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

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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 an invitation 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 removes distance between client emotions and problems, which provides 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.

Introduction

Perls (1992) asserts that changing awareness of pronoun use by itself can be curative*,* with pronouns 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 arguably 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 is a dearth of evidence exploring counsellors' actual use of pronoun interventions during therapy. With this in mind, the authors explored effects on clients who were invited to make pronoun alterations whilst engaged in therapy. This of course creates particular ethical challenges (see below) however it was felt necessary to understand the impact of the therapist's interventions on pronoun usage in the context of a co-created conversation, positioned in time and setting. The meaning for the client was inevitably influenced by the nature of the relationship and the social and therapeutic context of that meeting. Pronouns are fundamentally indexical (Harré, 1994); they reference a particular setting and context, hence the decision to research the context of a discrete client-counsellor relationship and 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 a means of distancing themselves from their feelings associated with a situation they are describing. 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. So, from a constructivist

perspective, the client assembles their own account of 'what happened', uniquely attributing responsibility for events. This account may be more or less valuable in enabling them to respond adaptively and represents their personal construction of reality. Pronoun interventions may be used to explore different perspectives on responsibility-taking (Narciso & Burkett, 1975; Harré, 1985) helping the client to explore their construction and its viability, perhaps inviting them towards perspectives which may prove to be more adaptive. Importantly, clients cannot address issues for which they feel they have no responsibility and clients who assume responsibility for issues over which they have no control can feel defeated and helpless (Bennett and Bennett, 1984).

By inviting altered pronoun use, the therapist can help the client to appropriately re-attribute responsibility to self, as opposed to projecting cause on to other people (Heider,1958; Anderson *et al*,1996).

Method

The 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. A theory is regarded as viable if it proves adequate in the context in which it is created. So for this study, the world of the participant fused with the counsellor's world in an attempt to co-construct understandings. The utility of the findings reflected not only the content of the post-therapy interviews but also the quality of the preceding relationship, which had been developed over several weeks and sometimes months.

A thematic analysis of post-therapy interview transcripts was employed. Thematic analysis is a way of identifying themes and concepts embedded throughout interviews (Rubin & Rubin, 1995). Whilst not anchored to a specific epistemological position (Braun & Clarke, 2006) it is complementary to a constructivist methodology, reflecting interviewees' individual meanings and realities, identifying themes which emerge as being important to their description of a phenomenon and constructing a 'pattern of meaning' (Creswell, 2003, p.9). In keeping with a methodology in which knowledge is seen as co-created rather than discovered. The themes emerging from the data capture important elements that relate to the research questions asked (Braun & Clarke, 2006) whilst permitting an inventory of data analysis in an auditable fashion (Guba & Lincoln, 1989).

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 clients 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. Measures were taken to safeguard the identity of particiants. 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 paper is based on the accounts of six clients. To view a report of participant progression see *Table 1* and for participants' individualised profiles see *Table 2*.

TABLE 1

TABLE 2

Ethical considerations

When the researcher is also the therapist and clients are invited to participate in research, there exist additional ethical challenges, with one risk in particular being that of coercing potentially vulnerable people into research (Rudi & Arlene, 2005). These additional challenges were weighed carefully against the benefits of allowing clients to speak directly, of their experience of an important aspect of therapeutic practice. Consent was provided at the end of a process, during which potential participants were informed fully about the purpose of the study, what was involved, the intended possible uses of the research and the risks and safeguards involved. After being invited to participate at assessment clients were provided with a detailed information leaflet. This described their involvement in detail and stated clearly in both the main text and in summary, that participation was entirely voluntary, was not a condition of receiving counselling and could be withdrawn at any time without affecting their therapy. This was re-iterated in the actual consent form, which was signed only later. The study was designed to ensure that clients' 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. Four of 15 clients invited to participate in the study declined to participate in the study yet continued with counselling, suggesting these measures facilitated free-will. Three participants later withdrew from both the study and counselling but stated that this was for reasons unconnected to the research (see *Table 1*). Approval to conduct this study was provided by Metanoia and Middlesex University ethics committees.

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 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. The interview also allowed the client to refer to and discuss any notes they had made between sessions in the notebook that had been provided, although only this discussion (and not the notes) were analysed. Notes made by the counsellor about pronoun interventions also acted as prompts. Interviews were audio recorded and transcribed. The transcripts (alone) formed the data analysed.

Data analysis

Thematic analysis, which is systematic in approach, addresses the meaning behind the use of language (Joffe & Yardley, 2003). Taking an approach informed by Braun and Clarke (2006), 600 free-standing units of text were identified in the transcripts. These were sub-divided into 79 categories from which six themes were generated. An example is provided to illustrate the coding process (see Table 3). In this example 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 six themes identified in the data.

Findings

The themes identified in the data were labelled as follows:

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

Pronoun interventions effect change through challenging the client's frame of reference. In shifting to first person 'I' the client can be brought closer to the events they describe. This has has potential to arouse feelings and in itself allows events to be explored from new perspectives. 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 similarly:

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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 was 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 I; 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 one way of avoiding difficult situations, perhaps allowing the person to co-exist 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 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 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'. (K).

When participants spoke of their new found awareness, some said the situation they were describing was accompanied by changed feelings. Some 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 in the situation they were describing. Awareness increased

New awareness of thoughts, feelings and sensations became awakened. Consequently, personal needs could be identified and perceptions of situations altered appropriately. J commented upon her unawareness of her 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).

The therapeutic process may require the client to revisit childhood, which involves them returning 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. The corollary of this awareness could be the emergence of further issues, potentially deepening the counselling whilst also increasing anxiety or other unhelpful consequences.

(2) *Avoidance of taking responsibility recognised*

Three clients stated that they became conscious of avoiding using 'I', utilising 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 evidence that using second and third person pronouns is a way of deflecting responsibility and depersonalising complicated situations in their lives.

(3) *Depersonalisation of events*

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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 ostensibly referred to 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 [counselling] was helpful. As uncomfortable as it was, I think it made me think about things 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 depersonalisation to distance from 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 erm even when I'm really upset (K).

Participants C and E linked their pronoun use with 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.

(4) 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 partner:

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 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 them.*

If he's not there 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).

(5) **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 at 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 (C).

Participants A and K struggled to find a voice both in therapy and life, 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)?

Discussion

Paraphrasing Perls, it could be said that therapy is the art of 'paying attention to the obvious'. Clients' pronoun use is manifestly obvious although perhaps sometimes overlooked, yet there is arguably therapeutic benefit from exploring the way clients construct and frame their experience by using different pronoun positions.

This research invites reconsideration of the extensive literature suggesting first person pronoun use is unhelpfully associated with depression (Weintraub, 1989) and suidcide

(Stirman & Pennebaker, 2001). 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. Pronoun interventions may 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. This situation, in which the client is an agent of change, is different to a situation in which an individual ruminates on their own about their difficulties. The essential difference is *dialogue*, as distinct from a depressive monologue, where use of first person pronouns may be a marker of cognitive inflexibility (Campbell & Pennebaker, 2003).

In extending or perhaps enhancing clients' understandings of their situations, the therapist may by implication invite them to notice situations where they do not value themselves; when they assert their own needs appropriately or inappropriately; or when they are plainly responsible and may therefore have some agency in the situations they describe. In inviting clients to use 'I', the intent is to create an opportunity for them to connect with the source of their distress, to reflect and to take responsibility for their feelings, actions and circumstances (Walker, Rablan & Rogers, 1960; Rogers, 1961/2004; Deikman, 1996). During this process, the client may respond more flexibly and may attempt to restructure their relationships with others and their sense of self (Campbell & Pennebaker, 2003). There is evidence in this study that clients can find this a helpful process.

However, the therapist, in invoking potentially challenging new awareness or new perspectives is required, indeed obligated ethically, to manage the consequences, including the threat to personal construction of self that may be experienced (Kelly, 1991). In

reconstructing the self, a metaphorical 'scaffolding' may be required. These and other implications are considered in the next section.

Implications for practice

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 the implications in for example relationship, family, social or organisational settings.

(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 express these processes in language.

Potential risks

Therapists should be mindful that a client restructuring their sense of self is not without risk. The pressure for change created may conflict with maintaining their constructed identity. The 'fundamental self-organising invariant' (Guidano, 1987; Maturana et al., 1992) creates a drive for the individual to maintain their identity, despite perhaps 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). An emotion-eliciting stimulus, such as an intervention surrounding pronoun use, may result in powerful emotional expression (Lewis & Brooks-Gunn, 1979). Also, clients who are presented with opportunity to take personal responsibility have the added risk of becoming overwhelmed, feeling criticised by the therapist, blaming themselves for their situation or experiencing a sense of shame (Kaufman, 2004). Adequate facility and time needs to be available to address such issues as they arise. These risks do not of course arise uniquely from use of interventions surrounding pronoun use and are driven by a variety of factors.

If a client was not supported during childhood to gradually take appropriate responsibility there may be an unhelpful impact on the client's construction of self.

Limitations

It is arguable that one of the strengths of this study - exploring within a trusting and well-bounded relationship in which the investigator had detailed knowledge of the client/participant – is also its principal limitation. Further, the principal researcher has long been intrigued by the concept of linguistic ownership in therapy. Conscious of this, the principal researcher wrote a reflexive statement. Based on experience and prior reading, he stated his 'Expectations and Assumptions' (Priest, 2013) and referred to these in the analysis. Some of these expectations were consistent with the findings of this study, for example, '*I'm not expecting to hear that it "made no difference" to their experiencing of the story they are telling*' (*ibid*, p. 326).

Conversely, this research also challenged some of these preconceptions. For example, confounding an idea commonly encountered in the literature (e.g. Stirman & Pennebaker, 2001; Chung & Pennebaker, 2007) that *'a preoccupation with the self, as manifested by excessive use of the first person in personal writing, is associated with unhelpful outcomes'* (*ibid*, p. 326).

The findings are clearly not transferrable to all clients and/or therapy as a whole. It should not be assumed that these clients' experiences will be similar for other clients in other encounters. The findings of this study should be interpreted in a constructivist perspective; they are offered as viable in the context of this study.

Further studies, involving other therapists and larger numbers of clients are advised to advance knowledge of changing pronoun use in therapy. It is recommended that studies which focus on pronoun use (e.g., Arntz et al., 2012) are replicated and that the client owning their experiences in the first person may be considered as helpful in some counselling contexts. It may also be appropriate to introduce reflective writing interventions into counselling, exploring 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 inviting clients to own their experiences through reconsidering the pronouns they use in their narratives. Results suggest that pronoun

interventions can enable clients to connect more powerfully with complex situations in their life, exploring fresh perspectives and exploring possible 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 wellbeing.

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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 - Profile of clients participating in the research

Identifier	Gender	Age	Number of sessions	Occupation	Interview completed?	Presenting Issue
A	Female	43	18	Production supervisor	Yes	Depression. Later, relationship breakup
B	Male	39	5	Staff nurse	No[a]	Anxiety and obsessive tendencies
C	Male	24	11	Unemployed graduate	Yes	Depression and identity issues
D	Female	36	3	Nursing sister	No[b]	Work-related issues
E	Female	55	12	Deputy head teacher	Yes	Relationship break-up
F	Female	46	28	Head teacher	Yes	Stress/depression
H	Female	31	6	Retail manager	No[c]	Terminal illness of partner

J	Female	40	19	Medical doctor	Yes	Relationship break-up
K	Female	26	16	PR executive	Yes	Chronic debilitating health problem
L	Female	38	8	Salesperson	No[d]	Relationship difficulties
N	Female	39	>26	Police officer	No[e]	Depression. Later, explored childhood abuse

Notes on table

(a) Discontinued therapy after five sessions and transferred to employer's occupational health therapy service.

(b) Withdrew from therapy due to complications with pregnancy.

(c) Completed therapy but was unavailable for interview.

(d) Did not attend session 9 and did not respond to contact afterwards.

(e) Continued therapy beyond duration of research so no interview conducted.

Table 3 - Example code and description

Code Name	Description
Created change in thinking or conceptualising	Intervention(s) caused client to think about things differently to previously.

Example: *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 C, para 108, Time: 28:45]*