changes as significant or important
Changed experience of feelings	Client says changing language changed experience of feelings if not the feelings themselves.
Changed pronoun usage in session	Client made conscious effort to check pronoun usage and to change to first person within session.
Changed pronoun use in self dialogue with benefit to procrastination	Client changed pronoun usage in self dialogue and this impacted on behaviour to reduce procrastination.
Concerned about acceptance	Client worries that being congruent might lead to rejection or non-acceptance by others.
Confusing or disconcerting	Changing pronoun use made client to feel a little confused at times when talking - 'does your head in'.
Congruence in language	Being transparent, saying what one feels, being on the outside like on the inside.
Congruence in others	Interventions created awareness of congruence in other people
Created awareness of feelings	Intervention(s) facilitated client to become aware or more aware of feelings
Created awareness outside of session	Interventions in session have helped enhance self-awareness outside of sessions
Created change in thinking or conceptualising	Intervention caused client to think about or conceptualise things differently to previously.
Depression made worse	Acknowledgement of feelings leads to further depression.
Derealisation or disassociation	Client was experiencing disassociation and therapy, including pronoun interventions, challengeed this.
Discusses historical negative experiences related to language	Client mentions experiences from past linked to inappropriate pronoun usage.
Distancing depersonalises	Client realises that second person or third person distances from self or feelings.
Distantiation serves useful purpose	Client needs to cope with everyday life. Doesn't want to own everything, couldn't cope. Therefore distantiated speech serves
Distantiation well-established	Distantiation was a long-standing or well-established way of being.
Doesn't know why difficult or uncomfortable	Client doesn't understand or is surprised why changing pronoun usage is uncomfortable or difficult.
Doesn't remember intervention	Client does not remember intervention when mentioned in interview.
Example of intervention	Example of one of my interventions.
Facilitated increased self dialogue	Interventions facilitated client's dialogue with self.
Facilitating acknowledgement can produce self blame or shame	Becoming more aware lead client to start blaming self for past behaviours and feelings shame.

Found it difficult to rephrase in session	Client experienced difficulty on being invited to rephrase using different pronoun.
Frequency don't do it too often	Comment about frequency of intervention -- not wanting to do it too often.
Gets easier over time	Interventions get easier/quicker over time because client understands what's going on.
Has become more confident or independent in relationship	Client has become more confident or independent in relationship because of enhanced self-awareness.
Initiated change of pronoun usage	Intervention causes client to consciously change his/her pronoun language
Intervention doesn't get in the way of process	With reference to concern about this, client says intervention did not block therapy process or divert it.
Intervention impacted out of awareness	Intervention had an effect subsequently without client realising it consciously or at the time.
Intervention shocked or was powerful	My intervention caused shock, alarm, surprise, was a jolt
Invitation to change phrasing could be declined	Invitation to change phrasing was experienced by clients as one he/she could have declined
Keeping busy to distantiate	Uses activity or keeps busy to distance from feelings.
Key moments	Interventions that target key moments like significant feelings or important events are more impactful.
Let the client finish talking before intervene	Clients says letting them finish before I intervene about pronouns helped mitigate any annoyance.
Linking FPS usage to confidence	Client associates FPS usage with increased self-confidence
Lose impact if interventions too frequent	Client says intervening too frequently would lead to interventions losing their impact.
More aware of emotions when using 1st person	Client reports feeling more emotional when talking about things in the 1st person.
Negatives	Client mentions any negative aspects of my pronoun intervention
Noticed changing pronoun usage when writing journal	Client notices has increased FPS usage in writing in journal over duration of therapy
Noticed or Changed pronoun usage outside of session	Client made conscious effort to check pronoun usage and to change to first person outside of session.
Noticing others' expression of feelings	Client has noticed how other people express their feelings in their language use as a result of pronoun interventions in own
Odd to talk about self in 2nd or 3rd person	Client feels it is odd to use 2nd or 3rd person when talking about self but only as a result of therapy, not previously.
Ownership creates sense of vulnerability	Ownership creates a sense of vulnerability, possibly linked to a lack of self-confidence or lack of assertiveness. Like 'nailing
Ownership or acknowledgement makes change possible	Client believes that owning experience is necessary to create possibility for change.
Owning in language connects to responsibilities	Client says that owning things in language makes more aware of responsibilities and more likely to attend to them.
Owning needs feels selfish	Client felt selfish or greedy when invited to use FPS.
Owning needs feels selfish	Owning needs feels selfish
Owning the positives uncomfortable as well	Owning positive aspects of self behaviour can be just as uncomfortable for client as the negatives.
Owning up to or acknowledging behaviour	Client acknowledges they regret actions or behaviour as a result of owning this in speech.
Owning up to or acknowledging feelings	Client describes change resulting from changed pronoun usage as being like an acknowledgement, almost a confession.
Pedantic or Nit picking	Experiences intervention as minor, unimportant, nitpicking, pedantic etc
Positive impact on communications	Changed pronoun usage in relationship(s) outside therapy and benefited from improved communications.

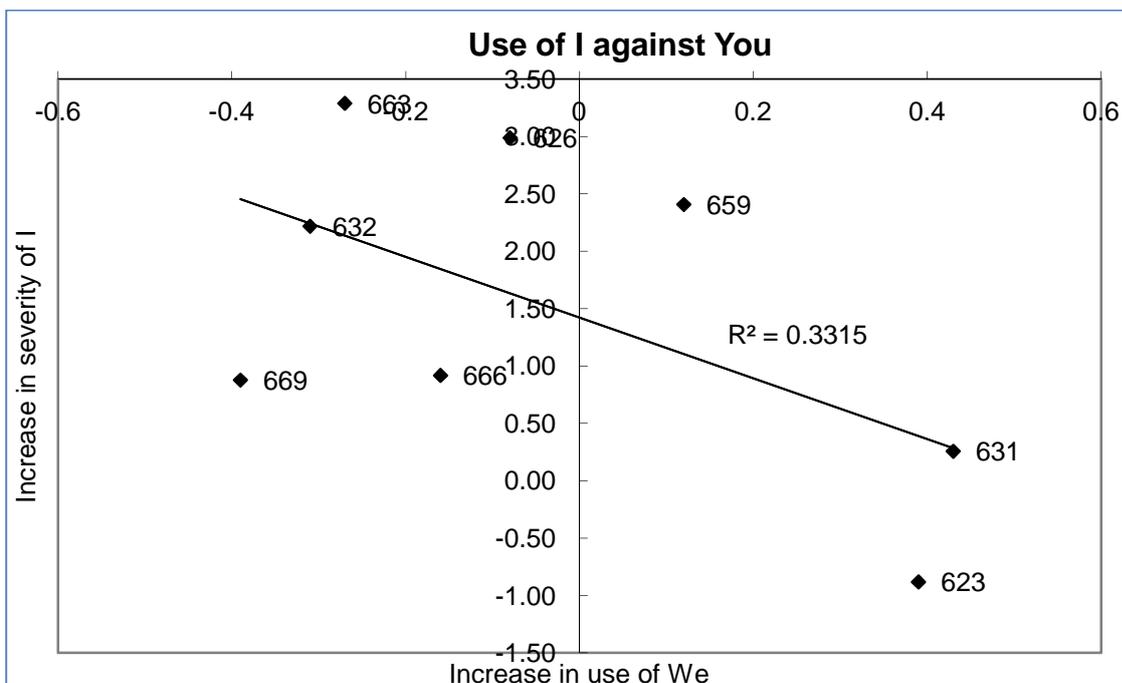
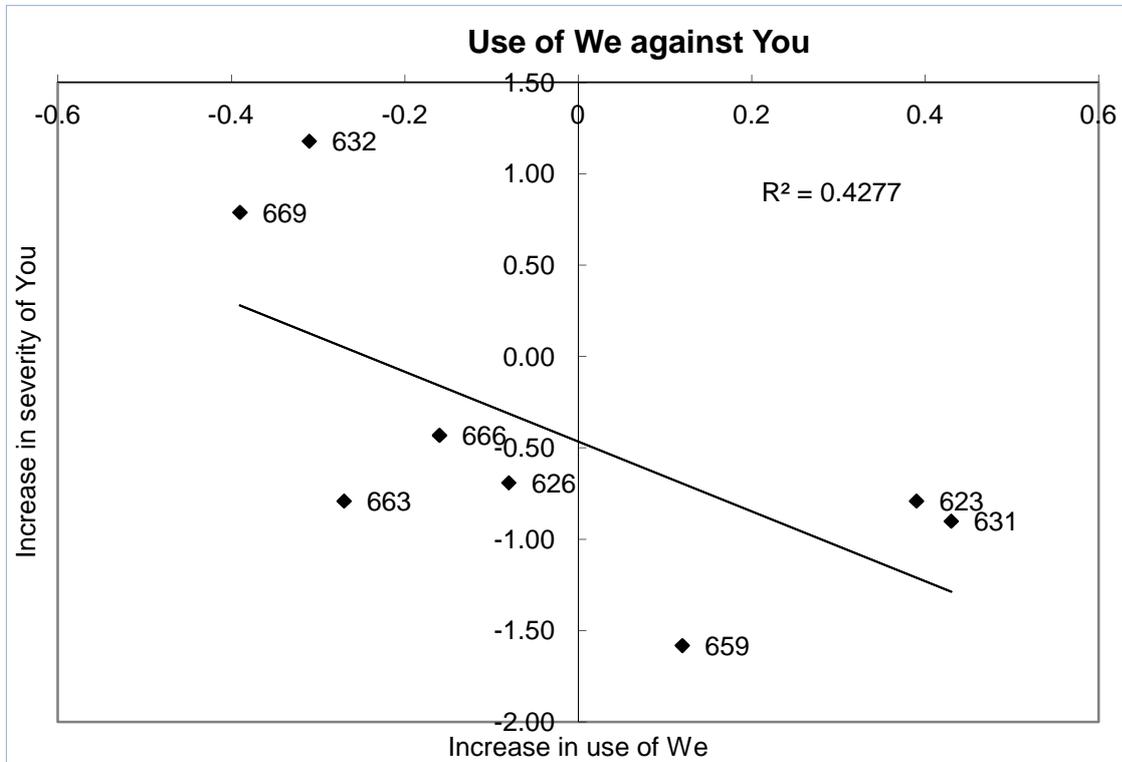
Positive impact on relationship outside therapy as result of changed pronoun use	Has experienced improvement in relationships external to counselling as result of changed pronoun use
Positive response to intervention	Responded positively to intervention or found it a welcome or helpful experience
Process over therapy	Pronoun usage interventions not a one off but a process which evolved over therapy sessions.
Raw feelings	Feelings accessed by changed pronoun usage too raw or unprocessed
Reading journal elicited sense of progress	Reading journal elicited sense of progress or positive movement
Realised not owning feelings previously	Realised was not owning feelings previously
Realises 2nd or 3rd person distances from feelings	Realises 2nd or 3rd person distances from feelings.
Refreshing Enabling Lightening	Experienced sense of freedom, letting go, unburdening etc
Rephrasing didn't feel silly or childlike	Client's difficulties weren't about the task seeming childish or silly.
Re-reading journal was difficult and or wanted to avoid	Experience of re-reading Journal was anticipated as difficult and client wished to avoid
Self Focus	Client mentions focus on self or not focusing on self
Self help mantras	Describes intervention as reminding of speak out loud self help mantras read in books.
Sensitivity and balance required when making interventions	Interventions require balance and sensitivity – don't intervene unless deemed important or significant.
Shame about expressing feelings	Client feels ashamed when re-phrasing, feels not okay to express feelings, somehow wrong.
Stopped writing when feeling better	Stopped writing in the journal when started to feel better.
Suppressed Feelings	Client acknowledges that distantiating is mechanism to suppress feelings.
Therapy made link between language and experiencing	Client acknowledges that therapy enabled them to notice distantiated speech and made link with experiencing.
Timing	Timing of interventions is important -- picking the "right time" for the client.
Unable to comply	Unable to comply
Unaware of research process	Unaware of research during therapy, research was not intrusive or counterproductive.
Unaware of inappropriate pronoun usage	Was unaware that was using pronouns inappropriately, perhaps at beginning of work.
Uncomfortable but beneficial	Despite experiencing discomfort, client feels ownership was important, necessary or beneficial.
Uncomfortable or awkward feelings produced by intervention	Client felt awkward, uncomfortable, weird, perhaps embarrassed as I pointed out pronoun usage.
Use the 2nd and 3rd person pronouns discussing difficult issues	Client acknowledges they use second and third person pronouns when discussing difficult feelings or issues.
Worth the risk	Client acknowledges risks and difficulties but still thinks it's worth it because alternative is worse.
Writing	Reflective writing references.
Writing facilitated awareness or acknowledgement of feelings	Client states that writing facilitated awareness or acknowledgement of feelings, where not aware in session.
Writing frees client to be congruent	Writing frees the client to express feelings congruently without fear of judgement.
Writing was positive or helpful	Positive or helpful for/useful experience of writing in journal.
Written about an intervention	Client had written in journal about intervention used in session

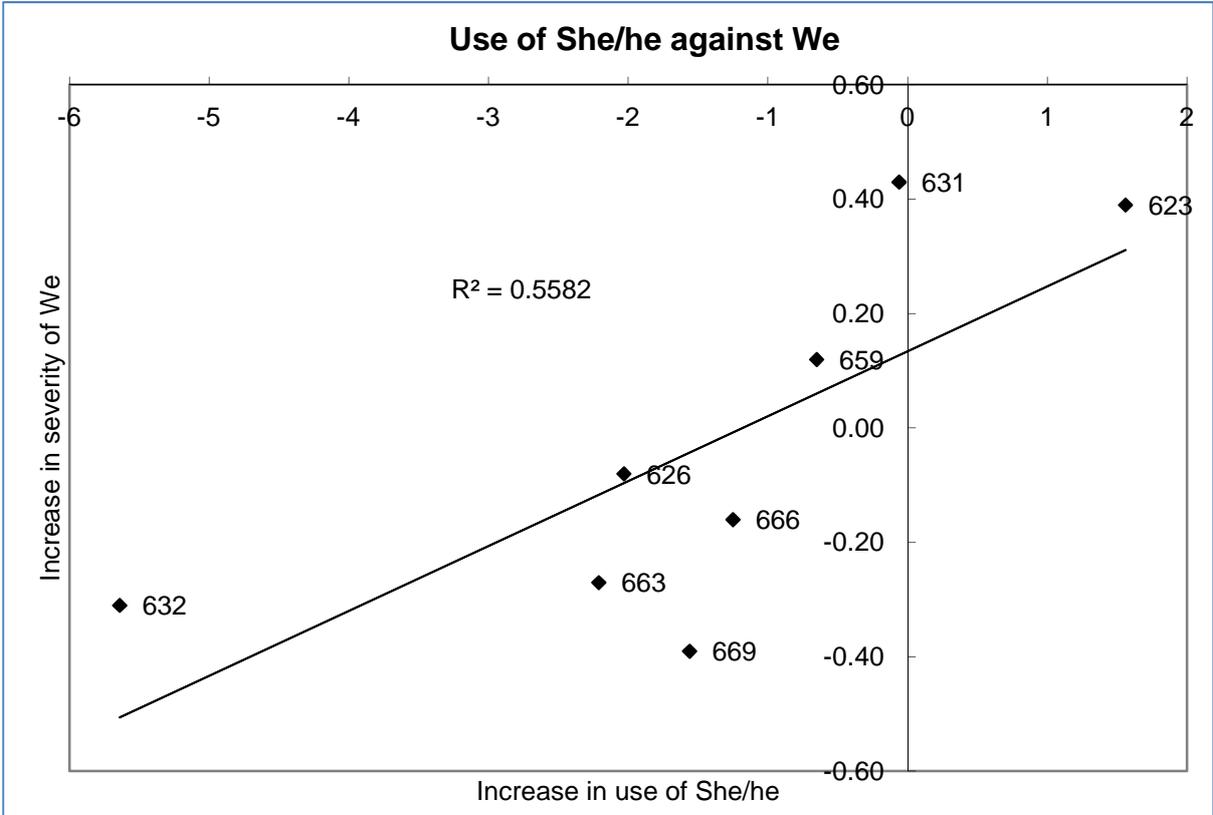
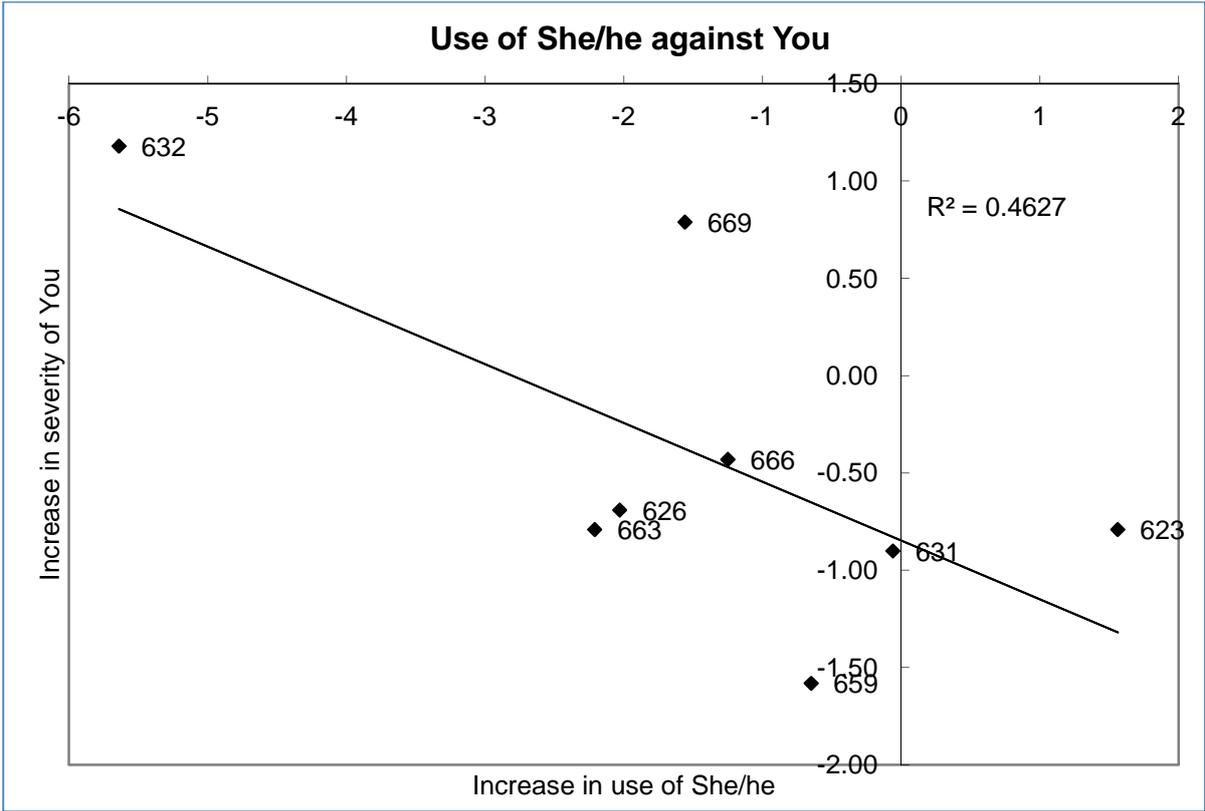
## Appendix K — Quotation matrix

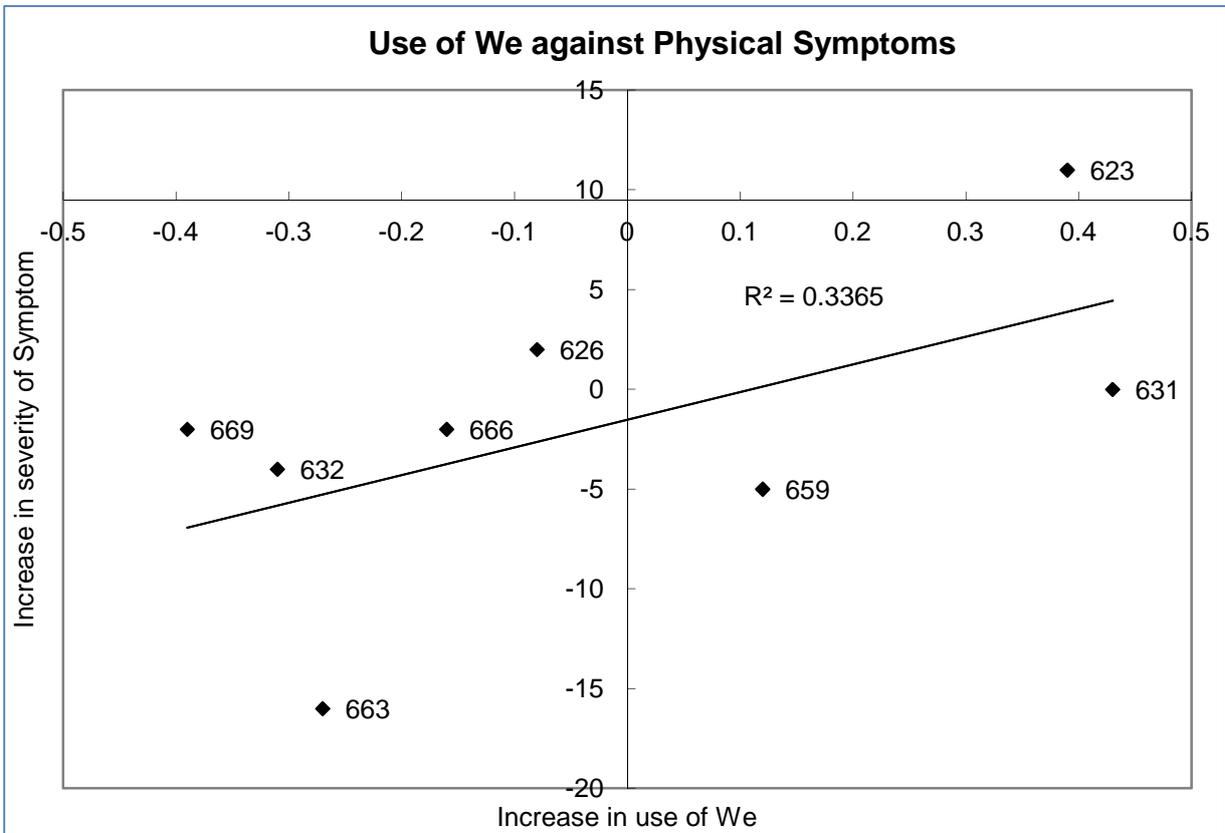
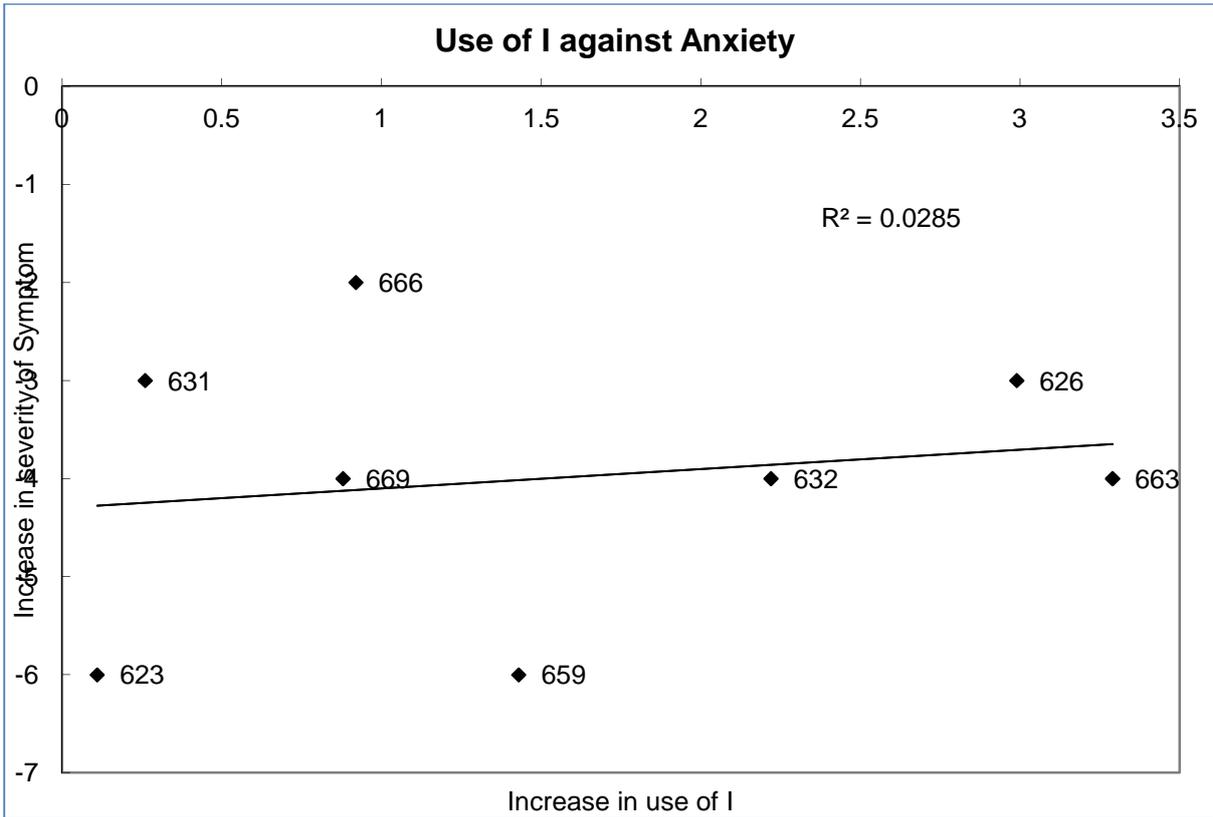
J626	E631	F632	A659	K666	C669
05:39	011-05:03	005-20:47	<i>007-9:10</i>	013-06:04	002-05:14
06:43	013-06:30	010-10:38	<i>009-9:50</i>	140-38:51	008-06:38
08:14	015-07:05	019-11:59	<i>029-12:31</i>	148-41:36	018-08:13
09:20	017-08:10	021-12:35	<i>037-13:09</i>	156-45:14	032-11:18
10:09	018-48:41	033-15:09	<i>039-13:19</i>	158-45:48	032-11:18
10:53	035-16:48	039-18:15	<i>049-15:05</i>	169-49:25	104-27:29
11:41	035-16:57	047-18:58	<i>049-15:20</i>	171-49:37	106-28:05
12:21	058-27:48	145-44:40	<i>075-19:18</i>	175-50:17	118-30:11
12:54	058-28:30	147-44:59	<i>075-19:18</i>		142-35:32
14:11	060-30:05	153-45:40	<i>079-20:42</i>		148-36:46
14:11	074-34:36	168-51:15	092-22:05		190-44:15
15:35	110-47:01	176-51:54	<i>117-28:23</i>		200-46:19
17:43		176-51:58	<i>121-29:14</i>		
17:43		176-52:20	<i>128-31:36</i>		
21:53		188-58:28	<i>130-32:44</i>		
22:17			<i>138-34:34</i>		
22:17			<i>138-34:34</i>		
25:33			<i>182-43:52</i>		
25:33			<i>221-51:10</i>		
28:29					
32:39					
40:37					
40:37					
42:31					
<b>24</b>	<b>12</b>	<b>15</b>	<b>19</b>	<b>8</b>	<b>1</b>

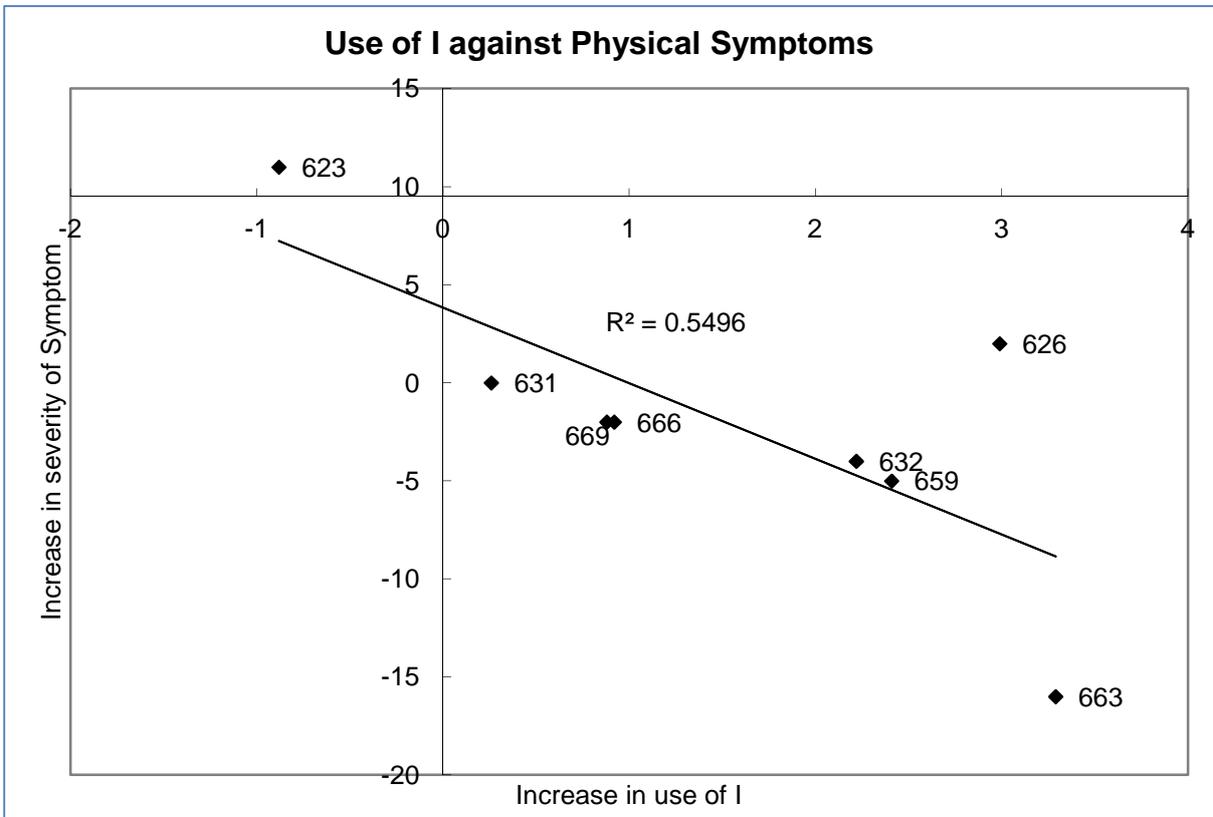
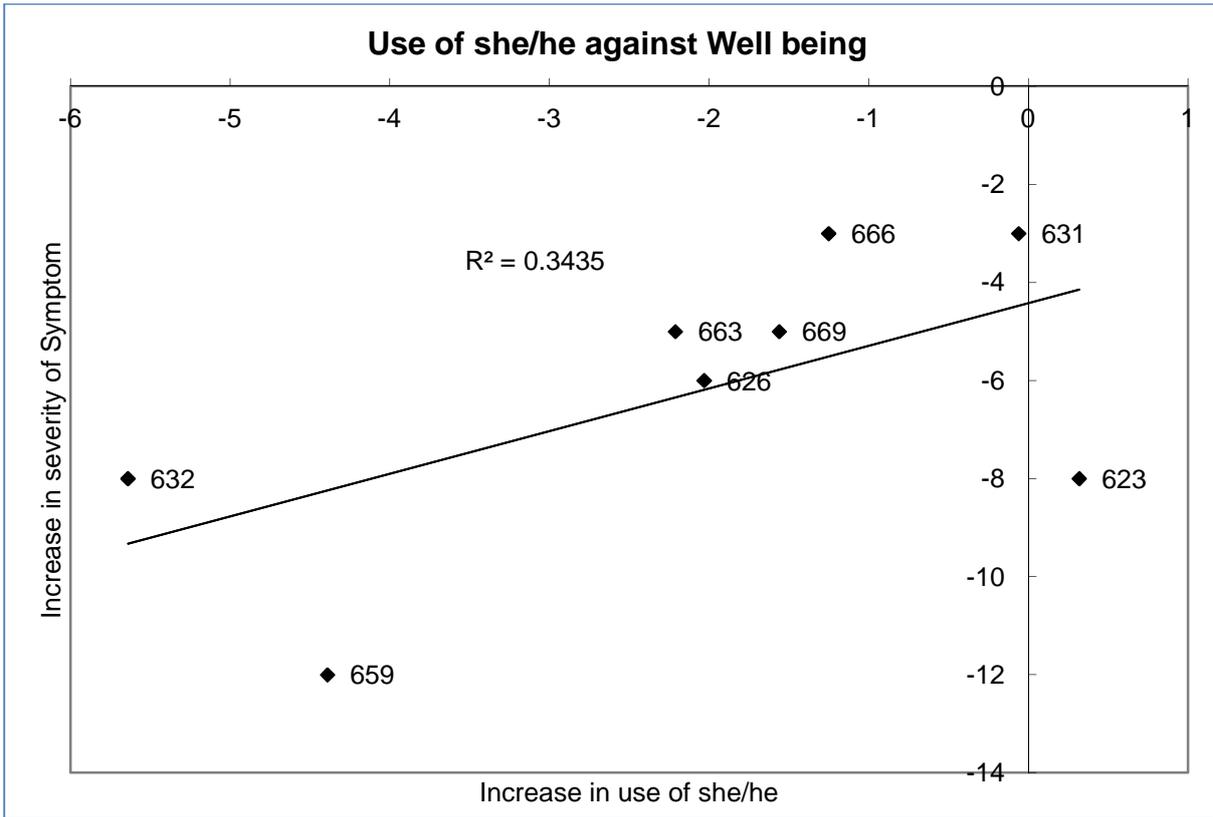
# Appendix L — Quantitative analyses not in main body

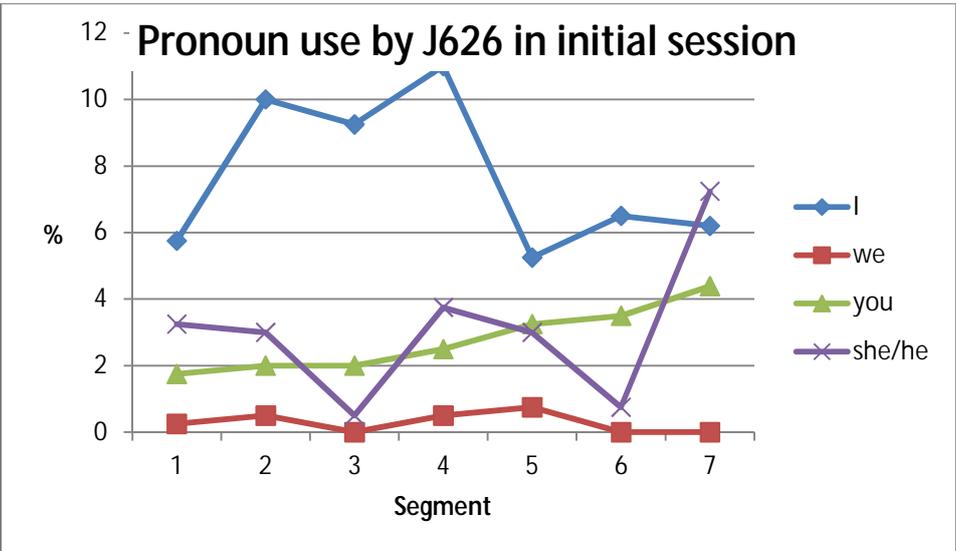
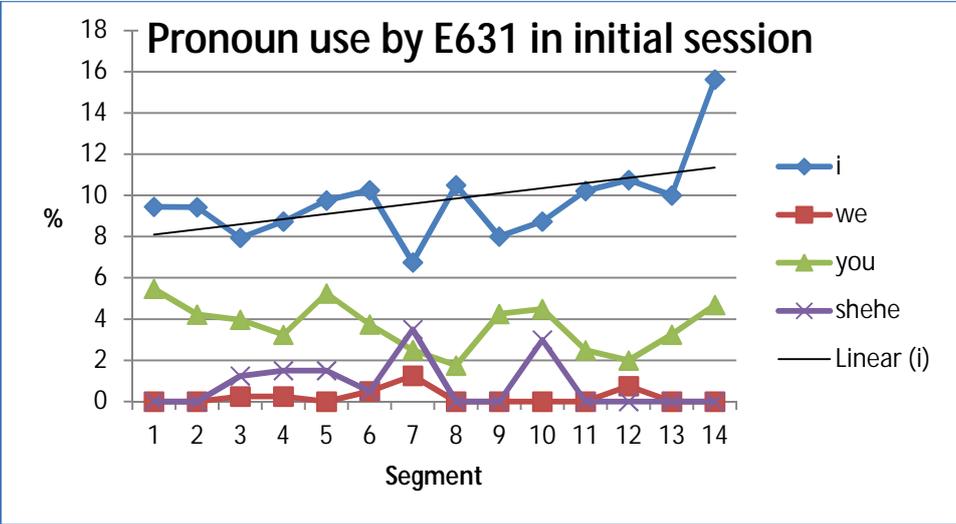
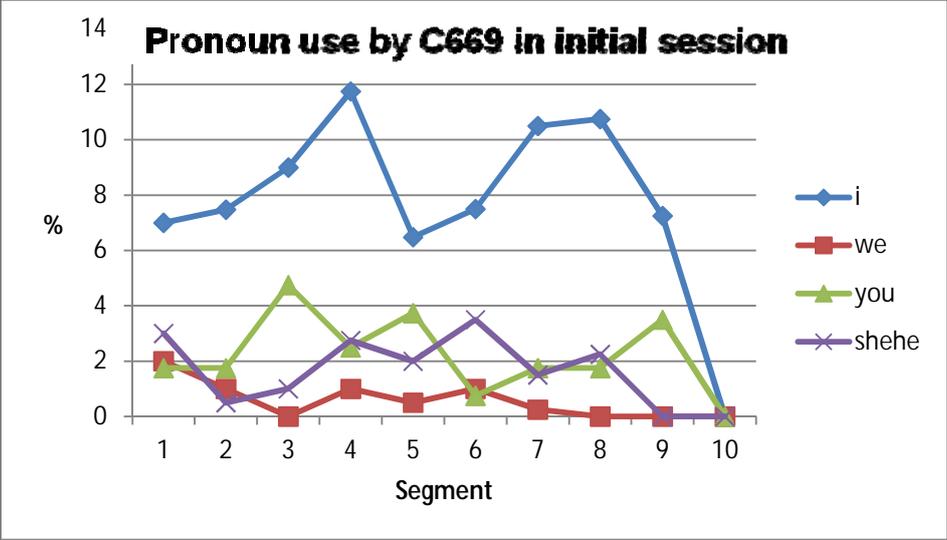
Example scatter plots showing relationships between pronouns and between pronouns and CORE-OM.











<b>Kendall's tau-b correlations</b>		I	We	You	She/he
I	Correlation Coefficient	1.000	-.357	-.012	-.714*
	Sig. (2-tailed)	.	.385	.978	.047
We	Correlation Coefficient	-.357	1.000	-.790*	.786*
	Sig. (2-tailed)	.385	.	.020	.021
You	Correlation Coefficient	-.012	-.790*	1.000	-.623
	Sig. (2-tailed)	.978	.020	.	.099
She/he	Correlation Coefficient	-.714*	.786*	-.623	1.000
	Sig. (2-tailed)	.047	.021	.099	.
Well/Being	Correlation Coefficient	-.229	.024	.079	.120
	Sig. (2-tailed)	.586	.955	.853	.776
Prob Sympt	Correlation Coefficient	-.096	.359	-.036	.120
	Sig. (2-tailed)	.821	.382	.932	.778
Anxiety	Correlation Coefficient	-.519	.395	.106	.432
	Sig. (2-tailed)	.188	.332	.803	.285
Depression	Correlation Coefficient	-.476	.310	.180	.333
	Sig. (2-tailed)	.233	.456	.670	.420
Physical	Correlation Coefficient	-.635	.491	.024	.539
	Sig. (2-tailed)	.091	.217	.955	.168
Trauma	Correlation Coefficient	-.175	.275	.050	.175
	Sig. (2-tailed)	.678	.509	.906	.678
Functioning	Correlation Coefficient	-.214	-.095	.635	-.167
	Sig. (2-tailed)	.610	.823	.091	.693
Funct Gen	Correlation Coefficient	-.479	.419	.102	.335
	Sig. (2-tailed)	.230	.301	.809	.417
Funct Soc	Correlation Coefficient	.180	-.719*	.813*	-.647
	Sig. (2-tailed)	.670	.045	.014	.083
Risk of Harm	Correlation Coefficient	.000	-.145	.358	-.217
	Sig. (2-tailed)	1.000	.733	.384	.606
Total CORE Score	Correlation Coefficient	.000	.024	.311	-.190
	Sig. (2-tailed)	1.000	.955	.453	.651

\*. Correlation is significant at the 0.05 level (2-tailed).

\*\*. Correlation is significant at the 0.01 level (2-tailed).

Paler shades indicate sig at 0.1 level (2-tailed).