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# Exploring clients’ responses to changing pronoun use from second person (you) to first person (I) during therapy: a constructivist qualitative approach

**Abstract**

*Background:* Personal pronouns like ‘I’, ‘me’ or ‘mine’ are inextricably linked with ownership, with one key benefit of a counsellor inviting a client to consider their pronoun use being a perceived need to change their awareness and understanding of a situation.

Objective: To gain greater understanding of the impact of inviting clients to use first person pronoun ‘I’, in place of second ‘you’ during therapy and its effects upon the client and therapeutic process.

*Method*: A constructivist qualitative approach using exploratory thematic analysis that engaged one-to-one counselling and follow-up interviews was used. Participants (n=11) were clients who had been referred for counselling via primary care with problems like depression, relationship break-up and/or stress.

*Findings*: Several themes were identified in the data; (1) Potential discomfort from switching to first position, (2) Awareness increased, (3) Avoidance of taking responsibility recognised, (4) Depersonalisation of events, (5) Initiating change, and (6) Effects on sense of self. Comments illustrate that reframing pronouns into first person removed distance between client emotions and problems, which provided them with an opportunity for development.

*Discussion*: Clients can be affected in productive ways when counsellors encourage them to alter their pronoun use during therapy. Through use of reflection, the counsellor can work with their client to explore more fully their attributions of responsibility within situations that are discussed.

**Key words:** Counselling, Intervention, Pronouns, Therapy, Attribution theory

# Exploring clients’ responses to changing pronoun use from second person (you) to first person (I) during therapy: a constructivist qualitative approach

## Introduction

Perls (1992) asserts that changing awareness of pronoun use by itself can be curative*,* withpronouns playing an important role in connecting speech to a particular person, place, time and context. Personal pronouns like ‘I’, ‘me’ or ‘mine’ are inextricably linked with personal ownership in terms of material objects, feelings, emotions, experiences and sense of self (Harré, 1985). Connected to this is the concept of personal responsibility, authentic experiencing and expression, all of which are important tenets of some therapies (e.g., Freud, 1916/1963; Polster & Polster, 1973; Rogers, 1976; Bollas, 1997).

It has been argued that ‘I’ equals awareness (Deikman, 1996)*,* with shifting pronoun use from second/third to first person akin to shining a spotlight on a darkened landscape (Kahneman & Treisman, 1984). Capturing this idea, it is the counsellor’s responsibility to increase client’ awareness of ‘self in here’, and ‘self out there’ (Wright, 1991), and from this point provide them with a developmental opportunity (Cashdan, 1988; Kohut, 2009).

Exceptions to this idea arise when a client makes disproportionate use of the first person pronoun ‘I’. For instance, depression is sometimes characterised by self-preoccupation and rumination (Andreasen & Pfohl, 1976; Hargitai, 2005; Pyszczynski & Greenberg, 1987; Weintraub, 1989), and is often accompanied by cognitive inflexibility and its associated inability to take on another's perspective (Campbell & Pennebaker, 2003).

To date, there has been a dearth of evidence that has explored counsellors’ actual use of pronoun interventions during therapy. With this in mind, the authors explored effects on real clients who were invited to make pronoun alterations whilst engaged in therapy. Specifically, the effects of the counsellor (first author) inviting clients to use the first person pronoun ‘I’, in place of second ‘you’ or third person ‘there is’ in their dialogue. It was considered that clients’ use of ‘you’ and ‘there’ might be used as a method of distancing themselves from their feelings associated with a situation they are describing. To explore effects of clients being invited to make pronoun alterations during counselling, the following research questions were asked:

1. How did altering pronoun use (e.g., from ‘you’ to ‘I’) affect clients’ emotions?
2. How did altering pronoun use affect clients’ perceptions of their problems?
3. In what circumstances did the client regard altering pronoun use helpful or unhelpful?

## Method

A constructivist qualitative approach using exploratory thematic analysis that engaged one-to-one counselling and follow-up interviews was used. This study was based on a constructivist methodology, where there exists no fixed point from which to assess the validity of knowledge claims. Following von Glasersfeld (1995), the focus was on the notion of viability of knowledge, where theories are regarded as viable if they prove adequate in the contexts in which they are created (von Glasersfeld, 1995), with the world of the participant fused with the counsellor’s world in an attempt to co-construct understandings. The usefulness of the findings was dependent on the quality of this relationship, which developed over several weeks and sometimes months.

An exploratory thematic analysis was applied to the qualitative data gathered. Thematic analysis was considered an appropriate method for identifying, analysing, and reporting patterns (themes) within the data-set, in keeping with Rubin and Rubin (1995) who claim that thematic analysis discovers themes and concepts embedded throughout interviews. The authors subscribed to a realist view of qualitative research, where the researcher ‘gives voice’ to the themes identified within the data (Fine, 2002). In contrast to grounded theory, narrative or discourse analysis, thematic analysis is not allied to a pre-existing theoretical framework. Instead, it can be used within different theoretical frameworks, and may be used to do different things within them (Braun & Clarke, 2006). Consequently, thematic analysis can be an essentialist or realist method, which reports experiences, meanings and realities of the interviewees. Alternatively, it can be a constructionist method, which examines the ways in which events, realities, meanings, and experiences effect a range of discourses that operate. The applied thematic analysis worked well for reflecting reality, and exploring the surface of reality. In keeping and fit for purpose, the themes identified within the data capture important elements that relate to the research questions asked (Braun & Clarke, 2006).

During process, comments made by clients’ were analysed using Braun and Clarke’s (2006) method for undertaking thematic analysis. This approach was selected because one of the authors has experience of using this method (Hollins Martin & Robb, 2013), with processes involved permitting an inventory of data-analysis in an auditable fashion (Guba & Lincoln, 1989). Braun and Clarke’s (2006) steps to thematic analysis include:

1. *Familiarising yourself with the data*

All of the transcribed conversations with clients were read repeatedly to gain an overall impression of the views expressed in response to the questions asked. This facilitated the process of looking for patterns within the data.

1. *Generating initial codes*

Clients were allocated a numerical code to ensure their anonymity, and labelled statements were compared and contrasted with other statements.

1. *Searching for themes*

Statements considering similar ideas were brought together to develop themes.

1. *Reviewing themes*

At this stage it was clear that 6 themes were emerging from the data, which were reviewed by each author independently.

1. *Defining and naming themes*

The 6 themes were considered in relation to the 3 research questions. Care was taken to focus on what clients’ had stated during interview, with themes labelled using statements that best described content.

1. *Producing the report*

This paper provides a discussion of 6 themes and their significance to developing understanding of how altering pronoun use affected clients’ emotions and perceptions of their problems, and in what circumstances was altering pronoun use helpful or unhelpful?

Following this method, author one attempted to co-construct understandings of inviting clients to change their pronoun use during counselling. Approval to conduct this study was provided by Metanoia and Middlesex University ethics committees.

*Participants*

Patients referred for counselling in primary care were invited to an introductory meeting. This initial meeting proceeded as a standard assessment session during which they completed a CORE-OM (Clinical Outcomes in Routine Evaluation-Outcome Measure) (Barkham et al., 2005), and suitability of the client’s presentation for counselling was determined. The purpose of the study and what would be involved was presented in a leaflet and backed up with an explanation. Some made a decision to proceed with counselling and research immediately at the end of assessment, whilst others chose to proceed with counselling and not the research study. Measures taken to safeguard identity were assured. A total of eleven (n=11) clients were recruited to participate in this study and from this number, six (n=6) completed a post-therapy interview. Hence, the present manuscript is based on the accounts of six clients. To view a report of client progression (see *Table 1*)*.*

TABLE 1

Participants were clients referred for counselling by the primary care team. To view their individualised profiles (see *Table 2*).

TABLE 2

## *Ethical considerations*

Researching clients inevitably presents ethical challenges (Bond, 2004), with danger of imposing the desire to conduct the study on potentially vulnerable individuals seeking help. Consequently, it was important to ensure that client’s experience of counselling was as similar as possible to the experience they would have had, had they not participated in the study. In practice, the main differences were; provision of a book in which to write notes and comments between sessions (if they wished), unobtrusive audio-recording, and voluntary participation in a post-therapy interview which was also recorded. During the post therapy interviews, a number of clients commented that they forgot or were not consciously aware of participating in a research project during their counselling. Also, differences which existed for research participants were often experienced as beneficial, with some clients reporting that writing in the notebooks aided their progress. In addition, the post-therapy interview was an opportunity for further learning and in many cases a pleasant and helpful way to end therapy.

*Data collection*

The counselling approach integrated ideas and therapeutic strategies from a wide range of approaches, utilising them according to the individual needs of the client. The relationship is at the core of a humanistic approach and provides the framework for a cohesive whole (Faris & Ooijen, 2011). During therapy and as appropriate, the therapist made a number of interventions surrounding pronoun use. Upon completion of the client’s prescribed schedule of sessions, a post-therapy interview was conducted in which they discussed their experiences of pronoun interventions. The semi-structured interview schedule contained questions that asked about altering pronoun use (e.g., from ‘you’ to ‘I’) and how this (1) Affected them emotionally, (2) Altered their perceptions of the topic under discussion, and (3) was helpful or unhelpful to them. Suitable prompts were given and clients were invited to make as many or as few comments as they liked.

## *Data analysis*

Thematic analysis, which is systematic in approach, addressed meaning behind use of language (Joffe & Yardley, 2003). Taking an approach informed by Braun and Clarke (2006), 600 free-standing units of text were separated from the transcripts. These were sub-divided into 79 categories from which 6 themes were generated. An example is provided to illustrate the coding process. In the case of C, the ‘C’ is the first initial of the client’s given name. As a validity check, clients read their transcripts and the analysis, and provided feedback for accuracy of interpretation (Guba & Lincoln, 1985). A peer learning group of counsellors acted as ‘critical friends’ (McNiff, 2002) who viewed the anonymous interview transcripts and compared them against the 6 themes identified in the data.

## Findings

The themes identified in the data were labelled as follows:

Themes

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(1) Potential discomfort from switching to first position

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(2) Awareness increased

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(3) Avoidance of taking responsibility recognised

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(4) Depersonalisation of events

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### (5) Initiating change

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(6) Effects on sense of self

(1) *Potential discomfort from switching to first position*

Pronoun interventions effect change through challenging the client’s frame of reference, and for some this process of switching can be challenging (Perls, 1992). By shifting to first person ‘I’ the client can be brought closer to the events they describe, which has potential to arouse feelings. This in itself allows the event to be explored from a new perspective. Five participants commented on the discomfort they felt from re-phrasing their pronouns into first person:

*That does make me feel a bit oooo (ouch), and I don’t know......why* (K)?

Participant C commented on the impact of switching pronoun use to first person:

I don’t know why that would feel uncomfortable to do that. To change just

one word in a sentence (C).

One factor that may have made the process more challenging for clients is embarrassment at possibly gaining awakened recognition of their personal responsibility in a situation and by so doing, encountering feelings they would rather not acknowledge:

Erm......I don’t know. Not stupid, but it’s like…...embarrassing. Not embarrassing……yeah a bit maybe embarrassing. Very uncomfortable (A).

When you stopped me [and said], let’s just quickly look at that sentence. It very much, just felt really uncomfortable. A bit raw you know. I’d said it, it was me. It brings you back to myself (C).

I found difficulty sometimes in being invited to rephrase things. Because you had to sort of acknowledge and believe it, to say it (F).

I suppose it was uncomfortable because I was owning up about something (C).

Suppressing feelings is just one way of avoiding difficult situations, or allowing the person to co-exist with a significant other in a troubled relationship. As such, changing pronoun use, and its accompanied transformations can confront the client with their vulnerabilities. Participant F captured this point precisely:

The cat is out of the bag, once you have spoken about it (F).

Whilst acknowledging feelings of vulnerability during the process of taking ownership, participant K identified a paralleled 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 (K).

Participant K also described how she had become aware of how much she apologised for herself and sometimes sought reassurance through use of her language:

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……I feel like I say, ‘isn’t it?’ a lot at the end [of sentences]. Like I’m seeking reassurance from someone, saying ‘that’s okay’. I think that’s part of me constantly apologising for myself (K).

Such awareness empowers the client to take responsibility and through this they can be assisted to grow (Perls, 1992). When participants spoke of their new found awareness, some related that the situation they were describing was accompanied by a changed feeling set. In response, some clients became tearful or spoke with more emotion in relation to the events they were describing. Sometimes they became angry and along with this acknowledged their own accountability towards causing or perpetuating the situation they were describing. During such processes, counsellors require to be certain they are challenging pronoun use to further clients’ growth during therapy. This intention must be client-focused and clinically driven, in keeping with the general moral and ethical principles of beneficence and non-maleficence outlined in the (APA, 2002).

### (2) Awareness increased

New awareness of thoughts, feelings and sensations became awakened, and in response personal needs could be identified and perceptions of situations altered appropriately. The following client commented upon her lack of unawareness of her own pronoun use.

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 (J).

In response to changed perspectives and attributions of responsibility, the therapist was required to manage consequences. Kelly (1991) reports the threat to personal construction of self that may be experienced by clients in therapy. For example, the therapeutic process may require the client to revisit childhood, which involves returning them temporarily to a role in which they must place trust in someone (in this case the therapist), when prior experience of trusting had ended badly. Any change actualised during therapy may lead to mental disorganization, raised anxiety, delusions and/or other undesirable elements, all of which create a picture to which the client needs to adjust (Kelly, 1991).

(3) *Avoidance of taking responsibility recognised*

Three clients stated that they deliberately avoided using the word ‘I’, and that they consciously used second and third person pronouns to distance themselves from situations where ‘I’ might have been more appropriate:

I am now moving back into a first person sort of thing, rather than being distant [from my feelings, actions, circumstances] (C).

I am now aware that I would avoid use of first person if I am explaining something particularly difficult (K).

I was just trying to......erm in a way not to take ownership of it (F).

These clients confirm that language, and in particular use of second and third person pronouns, is a method they use to deflect responsibility and depersonalise complicated situations in their lives.

(4) *Depersonalisation of events*

Depersonalisation is an anomaly of self-awareness that consists of watching oneself act whilst renouncing control over the situation (APA, 2004). Within person-centred theory, the idea of ownership in language is connected with congruence (Rogers, 1976). For example, participant K referred to a divide (incongruence) between self-concept and organismic self when she stated:

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? (K).

Six participants acknowledged that they deliberately depersonalised events through selected pronoun use:

I’m talking as if a big group I think. You......yeah (A).

Participant A made the connection between language, awareness, responsibility and choice, and worked determinedly with the counsellor not to depersonalise her situation. This deepening awareness of accepting ownership is often accompanied by a change in thinking about the conceptualised problem. For example, participant C began to question the way in which he had depersonalised events:

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 (C).

This new found awareness of the connection between pronoun use and depersonalising events to distance thoughts and feelings was acknowledged by Participants J and K:

I think more in terms of perhaps me and [...] my thought processes……I use pronouns more in my head if you like (J).

I do kind of acknowledge things a lot more and erm even when I’m really upset (K).

Participants C and E assembled the association between their pronoun use and taking personal responsibility:

*Taking responsibility......I don’t know, acknowledging it. 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 (A).*

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 (E).

The aforementioned quotes example clients’ acknowledgement that they depersonalised events through their pronoun use, which for some initiated change.

### (5) Initiating change

Five participants were motivated to initiate change. For example, during therapy participant C decided to stop smoking marijuana in an effort to improve his relationship with his significant other:

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……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 (C).

Participant J declared that she was going to make a conscious effort to address her chameleon like nature:

I [I was] different in different situations as well. I was kind of several different people really (J).

Many of the changes reported were related to the participants’ ways of being in relationships. Participant J exampled how using ‘I’ caused her to contemplate her emotional set:

I’m talking more with other people as well about how I’m feeling. I’m having much more discussion about feelings and things like that……needs, ideas......thinking more about feelings……than I would have done in the past (J).

In the two quotes that follow, acknowledging pronoun use caused participants E and C to seriously evaluate their relationship with their partner:

I think when I first came I was heavily dependent on [partner] and time with

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 (E)?

When I first started talking to [partner] about this. It was very much what the f\*\*\* have I been doing. You idiot sort of thing. She was saying, but that was me, I was being silly as well (C).

In sessions where clients are invited to use ‘I’, the intent is to create an opportunity for them to connect with the source of their distress and to reflect and take responsibility for their feelings, actions and circumstances (Deikman, 1996). During this process, the client may attempt to restructure their relationships with others and their sense of self (Campbell & Pennebaker, 2003).

(6) *Effects on sense of self*

In some instances, clients’ reported that the pronoun interventions had impacted on their experiences of self. For example, participant E struggled to claim a sense of identity in her relationship, with an increased focus on self and personal needs arising through changing her use of ‘we’ to ‘I’.

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 (E)?

Two clients acknowledged that changing their pronoun use to ‘I’ had increased their self-focus. E stated in her interview:

What sticks in my mind is you have been trying to get me to think more about ‘me’. 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 (E).

The following participant who was a former regular cannabis user commented:

I wasn’t owning up to myself, about how I felt or what I’d done in a certain situation. 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……I wasn’t just a narrator in my life. I wasn’t just sort of telling a story of something. It was me (C669).

Participants A and K struggled to find a voice both in therapy and life, quite simply because acknowledging their personal needs aroused feelings of selfishness:

I think when you are focusing on yourself and telling someone how you feel......Sometimes I think it makes me feel selfish. And I’ve even been made to feel like I am sometimes. You know, ‘it’s all about you’. I used to get that a lot from [husband] (A).

It almost feels…...feels like it would sound a bit selfish. A bit, you know, greedy. But it’s not is it (K)?

Through pronoun interventions, the therapist can work to enhance clients’ understandings of their situation. Such analysis may enlighten them to events where they perhaps do not value themselves, assert their own needs appropriately or inappropriately, or are plainly responsible and may therefore have some agency in the situations they describe.

### **Discussion**

This enquiry has evidenced that clients can be affected by therapists encouraging them to alter their pronoun use during counselling. Many of the comments illustrate that replacing pronouns such as ‘you’ and ‘there’ to ‘I’ removed distance between the clients’ emotions and problems, which allowed the counsellor to work with them to find resolve. In psychodynamic thinking it is well-established that this mirroring process is incredibly important in the development of our sense of self (Mahler et al., 2000; Winnicott, 1965). Key benefits of asking participants to review their pronoun use were increased awareness and awakened responsibility within their situation, and that this acknowledgement provided them with an opportunity to initiate appropriate change (Cashdan, 1988; Kohut, 2009).

One particular benefit of altering pronoun use can be explained through the principles of attribution theory. Interpersonal attribution occurs when one's action or motives for the action are questioned, and that person has to give reasons to account for their behaviors. In response, that person will usually want to present them self in the most positive light (Horowitz & Strack, 2011). For example, when a client admits they are having an affair, they may blame their partner for their behavior to shift responsibility away from self. In a constructivist compilation of the truth, the attributer of responsibility is compiling an incorrect assembly of what in fact occurred, which differs from the objective truth of what is authentically happening. To readdress this situation, pronoun interventions may be used to explore the client’s constructed knowledge and challenge its viability, in attempts to gently re-orientate them towards the objective truth. By doing so, the real problem may then be tackled and potentially a helpful solution found.

Through explaining true causes of situations, clients can develop understandings that can be taken forth to future events and by doing so gain mastery over their lives. For example, the client may alter an attribution bias. An attribution bias refers to systematic errors that people make to evaluate and find reasons for their own and others' behaviours (Abramson et al., 1978; Heider, 1958; Kelley, 1967), with the premise that these attributions do not accurately mirror reality. Rather than operating as objective perceivers, people in general are prone to perception errors that lead to biased interpretations of their social world (Funder, 1987; Nisbett & Ross, 1980). Through altering pronoun use, the therapist can help the client to appropriately re-attribute responsibility to self, as opposed to projecting cause on to other people, with this idea explained in more detail by Heider (1958) and Anderson et al. (1996).

*Implications for practice*

Implications for practice are that therapists might consider developing a model of pronoun use that works through stages to deal with clients’ misaligned attributions of responsibility, and from there proceed to test it. Such a model may follow a pathway that progresses in sequence through (for example) the following points:

1. Identify the client’s attributions of responsibility in terms of ‘I’, ‘we’, ‘there is’ within a situation and pay particular attention to dimensionality.
2. Discuss the rationale underpinning these attributions that have been made.
3. Focus upon what the client can and cannot control within the situation described.
4. Help clients create more constructive attributions of responsibility and help them come to terms with aspects over which they have no control.
5. Support and encourage clients to conduct the above processes for themselves.

*Potential risks*

Within this proto-model, the counsellor is required to be mindful that a client restructuring their sense of self and their relationships may encounter risks. Put simply, the pressure for change created as a consequence of the client assimilating new perspectives is subordinate to maintaining their constructed identity. This so-called fundamental self-organizing invariant (Guidano, 1987; Maturana et al., 1992) creates a drive for the individual to maintain their identity, even when they are functioning less well or becoming depressed or anxious. 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 & Neimeyer, 2003). The client can only deal with their experiences in therapy in accordance with the developmental stage at which they are currently functioning (Erikson, 1956). Without sufficient self-knowledge, an emotion-eliciting stimulus, such as an intervention surrounding pronoun use, may result in powerful emotional expression (Lewis & Brooks-Gunn, 1979). The counsellors’ exploration might instead be experienced by the client as criticism and this could potentially damage the therapeutic relationship beyond repair. Also, clients who are presented with opportunity to take personal responsibility have the added risk of becoming overwhelmed or blaming themselves for their situation, both of which are anti-therapeutic. These risks do not of course arise uniquely from use of interventions surrounding pronoun use, but are driven by a variety of underpinning components.

It may be the case with some clients, that no-one supported them gradually to take responsibility appropriate to their developmental stage in childhood, with subsequent negative impacts on their constructions of self. As the therapist attempts to recreate this sense of responsibility, care is required to secure that the client does not feel abandoned, criticised or shamed, thus possibly repeating past emotional and behavioural patterns (Kaufman, 2004). These clients may construe that feedback is criticism, either from the counsellor or from their own internal response to their work. This in itself can make progress in therapy challenging.

*Limitations*

A limitation of this study is that the findings are not transferrable to all clients and/or therapy as a whole, quite simply because data-collection was based upon one counsellor working with a small number of clients. From the processes involved and from a qualitative perspective, it should also not be assumed that what was one client’s experience will be another’s encounter. As such, it is therefore advised that the findings of this study be interpreted within context. Larger case studies are advised to advance the knowledge base that relates to altering pronoun use in therapy. It is recommended that studies which focus on pronoun use (e.g., Arntz et al., 2012) are replicated in different contexts, and that they utilise a variety of counselling approaches. It may also be appropriate to introduce writing interventions that are characterised by reflection, and from this monitor shift from first person perspective to one in which the views of others are considered (Campbell & Pennebaker, 2003).

**Conclusion**

This study has explored the impact of changing pronoun use from second person (you) to first person (I) during therapy, which is an oft-used yet under-researched area of counselling practice that involves the counsellor encouraging clients to own their experiences through reconsidering the pronouns they use to describe situations during counselling. Results suggest that pronoun interventions can enable clients to connect more powerfully with complex situations in their life and from this point they can work with the counsellor to find solutions. What is clear is that pronoun alterations can enhance clients’ understandings of circumstances in their lives. Moreover, focusing on self and experience may alert them to situations where they are perhaps not valuing themselves or asserting their own needs appropriately. Such awareness can facilitate choice and behaviour change, with consequent improvement in mood and sense of personal well-being.

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**Table 1:** Progress of clients invited to participate in the project

|  |  |
| --- | --- |
| **Stage** | **Number** |
| Participated | 11 |
| Participated and later withdrew:   * Health problems during pregnancy * Transferred to occupational health counselling * Did Not Attend (DNA) session then lapsed | 1  1  1 |
| Completed therapy but not interviewed:   * Continued her therapy beyond the duration of research project so interview not conducted * Arranged interview but DNA and would not commit to re-arrange | 1  1 |
| Final total sample | **11-5 = 6** |

**Table 2 -** Profiles of participating clients in therapy

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Identifier** | **Gender** | **Age** | **Number of sessions** | | **Occupation** | | **Interview completed?** | **Presenting Issue** |
| **N603** | Female | 39 | | >26 | | Police officer | Noa | Depression. Later explored childhood abuse |
| **J623** | Male | 39 | | 5 | | Staff nurse | Nob | Anxiety and obsessive tendencies |
| **J626** | Female | 40 | | 19 | | Medical doctor | Yes | Relationship break-up |
| **E631** | Female | 55 | | 12 | | Deputy head teacher | Yes | Relationship break-up |
| **F632** | Female | 46 | | 28 | | Head teacher | Yes | Stress/Depression |
| **L645** | Female | 38 | | 8 | | Salesperson | Noc | Relationship difficulties |
| **J650** | Female | 36 | | 3 | | Nursing sister | Nod | Work-related issues |
| **A659** | Female | 43 | | 18 | | Production supervisor | No | Depression. Later relationship breakup |
| **H663** | Female | 31 | | 6 | | Retail manager | Noe | Terminal illness of partner |
| **K666** | Female | 26 | | 16 | | PR executive | Yes | Chronic debilitating health problem |
| **C669** | Male | 24 | | 11 | | Unemployed graduate | Yes | Depression and identity issues |

**Notes on table**

(a) Continued therapy beyond duration of research so no interview 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

(d) Withdrew from therapy due to complications with pregnancy

(e) Completed therapy but was unavailable for interview