A discourse pragmatic study to demystify empathic and empowering communicative processes in person-centred therapeutic interactions

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Certificate of originality:

I certify that the work contained in the thesis submitted by me for the degree of PhD Linguistics is my original work (1) except where due reference is made to other authors and has not been previously submitted by me for a degree at this or any other university.

Notes on (1): A publication titled, "Protocol: a qualitative linguistic framework for analysing empathic and empowering communications in classical person-centered therapeutic interactions" has been published in the Person-Centered and Experiential Psychotherapies journal and is included, with its reference, in appendix one (note – the spellings in the publication included at the end of this thesis are the American English spellings required by the journal. The references are in APA style.). The co-authors of this article are also the PhD supervisors for this thesis. The publication has been derived from this thesis, although its content appears in several different areas in this thesis. The publication includes a precis of information detailed in the literature review for this thesis regarding empathy and empowerment, including their linguistic forms, in person-centred therapy. The publication also details the research questions for this thesis. Most of the overlap between the publication and the present thesis concern the methodology of this research project. Section 5.10 'Procedure' in this thesis is near identical to the 'Summary of pilot work, methodological approach, and status of study,' in the published protocol paper. There are some differences between the publication and the procedure section of this thesis due to comments by the reviewers for the journal concerning providing a best fit for their journal. Furthermore, the publication had been written whilst iterations were still being made to the framework outlined in this thesis so the discussion about procedure in section 5.10 in this thesis contains additional information concerning procedural details (like the outcome of iterations of analysis) that were yet to occur at the time of acceptance of the publication by the journal (this is because the publication is a protocol, so detailed the research as it occurred, which is also explained within the publication itself). The publication also details methodological details which are included in other chapters and sections of this thesis, although the wording is different in the thesis owing to the stylistic guidelines differing between the thesis and journal in which the article has been published (for example, due to their different word limits).

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Abstract

A central tenet of person-centred therapy is that empathy and empowerment must be communicated in therapist-client interactions. Furthermore, empathy and empowerment are considered as related therapeutic processes. However, current theory about empathic and empowering communication lacks empirical evidence regarding how person-centred therapist-client dyads make these processes happen in practice. This thesis describes a linguistic study which adds knowledge about how empathic and empowering communications happen, and how they are related, in person-centred therapeutic interactions. A hybrid methodological framework comprising discourse analysis, conversation analysis and pragmatics approaches has been developed to address the complex and multifaceted nature of empathy and empowerment in person-centred therapeutic communications. Findings produced from the application of this framework are that empathy and empowerment are communicated in interactions by single, or combined, uses of reformulations, metaphors, personal pronouns, questions, and hedging. The overarching findings are suggestive that clients should be considered in agentic terms because they also actively contribute to the success of their therapy. Empathy and empowerment should also be understood, and researched, as being co-constructed processes. Further, views of power in person-centred therapeutic theory, especially how it relates to client empowerment, must regard its complexity and fluidity. The application of linguistic features for empathy and empowerment may also comprise a subtle strategy for therapists to address sensitive client issues and broach matters of blame and responsibility whilst simultaneously retaining the essential nondirective nature of person-centred therapeutic practice. Research suggestions include to expand the framework to incorporate alternate methodological approaches for analysing empathy and empowerment in related studies. Practice suggestions include that the findings be used to demystify empathic and empowering processes during person-centred therapeutic training. The findings may also be applied in support contexts which utilise person-centred therapeutic notions of empathy and empowerment, particularly when support is offered in text-format.

1. Introduction

1.1 Motivations for study

This research is being undertaken to ascertain which linguistic features are used by therapists and clients to communicate empathy and empowerment in person-centred therapeutic interactions. Person-centred therapy theory has concluded that empathy and empowerment are related in their practice. However, little research has been undertaken to show how this happens during therapeutic interactions. This thesis concerns how empathy and empowerment are co-created in person-centred therapist-client interactions. This section of the thesis is intended to provide contextual details for the reader, and to demonstrate the worth of studying empathy and empowerment in person-centred therapeutic interactions by use of a linguistic methodology.

The classical type of person-centred therapy is studied in this project owing to it being the predominantly used style of person-centred therapy (Sanders et al., 2012) and unchanged since its development in the 1940s. Classical person-centred therapy refers to the type of person-centred therapy founded by Carl Rogers in the 1940s. Classical person-centred therapy was created in the 1940s in response to criticisms that the dominant therapeutic method of the time (behaviourism) had altogether disregarded internal human experiences, including the consideration of subjective experiences (Cushman, 1995). Since the 1940s, other variations of person-centred therapy have been created, and these types have also sometimes involved merging classical person-centred therapy with other types of therapeutic practice to produce a 'pluralistic' therapeutic approach (Wynn et al., 2012).

The present research focuses solely on classical person-centred therapy as this remains the most practised type at the time of writing. Research has been undertaken by other authors to analyse the efficacy of classical person-centred therapy. For example, Elliott and Freire (2010) undertook a qualitative meta-analysis and found that former clients of classical person-centred therapy reported several positive effects including that their therapeutic relationship had been characterised by empathy and helped them to become empowered. Such research is useful for directing topics of study of classical person-centred therapy, as it is

indicative regarding which aspects of therapy are valued by the clients who have undertaken it.

Classical person-centred therapy is broadly situated within a branch of psychological therapies called humanistic therapies. This branch of therapies emphasise 'self-actualisation,' meaning that the client should aim to become their 'authentic self' (Rogers, 1951). Being one's authentic self means that each person should have control over their own life by seeking guidance about how they should live from their *own* internal preferences. Rogers (1951) explained that self-actualisation is experienced uniquely on a person-to-person basis and is led by a person's beliefs about who they are, and who they might ideally be. The beliefs held by individuals regarding who they are in the present moment, and who they might ideally be, are socially determined meaning that these beliefs result from each individual's unique sensitivities to their past and present experiencing of their relationships and social world. The experience of psychological distress (referred to in classical person-centred therapy as 'incongruence') is explainable, according to classical person-centred therapy theorists (Rogers, 1951) by the individual taking guidance about how to live their life from their own externalised 'locus of control.' People who have an externalised locus of control maintain 'conditions of worth' about who they should be which are guided by external factors (like the views of other people), rather than by their own internal preferences. Hence, a person with an externalised locus of control lives inauthentically with their *own* values, and experiences incongruence. The overarching intention of the classical person-centred therapy is therefore to help the client have an internalised locus of control, so helping them to live authentically and congruently. Meeting the goal of holding an internalised locus of control must be client-led (hence the therapy is called 'person-centred') as it relies on the client's own preferences but is facilitated by the positive relational conditions which encourage it, which both the person-centred therapist and client contribute to. This study focuses on the communication of those positive relational conditions, namely empathy and empowerment, with the aim of gaining further knowledge about how they are made workable in practice in classical person-centred therapy.

Classical person-centred therapy is unique because of its focus on empathy as being a central driver of therapy. Rogers (1975) suggested that a priority for the person-centred therapist should be ensuring the presence of empathy because empathy enables client self-actualisation. In addition, Rogers (1978) emphasised that client

empowerment is another invaluable therapeutic process for client self-actualisation. A central principle of classical person-centred therapy, outlined by Rogers (1951), is that therapeutic processes like empathy and empowerment must be communicated, rather than just felt. Hence, classical person-centred therapeutic practice is made workable because of its focus on the communication of relational processes like empathy and empowerment. The person-centred therapist must therefore carefully consider their choice of language so that they successfully communicate empathy and empowerment to the client.

The therapists' empathic communication must demonstrate their understanding of the client to the client. Empathic communication used by the therapist may also function as an empathic check, meaning that the therapist can use the responses made by the client to help them understand whether their empathic interpretation of the client has been accurate, or whether further communicative work is necessitated to improve empathy in the relationship. The client therefore also contributes to empathic communication in person-centred therapy as their responses are informative regarding the existence of empathy in the relationship and may be used to inform any subsequent turns taken by the therapist (Main et al., 2016).

Communication by the therapist must also encourage client empowerment. As an overarching aim of classical person-centred therapy is for the client to hold an internalised locus of control, the therapist must aim for an egalitarian relationship (characterised by equality of power in the relationship) by avoiding using language which might negate this aim. By using language which is diagnostic or directive, the therapist may risk disempowering the client. The person-centred therapist should also encourage the client to feel free to speak extensively and autobiographically as these are also correlates of client empowerment (Rogers, 1978). Therefore, both therapists and clients contribute communicatively to the classical person-centred therapeutic outcomes of empathy and empowerment, and so their interactions are the focus of study in this research project.

Despite a central focus in classical person-centred therapy theory and practice being given to the communicative processes of empathy and empowerment, there has been little research which regards the communicative aspects of person-centred therapy. Most of the research into psychotherapy, in general terms (meaning including other branches of psychotherapy, not just classical person-centred or person-centred therapy), has been quantitative (Cooper, Watson and Holldampf,

2010). Cooper, Watson and Holldampf (2010), who are contemporary classical person-centred therapists and researchers, argue that quantitative research provides a best fit for studying other therapies that are concerned with outcomes (like cognitive-behavioural therapy). Qualitative methods are more useful for researching classical person-centred therapy as it focuses upon relational communicative processes, like empathy and empowerment, rather than on outcomes.

Additionally, what has happened *during* the therapy, including how empathic and empowering communications happen in practice, should also be necessary to research to gain a 'full picture' of how empathy and empowerment work in classical person-centred therapy. A research focus on the communication of therapeutic processes, like empathy and empowerment, is also useful for gaining knowledge about how empathy and empowerment relate to one another in therapist-client interactions, resulting in a deeper understanding of classical person-centred therapy. The project detailed in this thesis therefore utilises linguistic methodologies to study empathic and empowering communicative processes because of their ability to analyse empathy and empowerment in therapist-client interactions as they happen, including in relation to one another.

Practical concerns have been raised about research into classical person-centred therapy, which this project attempts to overcome. Firstly, House, Kalisch and Maidman (2018) have highlighted how classical person-centred therapy is relatively low on the 'agenda,' in comparison with other therapeutic approaches. The consequences of this, they argue, include that classical person-centred therapy is less resourced, and less likely to be included within major organisational strategies, such as made by the National Health Service (NHS). House, Kalisch and Maidman (2018) argue that further academic research which utilises an appropriate methodology to analyse what happens during classical person-centred therapy would help to boost the profile of person-centred therapy. Hence, this project utilises a linguistic methodology which is appropriate for analysing communicative processes in person-centred therapy as they happen. Therefore, the research outlined in this thesis is suggestive of a methodology which other researchers might also consider using to help them contribute towards boosting the profile of classical person-centred therapy, while the findings of this project will also contribute to knowledge of empathy and empowerment in classical person-centred therapeutic practice.

An additional suggestion has been made by authors, like Williams and Irving (1999) about how criticisms about classical person-centred therapy being 'soft' owing to it not being 'legitimised by science,' might be overcome by application of academic studies into classical person-centred therapy. Williams and Irving (1999) suggest that the relative omission of empirical evidence into classical person-centred therapy may be due to an anti-academic and -research sentiment held by some classical person-centred therapists. Therapists who are opposed to academic research, they explain, believe that scientific research might be problematic should it disregard the unique and individual nature of the classical person-centred therapeutic encounter. However, Williams and Irving (1999) rightly suggest that further academic research knowledge, concerning the universal aspects of what happens during classical person-centred therapy, is needed to inform training for classical person-centred therapists. Furthermore, there have been calls by recently graduated classical person-centred therapists for their training to include information about how communicative therapeutic processes, like empathy and empowerment, work in practice (Levitt et al., 2022). The research project detailed in this thesis therefore aims to add empirical evidence by using linguistic analyses to demonstrate how empathic and empowering communicative processes work in classical person-centred therapeutic interactions in practice. The findings of this research project might also be utilised to respond to the calls for classical person-centred therapy training programmes to incorporate information about how communicative practices, like empathy and empowerment, work in therapeutic interactions.

The motivation for this study has been introduced in this section. The following section (1.2) concerns, for referefnce, the choice and meaning of the 'specialist' (originating from person-centred therapeutic theory and practice) terminology which is used in this thesis. The research topics are outlined in further depth throughout the remainder of this thesis, and the overview of the thesis in section 1.3 provides explanatory information including a summary of the research, and the location, of these discussions throughout this thesis.

1.2 Definitions used throughout this thesis

The present research uses the terms **'psychotherapy,' 'therapy'** and **'counselling'** interchangeably and without prejudice. There is a preference for the term 'therapy,'

but this is a stylistic preference so the reader should not assume any implications, positive or negative, regarding the use of either term in this thesis.

There have been some disparities concerning perspectives held by person-centred therapy authors about uses either of the term **'person'- centred or 'client'-centred.** Debates about which term should be used preferentially concerns which authors have used either term, and at which point during the evolution of person-centred therapy they have used it (Sanders, 2006). The terms 'person-centred' and 'client-centred' are often used interchangeably in the person-centred therapy literature, including by Carl Rogers (the founder of person-centred therapy), who had also initially referred to person-centred therapy as 'non-directive' therapy, explains Sanders (2006). Person-centred therapy is used throughout this thesis to ensure consistency, meaning that the reader should not attribute any other reason for its preferred use.

The term 'classical' in **classical person-centred therapy** is used retrospectively by authors following further offshoots of person-centred therapy being developed. In other words, from its inception, this therapy was initially titled 'person-centred therapy' (or 'client-centred,' or 'non-directive,' therapy, per the discussion in the previous paragraph). For stylistic purposes, the reader should assume that references to 'person-centred therapy' in this thesis are used interchangeably with the term 'classical person-centred therapy.'

The term '**client**' is used preferentially throughout this thesis as this matches the terminology used by person-centred therapists. 'Client' is used to imply egalitarianism in the therapist-client relationship, instead of the use of 'patient,' which is often used in other forms of psychotherapy. The word 'patient' is avoided both in this thesis, and in person-centred therapeutic practice, as it implies that the therapist holds expertise above and beyond the client, which is a view that is disregarded in person-centred therapy.

1.3 Thesis overview

This thesis concerns how linguistic features are used by therapist-client dyads in person-centred therapeutic interactions to communicate empathy and empowerment. Chapter 2 of this thesis begins by clarifying how empathy is conceptualised in person-centred therapy. The cruciality of empathic

communication in person-centred therapy is outlined, including why it necessitates that linguistic research should be undertaken about it. Furthermore, the research into empathic communication in person-centred therapy is shown to be, overall, lacking a linguistic focus despite the obvious utility of linguistic research for this field. Chapter 2 progresses to define empowerment in person-centred therapy, including how client empowerment is regarded to be an outcome of an egalitarian therapist-client relationship. The importance of empowerment foregrounds how research about client empowerment must also consider power in psychotherapy more generally, so conceptualisations of various typologies of power in person-centred therapeutic relationships are also provided. Person-centred therapeutic theory that connects empathy and empowerment, including via communicative processes, is also regarded. Briefly, empathy and empowerment must be considered in combination, including in terms of their linguistic expression, hence directing the focus of the research outlined in this thesis. Research questions for this project are also outlined, including a recap about the theory which has shaped their formation.

Chapter 3 provides an overview of each of the three overarching linguistic methodologies which have been selected for their suitability for analysing empathic and empowering communication in person-centred therapeutic interactions. Discourse analysis is first outlined, including how a positive discourse analytic perspective is assumed in this research. As discourse analysis can be considered an umbrella term, comprising several potential approaches to analysis, the position this research takes toward discourse analysis is summarised. This includes highlighting the benefits of using discourse analysis in the present study, particularly because of the flexibility in understanding notions of selfhood it offers, and because of its ability to consider how therapeutic processes like empathy and empowerment are co-constructed. The second methodology included in the framework used in this study is conversation analysis. The usefulness of conversation analysis for providing a systematic, empirical analysis of the transcripts used for data purposes in this research is outlined. The utility of conversation analysis for analysing empathic and empowering talk is considered by reference to previous conversation analytic research into empathic communication. The use of the discourse analytic and conversation analytic methodologies in this research are benefitted by the addition of a pragmatics approach to the analysis. The benefits of utilising methods

from pragmatics are outlined, especially concerning the sociopragmatic and interactional pragmatics approaches which are assumed in this research. Furthermore, the usefulness of the ability to consider both cognitive and socio-aspects of therapist-client interactions for empathy and empowerment offered by pragmatics approaches is outlined. Elaboration is subsequently provided about the complementarity between discourse analysis, conversation analysis, and pragmatics, labelled in this thesis as constituting a 'hybrid framework'. In sum, the usefulness of comprising a multi-method linguistic approach is that it allows the relative weaknesses of each individual approach to be offset. The hybrid approach taken in this work also enables communication for empathy and empowerment in person-centred therapy to be appropriately considered in terms of its inherent complexity by enabling analysis at various levels of talk. The utility of analysing linguistic features for empathy and empowerment are outlined, including by explaining why several features were piloted but rejected before forming the final framework.

Chapter 4 introduces the five linguistic features included in the final framework for their ability to analyse empathy and empowerment, including in combination with one another, in therapist-client interactions in complete sessions of therapy undertaken in the person-centred therapeutic context. The discussion here suggests that reformulations may be used, cautiously and appropriately, by person-centred therapists without causing hindrance to client empowerment, and while contributing towards empathic outcomes. Person-centred therapists would benefit from applying pragmatics theory, it is also suggested in this chapter, to understand metaphor uses in their practice. That suggestion is made because metaphors used for empathy and empowerment are co-created, so underscoring the analysis into interactionally-achieved metaphors offered in this study. The uses of personal pronouns are then outlined, including the capability their use offers for communicating empathy and empowerment by demonstrating a sensitivity to client feelings and by simultaneously allowing a lack of directivity to be maintained. Question use in person-centred therapy has been a contentious matter (for example, see discussion by Renger, 2021). However, it is shown in this chapter how questions can be successfully used by the therapist for empathic and empowering purposes. Further, it is suggested that client questions and therapist answers are also necessary to analyse in this project to demonstrate how questions build

empathy and empowerment in therapeutic interactions. Hedging is the fifth feature, and its use is shown here to be predominantly important for encouraging client empowerment owing to the ability if offers for encouraging client ownership by inviting further therapeutically useful contributions by the client.

Chapter 5 outlines the methodology of this research project. Data collection is described here, including how five series of therapeutic transcripts comprising therapist-client interactions in complete courses of person-centred therapy were obtained from access to a database. The character of the data used for analysis in this project, including how there is confirmation that transcripts detail authentic classical person-centred therapy, is detailed here. Further details are also given of how analysis of the data shall be considered complete once saturation of linguistic features has occurred during the analysis phase of this project. Procedural details for this study follow, including how the framework was developed from the initial piloting phase into its final form. Information about the mode of analysis, including how the overarching hybrid linguistic approach is applied during analysis, is also provided in this chapter.

The findings chapter (chapter 6) is divided by findings about the utility of each linguistic feature for empathy and empowerment. As linguistic features are frequently used in combination for empathy and empowerment, the discussion about each feature also regards findings about the combination of the linguistic features. By applying linguistic conceptualisations of reformulations, particularly by separating reformulations into gist and upshot, the findings demonstrate how reformulations can be used by person-centred therapists whilst simultaneously avoiding disempowering the client. These findings also broach how different positions of power may be held by the therapist and client. Responses to reformulations are also outlined, including how clients' disconfirming responses often lead to opportunities for empathy to be built. The co-construction of metaphors by therapists and clients for empathy and empowerment are described, including how a 'misuse' of a metaphor introduced by the therapist might be 'fixed' during subsequent turns. The benefits of using metaphors for client empowerment are highlighted, especially concerning how they can be used to offer clients ownership over the meaning of the overall discussion. The use of first-person pronouns by the therapist to speak as though they are the client is shown to be

empathic and empowering as it enables the clients to consider their own feelings by responding to 'their own' thoughts in a separated and externalised manner. Questions are considered in terms of their uses by clients, as is how therapist responses contribute toward the client's experiencing of empathy and empowerment. Therapists also frequently use questions, and this section shows how they do so while also avoiding client disempowerment. The findings about hedging demonstrate, primarily, its extensive use by therapists. Client responses to therapist hedging are discussed in terms of their use for empathy and empowerment when the use of hedging results in the client taking ownership of the topic being discussed and adding autobiographical details.

Chapter 7, the discussion, suggests that an alternate form of data collection which enables access to therapists and clients, when feasible, could offer options for further analyses of empathy and empowerment. The ability to access recordings of therapeutic sessions might also lead to alternate methodological approaches being utilised, for example should they include the ability to analyse body language in relation to empathic and empowering communication. Following an outline of the study limitations, the main findings are presented in thematic terms. Namely, the findings in this study indicate that empowerment must be considered in relation to a multidimensional definition of power in therapist-client dyads in person-centred therapy. This overarching suggestion relates to how the focus on interactions in this study has demonstrated how clients actively contribute to empathy and empowerment. Hence, the clients' roles in empathy and empowerment must be given increased attention in future studies of person-centred therapy. Criticisms from theorists suggesting that person-centred therapy individualises blame and responsibility and disregards broader factors is offered a new perspective from the findings which have emerged in this research. By utilising a linguistic approach of empathy and empowerment, this study has in fact shown that blame and responsibility may be being positioned in a more subtle manner which best fits the ethos of person-centred therapeutic practice. The use of empathic and empowering linguistic features are also shown to be useful for approaching particularly sensitive matters, like suicidal ideation, in person-centred therapeutic interactions. Suggestions for researchers undertaking similar projects are given, including how they might alter the framework to incorporate additional aspects of analysis which could potentially relate to empathy and empowerment in person-centred therapy.

The practice applications of this study include that person-centred therapeutic training programmes could incorporate knowledge about the linguistic features for empathy and empowerment which were outlined in the findings chapter. Furthermore, support programmes utilising person-centred therapeutic principles might use the findings about the linguistic features to ensure their text-based support is empowering and empathic.

The thesis overall is synthesised in the conclusion chapter. The overall contribution of the thesis is that it details the development and application of a discourse pragmatic linguistic approach which can be used to demystify empathy and empowerment in person-centred therapeutic interactions.

2. Empathy and empowerment in person-centred therapy

2.1 Empathy and person-centred therapy

Empathy is defined in this research using Rogers' (1975) definition. Empathy, Rogers (1975) explained, refers to the ability to understand the internal frame of reference of another person accurately and sensitively. This means that empathy enables an understanding of other persons' internal emotional states, such as of how they experience and feel. The understanding of the other person enabled by the experience of empathy is at a deep level, meaning empathy enables the ability to understand another's internal world *as if* they are the other person, whilst simultaneously being able to disconnect from the experience of 'being' the other person. This differentiates empathy from sympathy as sympathy involves showing understanding from one's *own* perspective, whereas empathy involves understanding the perspective of the other person. Rogers (1975) explains that the 'as-if'-ness of therapist empathy implies that therapists go beyond merely retrieving information about the client to experiencing what it might be like to be them. This implies that the person-centred therapist can utilise empathy as a tool to help them actively understand the client's inner life. For example, a person-centred therapist experiencing empathy for their client can help the client to articulate feelings on the 'edge' of their understanding, meaning feelings which they have not yet been able to articulate or to understand what has caused them to experience these feelings.

Rogers (1975) wrote about the experience of empathy predominantly from the position of the therapist and stated that it is imperative for the therapist to communicate their feelings of empathy for the client to the client for empathy to have successful therapeutic outcomes, like client self-actualisation. The therapist therefore must first actively decide to be empathic, then to communicate their feelings of empathy to the client they are working with, and the communication of empathy is something that therapists can improve at with practice. To effectively communicate empathy to the client, the therapist should carefully listen to the client's expression of feelings (which may be implicit or explicit) and crucially, further communicate their acknowledgement of these feelings to the client. Rogers (1951) stated that, by communicating empathically, therapists become able to facilitate client catharsis, meaning that clients become increasingly able to express

their emotions, which helps them to release the feelings of having these emotions. Catharsis helps the client to become congruent, meaning they experience life more authentically by becoming 'self-actualised,' meaning they become able to live in alignment with their own experiences and values.

Empathy in person-centred therapy has been considered by other person-centred therapy researchers in relation to several additional positive client outcomes. For example, Sanders and Joseph (2013) explained that the experience of therapist empathy can help clients be self-reflective, may progress the client's experience, can help therapists to check their understanding of the client, and can help the client consider that the world is subjective. Hence, empathy stimulates client growth by encouraging them to trust their internal locus of control (in other words, the client becomes able to trust their own experiencing, rather than relying upon external views about how to live, so they become able to live more authentically). Watson, Greenberg and Lietaer (2010) state that the presence of empathy in the therapeutic relationship is the most influential determiner of positive therapeutic outcomes overall. As positive outcomes are correlated with empathy in person-centred therapy, it is clearly useful to study how empathy happens in practice to gain knowledge about how these positive outcomes may be encouraged.

Most of the research into empathic communication in person-centred therapy has regarded it, like Rogers (1975) did, from the perspective of the therapist (for example, see Velasquez and Montiel, 2018; and Lietaer and Gundrum, 2018). However, a recent slew of therapeutic research has considered the views of clients about empathic communication and recommended that there be more research into clients' contributions to empathic communication. For example, researchers have found that clients who believe that their therapist is genuinely empathic experience a range of positive outcomes, such as feeling increased confidence for self-exploration (Sackett and Lawson, 2016). Furthermore, Redfern, Dancey and Dryden (1993) found that clients who believed that their therapists were empathic were more likely to consider their therapists in positive terms, such as viewing their therapists as holding more expertise. Similar research findings have suggested that clients are better able to detect therapist empathy than therapists themselves are (Elliott and Freire, 2010). Meanwhile, Bohart (2004) concluded that clients selectively extract empathic meaning from their therapists in alignment with what they are hoping to gain overall from attending therapy. As these findings also demonstrate the importance of the client's role in ensuring the success of empathy

in person-centred therapy, empathic communication will be analysed in interactional terms in this research project, meaning both the therapist and the client's contributions will be examined. This includes by considering what it means to be empathic in linguistic terms, including how empathy is communicated.

Linguistic research into empathic communication offers the ability to operationalise empathy in person-centred therapy which, otherwise, may risk being regarded as being an abstract construct (Clark, 2010). Furthermore, Hall and Schwartz (2019) have highlighted how present understandings of empathy are somewhat abstract, which makes it difficult to draw conclusions about how empathy happens in practical terms. Montgomery et al. (2017) also highlighted how a lack of empirical understanding of how empathy happens in person-centred therapy has led some critics to understand that empathy is a 'soft' idea which is just about being 'kind and nice' and which only incorporates 'parroting' (meaning the belief that the therapist just copies what the client has said). The implication of these criticisms, both about empathy in person-centred therapy being un-understandable, and having no original or additive qualities, is not supported by the person-centred therapeutic theory or research which has been discussed above which suggests that empathy has a wealth of positive benefits which are made possible by empathic communication. Such criticisms about empathic communication in person-centred therapy are probably somewhat explainable by gaps in research, especially concerning how empathy is interactionally achieved in person-centred therapy. Velasquez and Montiel (2018) suggested that researching empathy in terms of its dyadic communication can aid the understanding of empathy in person-centred therapy to become more empirical by providing more precise knowledge and offering a less idealistic approach than solely theoretical perspectives have so far been able to provide. The linguistic research used in this study therefore aims to overcome these criticisms by adding empirical information of how empathy happens in practice by focusing on empathic communication in therapist-client interactions.

As person-centred therapeutic theory asserts that it is crucial that the therapist communicates their feelings of empathy to the client, this implies that empathy is indeed observable in communications. The view that empathy is observable in communications is supported by Scarvagileri (2019) who state that therapeutic processes, like empathy, are visible in verbal terms. The use of linguistic methodologies makes the analyses of verbal communications viable, therefore their

use provides a good fit for the analysis of therapeutic discourse. However, despite their potential for analysing empathy in person-centred therapy, the use of linguistic methods to analyse empathic communication has had little application in this context. This omission is surprising considering calls by researchers for the demystification of person-centred therapeutic communication. For example, a recent study by Levitt et al. (2022) found that, despite the importance placed on empathy in person-centred therapy, person-centred therapists who had recently graduated felt that their therapeutic training in empathy should have taught them about empathy more formally and explicitly, including by providing them with practical training about how empathy develops in interactions. This research therefore applies linguistic methodologies to add knowledge to what is known about how empathy is communicated in person-centred therapy.

The ability to analyse empathy using hybrid linguistic methods (meaning by combined linguistic research methods) has been demonstrated in research in other institutional contexts. For example, Pounds (2012) created a discourse pragmatic linguistic framework by combining linguistic features from different schools of linguistic thought to analyse the communication of empathy in a person-centred physician-patient context. Such studies demonstrate how linguistic studies which utilise a hybrid methodology may be used to add practical knowledge about empathic communication in professional contexts. The omission of linguistic research into empathic communication in person-centred therapy is therefore surprising considering the cruciality of empathy in this context, and the possibility for empathy to be analysed in person-centred communications. The aims for this research are therefore to use a hybrid linguistic methodology to discover which linguistic features are used in person-centred therapy to communicate empathy.

What is currently known about empathic communication in person-centred therapy is derived from theoretical conceptualisations about empathy in person-centred therapeutic theory. These theoretical conceptualisations are used to guide the choice of linguistic features which will be piloted (described in section 4.6), and which form the final framework for empathy and empowerment in person-centred therapeutic interactions (chapter 4) in this study. The theoretical conceptualisations of empathy in person-centred therapy are now summarised to show how they inform the linguistic analysis of empathy in this research project.

As empathy must be, firstly, communicated by the therapist and, secondly, understood by the client, linguistic features which can be used interactionally (by both therapist and client) for empathic communicative purposes will be considered in this research. Whilst theoretical conceptualisations of empathic communication in person-centred therapy are normally made from the perspective of the therapist alone, the empathic communication by the therapist is both led by, and informs, the client's turns. Furthermore, the client's turns in response to the therapists' turns for empathy are also informative for the therapist, particularly regarding interpreting the client's internal frame, and forming their subsequent linguistic turns. The need to understand empathic communication by analysing both therapist and client turns is why methods will be incorporated in this study which can be used to analyse sequential co-constructions of empathic communication.

The use of linguistic methods which focus on the co-constructions of empathy by therapists and clients in this research are also included to answer criticisms made by Bohart (2004), who argue that the tendency for researchers to focus only on the therapists' communication of empathy has led to an underestimation of the contribution of clients in person-centred therapy. The focus on the therapist to the detriment of the client concerning empathic communication also contradicts a central tenet of person-centred therapy that clients should be considered in equivalent terms to their therapist. The criticism about only the therapist being given focus regarding empathic communication has also been similarly made in other therapy contexts. For example, Wynn and Wynn (2006) describe how empathy in therapeutic communication tends to be considered in research only with relation to its effects at an individual or intrapersonal level, rather than to its interactional experience. The use of methods that focus on linguistic aspects to analyse the features used by both therapists and clients at an interactional level in person-centred therapy in this research will therefore add knowledge about the clients' role in empathic communication, including how this happens in communications with the therapist.

Secondly, as Rogers (1978) outlined that empathy communicated by the therapist must be accurate, empathic turns by the therapist are considered here which constitute an empathic check (of accuracy of the therapist's understanding of the client), hence linguistic features which demonstrate that the therapist is checking their empathic interpretation of the client will be included in the framework. The assumption that therapists may also use their empathic communication as an

empathic check, of course, indicates that the client is also actively involved in therapeutic empathic communication. For example, the client may respond verbally to the therapist by accepting or declining the therapist's empathic interpretation of them. Therefore, this research will also consider linguistic features which are used for checking the accuracy of empathic communication in relation to their use interactionally.

Thirdly, Rogers (1978) explained that empathic communication by the therapist must be done sensitively. The sensitivity involved in communicating an understanding of the client's internal frame also necessitates that the therapist avoids holding power over the client (further discussed in section 2.3). The need for therapists to consider power when being empathic is why empathy and empowerment are considered together in this research (see section 2.4). However, for the purpose of understanding only empathic communication in this chapter, linguistic features used by the therapist to demonstrate their empathic understanding of the client, by going beyond merely paraphrasing and summarising, to adding an interpretation of the clients' internal experiences and feelings, will also be included in the framework for this research project. The review of theory about empathy in person-centred therapy has suggested that it must be considered with relation to communication for empowerment, so a discussion of empowerment in person-centred therapy now follows in section 2.2.

2.2 Empowerment and person-centred therapy

Person-centred therapists should aim for their client to become empowered, defined here as the client holding personal power from within (Rogers, 1978). The importance of empowerment in the person-centred therapeutic relationship has been known since the inception of person-centred therapy. For example, Rogers (1951) described how an egalitarian person-centred therapist-client relationship, meaning the therapist and client should hold equal power, comprises the ideal conditions for client empowerment. This is because, according to Rogers (1951), the experience of egalitarianism in the person-centred therapy context will lead the client to hold an internalised locus of control, meaning that they become able to assume mastery over their own lives, and hence become empowered. Furthermore, the experience of being empowered in the therapeutic relationship should act as a rehearsal which may lead the client to enact empowerment in their everyday life, beyond the

immediate therapeutic encounter. The benefits of empowerment, according to Rogers (1951) should extend beyond the immediate therapeutic context into the clients' personal lives in general, meaning that they would become able to live their day-to-day lives more authentically in alignment with their own experience, and to enact change in their personal lives when they felt that this was needed.

More recently, researchers and authors have clarified how empowerment happens in practice in the context of therapy. Sanders (2006) found that clients become empowered by gaining increased self-knowledge, which he said could be facilitated by therapists strategically working to overcome inevitable power differences between themselves and clients. This, Sanders (2006) found, could include the therapist purposefully positioning themselves as 'consultant' and the client as 'boss'. In other words, the therapist should aim to act in a facilitative role in therapy, which the client is ultimately 'in charge' of. Watson et al. (2012) stated that clients become empowered by being given a platform to share autobiographical information about themselves, and particularly when the details they share includes discussion about their own emotions and experiences. Furthermore, Tickle and Murphy (2014) found that therapist self-disclosure can be empowering for the client. What is common about these findings is that they all necessitate that client empowerment happens by use of therapeutic interactions, whether this is by strategically using language to ensure empowerment, by being able to express themselves, or by listening to the therapist. As empowerment is clearly a communicative process, research which regards the linguistic and communicative aspects of empowerment in person-centred therapeutic interactions will be useful. However, what is known so far about empowerment in person-centred therapy is only theoretical. The purpose of the present research is therefore to discover which linguistic features are utilised by therapists and clients for empowerment in person-centred therapeutic interactions. Adding knowledge about how empowerment works in practice in person-centred therapeutic interactions is intended to be beneficial for evidencing theory and practice.

The research detailed above has demonstrated that client empowerment is an interactional process as the requisites of empowerment require both a speaker (for example, the client self-disclosing about their emotions and experiences, or the therapist self-disclosing), and a hearer (for example, the client and therapist both require the other interlocutor to hear what they are saying, and to respond to their turns). Therapist-client interactions will therefore be analysed in this project to

understand how empowerment happens in their communications. The analysis of interactions is also beneficial in this project because it allows the therapists and clients to be considered equivalently in the findings. Most of the theory, such as has been presented above, regards therapist views of empowerment. However, when clients have been asked about empowerment in research studies, they have also reported that empowerment is an important outcome of their therapy (Jinks, 1999), for example because it helps them to have an active part by enabling them to 'create themselves' (Watson et al., 2012). The findings that clients state they actively contribute toward their own empowerment demonstrates the value of the study outlined in this thesis because it, firstly, considers the clients' own linguistic contributions to their empowerment, and, secondly, shows that the topic is worthy of study from the perspective of both person-centred therapists and clients.

Rogers' (1978) definition of empowerment is considered in relation to other aspects of power, namely he explained that empowerment naturally results from egalitarianism in the person-centred therapeutic relationship. The linguistic study undertaken for this research project is therefore necessarily guided by theory of power in person-centred therapy more generally. There are a plethora of theoretical perspectives about power in person-centred therapy (for example, see discussion by Proctor, 2017). To add background details, the focus on broader, societal matters of power by theorists who have written relatively recently is likely due to the widely accepted criticism of Rogers' tendency to disregard aspects that extended beyond the therapy room, but which may have influence on what happens in the therapy room. This general critique of Rogers' work has led to authors in more recent years, for example Sanders (2006), to call for person-centred therapeutic research and theory to also give focus to social power-related factors which determine therapeutic communication and which, they argue are, in turn, also shaped by therapeutic communications. An example of a theorist who takes a critical approach to power is Margolin (2020) who argues that the theoretical notion of egalitarianism in person-centred therapy is a smokescreen to hide the inevitable superior power which therapists hold due to the constraints of the therapeutic institution. Meanwhile, LaMarre (2017) considers power in even broader terms and argues that therapy reinforces problematic neoliberal and capitalistic ideologies which position blame with the client for the problem they are experiencing which has led them to attend therapy. In this view, the therapist is an agent of the state whose purpose is to put the client 'in their place,' meaning to encourage them to

conform with the demands of their society and to blame them when they find this difficult, even when this is causing the client harm. While both views discussed so far place the therapist in a somewhat nefarious position as, to at least some extent, purposefully causing the client to be disempowered, other views argue that client empowerment is not possible but do not blame the therapist for this. For example, McLeod and Machin (1998) argue that, despite best attempts by the therapist for empowerment, power is just too entrenched in the therapeutic institution overall, meaning the client will always be in a disempowered position when undertaking therapy, at least. What these perspectives all share is the view that power imbalances in therapy inevitably exist, that they have a negative impact on the client, and that power is always in favour of the therapist.

It is clearly crucial to comprehend power in its negative terms so that person-centred therapeutic relationships and their relationship with client empowerment can be understood. However, findings from other studies of power in person-centred therapy suggest that giving attention only to negative aspects of power in person-centred therapy is reductionist. For example, such perspectives tend only to regard power from the perspective of the therapist, whereas other (albeit many less) researchers have also considered power from the perspective of the client (Proctor, 2017). However, findings which have considered power in relation to the client have tended to base their research on the assumption that clients will use their power in problematic ways. For example, Stancombe and White (2005) suggested that views about client power tend to pertain to clients being manipulative, for example because they use their power to present themselves favourably or to avoid agency by minimising their undesirable behaviour or traits. Other researchers have also suggested that clients might cause their own disempowered position in therapy, for example because they want their therapist to direct them (Yalom, 2003), including because they feel alienated so require an authority figure (Sanders, 2006), because they are self-controlled and compliant because they do not wish to be judged or lose control (Radcliffe, Masterson and Martin, 2018), because they do not wish the therapist to dislike them (Lammers et al., 2012), and because they just do not want power, for example because they have negative previous experiences of having power (Natiello, 2001).

The tendency for researchers to focus on the negative aspects of client empowerment seems curious because person-centred therapy is based on the central principle that client empowerment should be directed by the egalitarian therapist-

client relationship, because it is helpful for the client. In other words, none of the conclusions of the research projects discussed above are satisfactory for the present research which regards interactions which comprise client empowerment in person-centred therapy. It is assumed, therefore, that the lack of support for a study of client empowerment outlined by the findings so far is based on previous research having a different focus. This assumption is made because other findings, which were used to introduce this chapter, have shown the benefits of client empowerment, both in theoretical terms but also as reported by clients who had experienced empowerment. Firstly, it is proposed that discussions about power in person-centred therapy have all been based only on theory, rather than necessarily also being evidenced. The focus on a linguistic study of empowerment in person-centred therapy will be based on theory but will be additive by offering linguistic evidence of how this happens in practice. Therefore, the findings offered in this project will be empirical, as it will be possible to evidence client empowerment as it occurs in interactions by analysis by use of linguistic methods. Furthermore, the project findings will add to theory about what is known about empowerment and, implicitly what is also known about power more generally, in person-centred therapy.

Secondly, all of the views of power in the theory outlined above have regarded empowerment in terms of it being competitive, for example by assuming that the therapist has power therefore the client is disempowered. Although a less regarded view, the assumptions of this research project follow Natiello's (2001) assumption that client empowerment is possible, even when there is an imbalanced therapeutic power relationship, because empowerment begets empowerment. In other words, empowerment can be simultaneous, meaning that the therapist can retain their own power while the client also becomes empowered. It is therefore important that this research does not disregard linguistic evidence of client empowerment because the therapist also shows linguistic evidence of being powerful. Instead, the focus of this study regards interactions between the therapist and client, and how their talk enables empowerment to happen in practice.

Considering power in these 'harmonious' terms does not mean that the negative aspects of power will be disregarded, nor that only immediate aspects of power will be focused on. Instead, assumptions about power made in the present research project echo Proctor's (2017) views, which are noted for considering power in person-centred therapy exclusively rather than, for example, describing power in

general terms as it happens 'in therapy'. Proctor found that there are three types of power which dictate person-centred therapeutic interactions: role power, historic power, and social power. For reference, role power refers to the power held because of a professional role, such as being a therapist. Historic power refers to power which is related to an individual's personal history. And social power refers to power which is determined by contextual factors which originate from societal structures. By categorising power in the person-centred therapeutic context in this manner, Proctor (2017) offers a more complex perspective which the linguistic method used in this study hopes to further illuminate. The three types of power might also interplay, and respective power positions may not be known by each interlocutor. Power in person-centred therapeutic relationships can also fluctuate and be altered. For example, one type of power might be enacted concerning a matter being discussed at one point but not during a subsequent conversational topic. Proctor's (2017) theory of power is therefore useful for studying empowerment in communication per the present study because it offers an explanation which renders client empowerment viable. As an illustrative example, role power might concern power related to being a client which theoretically might mean holding power owing to historical knowledge of one's own position (this view is also supported by Chi-Ying Chung and Bemak, 2011, who state that power may be constituted as relating to expertise which can, of course, be held by either therapist or client, depending on the topic being considered). Whereas the role power of being a therapist might be used strategically to bolster the power of the client, or to demonstrate that therapists would not necessarily hold knowledge about the client's historic or social power. Proctor's (2017) views are also utilised in this research owing to the options they provide for analysing types of power in their immediate context as well as in broader terms (like about societal aspects of power). Furthermore, Proctor's (2017) typology of power in person-centred therapy enables the analysis of interactions in this research because it does not constitute a simplistic one-directional model of power which assumes, usually, that only the therapist holds power and that this is a fixed 'fact'.

To conclude, this chapter has demonstrated how theoretical views of power in person-centred therapeutic institutions can be aligned with researching empowerment in the same context. However, views of power, and so empowerment, in person-centred therapy have tended to be multitudinous and fractious. This has meant that empowerment has only been conceptualised in

theoretical terms, hence a linguistic approach is being utilised in this research project to add evidence about how empowerment happens in practice in person-centred therapist-client interactions. Furthermore, the definition of client empowerment in person-centred therapy has been shown to relate to a client moving toward an internal locus of control, meaning that they have personal power and control over their own lives, and so they are not reliant upon external influences, and may live authentically in alignment with their own wishes, beliefs, and desires. The theoretical categories associated with empowerment have been discussed relating to empowerment being an interactional process, including clients being able to speak freely and extensively in an autobiographical manner, especially about their emotions and experiences. The ability for clients to take ownership of spoken therapeutic content means that the therapist must not assume power over the client nor influence what they are saying. The egalitarian conditions required for client empowerment also mean that the client should feel free to confirm and dispute whatever the therapist says so that they can assume ownership over the therapeutic content. Furthermore, the therapist must be present in interactions for client empowerment, including by helping the client to experience a feeling of power during the therapy, and by encouraging client ownership of their own experience, for example by using language which positions the client as being powerful. These theoretical notions of empowerment will be used in this study to determine the choices of linguistic methods and features which are included to analyse empowerment in this project (the selection of the methods used in this study is described in chapter 3, while the shortlisting of linguistic features is outlined in chapter 4, and the linguistic features included in the final framework are also outlined in chapter 4).

Section 2.1 described how empathy is also a crucial therapeutic process, including how empathic communication is also being focused upon in this research. The discussion of empathy in section 2.1 suggested that its character was implicitly related to empowerment in the person-centred therapeutic context. The conclusion of the present chapter is supportive of this – the correlates and indicators of empowerment in communication in person-centred therapy are inevitably related to empathic communication in this context. The connection between empathy and empowerment in person-centred therapy is therefore given focus and related to the overarching purpose of a linguistic study of empathy and empowerment in person-centred therapeutic interactions in the following section (section 2.3).

2.3 Connecting empathy and empowerment in person-centred therapy

Rogers (1975) connected empathy (defined and discussed in section 2.1) and empowerment (defined and discussed in section 2.2) in his statement that empathy facilitates empowering outcomes. As Rogers (1975) defined that empathy must be communicated to have successful effects, it may be extrapolated that his statement in fact implies that empathic communication facilitates the outcomes of client empowerment. Section 2.2, concerning empowerment, demonstrated how it is also necessary for empowerment to be communicated in person-centred therapist-client interactions. As a reminder, this is because empowerment is co-created in therapist-client interactions and because empowerment is led by the client being able to talk about their life experiences without the therapist assuming power over them, and by the therapist also facilitating egalitarian conditions via communication which leads the client to be in a powerful, and so empowered, position. Rogers' (1975) statement implies that empathic communication should lead to client empowerment, which potentially could be understood as an internal feeling or experience of empowerment by the client. However, theory that shows how empowerment, like empathy, is also observable in therapeutic communications implies that empathy and empowerment are also connected as they are co-constructed by therapists and clients in their interactions. In other words, Rogers' (1975) definition implies that empathy is a process which is facilitative of empowerment which is a (desired) outcome of therapy. However, empathy and empowerment are, in fact, also both communicative processes. This research study therefore utilises a linguistic methodology to study how empathy and empowerment are related as they happen in person-centred therapist-client interactions. Hence, the aims of this research are also to provide linguistic evidence which is informative about how empathy and empowerment happen in practice, including in relation to one another, as they are communicated in therapist-client interactions.

Since Rogers (1975) connected empathy and empowerment, other authors have expanded upon how empathy and empowerment may be related. For example, Thorne and Mearns (1977) suggested that empathy may lead to client empowerment by helping clients to 'feel heard,' so reducing their negative feelings, for example of alienation or insignificance. This finding may be otherwise worded as, by having

their talk listened to, and by having the therapist respond to what they have said in a sensitive and relevant manner, clients in a person-centred therapeutic interaction become empowered because they feel that they are as important, so powerful, as the therapist. Therefore, this connects the ability of the client to speak about themselves, which is a defining feature of empowering communications (as discussed in section 2.2) with the therapist listening and responding to them, which is a defining feature of empathic communication (as discussed in section 2.1). Hence, this finding demonstrates how empathy and empowerment are connected in communications by therapists and clients in person-centred therapeutic interactions (although, on a surface level, it disregards that empowerment is also a communicative process). Furthermore, this finding, again, demonstrates the value of researching empathy and empowerment as linguistic communicative processes because the definition of empathy and empowerment in Thorne and Mearns's (1977) findings implicitly define empathy and empowerment in terms of communication (for example, empathy allows the client to *feel heard*).

Other, more recent research findings have also highlighted the connection between empathy and empowerment. For example, Kahn (1999) has described how empathy facilitates empowering outcomes by encouraging self-knowledge. As was defined in section 2.2, self-knowledge in person-centred therapy has also been found to relate to the opportunity to talk about one's life experiences whilst not being disempowered. Hence, empowerment regarding self-knowledge can also be understood in terms of the linguistic expression of empowerment, especially concerning the client's contribution (that they speak), and the therapist encouraging egalitarianism (allowing the client to speak, so encouraging egalitarianism, and avoiding power over the client, hence empowering them). Proctor (2017) also relates empathy to empowerment by arguing that it encourages clients to be authentic. As was seen in section 2.2, client empowerment was also encouraged by allowing clients to speak without being disempowered by the therapist's perspective, hence this also relates empathic communication with communication for empowerment. The final examples illustrate the same point – that empathy helps clients assume responsibility over their own actions (Yalom, 2003; Clark, 2010), and that empathy allows disempowered clients to blame external circumstances rather than themselves for traumatic life experiences (Muntigl, 2004; Sinclair and Monk, 2006). Both final examples connect therapeutic empathy with

the client placing blame and responsibility. The client placing blame and responsibility relates to their ability to be led by an internalised locus of control, as opposed to by being led by external factors. As was discussed in section 2.2, empowering communications by the therapist and client enable the client to achieve an internalised locus of control. Hence, empathic, and empowering communications are, again, connected in person-centred therapeutic theory. These findings therefore foreground a need for research which, firstly, utilises methods capable of analysing therapeutic communications, and, secondly, which may be used to demonstrate how empathic and empowering communications happen, and co-occur, in practice.

Theory which directly relates empathy and empowerment is less common than theory which considers them individually or in relation to other therapeutic processes. The discussion of a multitude of factors, rather than a consideration of the direct relationship between empathy and empowerment, may also explain research conclusions which regard that empathy is, in fact, disempowering, despite the original person-centred therapeutic theory stating that they are positively related. As an illustrative example, Grant (2010) suggested that, by using empathy to access the client's internal frame of reference, the therapist disempowers the client because the client has not actively offered their internal frame of reference to them. Hence, by being empathic, the therapist is in fact being intrusive and disempowering. Grant's (2010) finding does not however regard how empathy and empowerment are created in communication which is co-constructed (see sections 2.1 and 2.2 for further discussion about this). Grant's (2010) conclusion is therefore limited because it does not define empathy and empowerment as being interactional communicative processes. Rather, it utilises person-centred theory in general, rather than evidencing it with findings from linguistics, to demonstrate how empathy and empowerment co-occur in practice. Other authors (for example Furedi, 2003; and Thorne and Sanders, 2013) suggest that empathy may cause the client to be disempowered should it cause the client to become dependent on the therapist. However, the understanding that empowerment is also a communicative process means that empowerment, like empathy, is actively co-constructed in therapist-client interactions. In other words, these suggestions regard that empowerment is incidental and somewhat uncontrollable – but the theory presented

in section 2.2 suggests that empowerment is something that is worked at, like empathy, in therapist-client interactions.

To summarise, the discussion in this chapter has shown how empathy and empowerment have been connected since the inception of person-centred therapy. However, studies so far have tended to regard empathy as being a process while empowerment has only been considered as an outcome. Other theory, such as that described in section 2.2, has suggested that empowerment should also be viewed in the same manner as empathy. In other words, empowerment is also possible to observe in communications: it is not an outcome of an empathic process but is also a process itself. The discussion in this chapter has suggested that the differing view of empathy and empowerment (as process, and outcome, respectively) has caused omissions in research about how empathy and empowerment relate in communicative practice. Furthermore, the consideration of empowerment as being an outcome which relates to empathy (in addition to other factors, which have been suggested but do not form the focus of this work so are not discussed in depth) has caused there to be less regard for the positive relationship between empathy and empowerment, as they happen in practice, despite other authors (for example, Rogers, 1951) demonstrating that they should be positively connected. This chapter has proposed that a linguistic study which regards empathy and empowerment as connected therapeutic processes will help to enunciate how they relate in practice. The section which follows this (section 2.4) details the research questions which have been formed from the discussions which have so far occurred concerning person-centred therapy, empathy, and empowerment. Chapter 3 follows the research questions, and details which linguistic methodologies provide a best fit for studying the communication of empathy and empowerment in person-centred therapeutic interactions.

2.4 Research questions

The main research questions (RQs) of this study are as follows:

RQ1: How do therapists and clients utilise communicative features to convey and achieve empathy during person-centred therapeutic interactions?

RQ1 is posed in response to the need for an understanding of the linguistic features of empathy, which was discussed in section 2.1. As a reminder, while empathy in person-centred therapy is observable in therapist-client interactions, no research to date has regarded exactly how empathy happens in person-centred therapeutic interactions. Hence, RQ1 aims to respond to this omission by using linguistic methods to find which communicative features are used for empathy by therapists and clients in their person-centred therapeutic interactions. Note that empathy is conceptualised using person-centred therapy theory as presented in section 2.1, namely that empathic communication is an interactional process, that it must be accurately conveyed, and that it must be sensitively conveyed.

RQ2: How do therapists and clients utilise communicative features to convey and achieve empowerment during person-centred therapeutic interactions?

Section 2.2 of this thesis regarded how empowerment must also be regarded as a communicative process. This chapter demonstrated how empowerment is typically thought of as being an outcome of therapy whereas person-centred theory also demonstrates that empowerment is also constructed in therapist-client interactions. RQ2 is addressed in this thesis to add knowledge about how empowerment is practised linguistically by therapists and clients in their person-centred therapeutic interactions. The theory presented in section 2.2 demonstrated how empowerment can be analysed in linguistic terms, although empowerment in person-centred therapy is usually not regarded in terms of its communication. RQ2 will be answered to overcome this omission and considers empowerment in linguistic terms by assuming the theoretical definitions presented in section 2.2, namely that empowerment is defined by the client speaking about their life experiences, including in relation to their emotions and experiences. Furthermore, the client has ownership of what is discussed, meaning they may confirm or disconfirm, and that the therapist avoids infringing the client's' ownership of spoken content by being encouraging and, possibly, by privately retaining their own views. The therapist is also understood to have a more active part in the communication, for example by using language which positions the client as being powerful, and by encouraging egalitarianism in the therapeutic relationship.

RQ3: How are the communicative features used by therapists and clients to empathise and empower used in combination during person-centred therapeutic interactions?

RQ3 is answered in this research project to overcome the general lack of research concerning the connection between empathy and empowerment, and because when empathy and empowerment have been connected, no regard has been given to empowerment as also being a therapeutic process. RQ3 therefore considers that empathy and empowerment are therapeutic processes which are co-occurring in communications by therapists and clients, so can be analysed by undertaking a linguistic analysis. RQ3 is considered following RQs 1 and 2 since RQ3 refers to the communicative features for empathy (RQ1), and empowerment (RQ2).
Chapter 3 follows which concerns the linguistic features, methods, and development of a linguistic framework which will be used to answer RQs 1 – 3.

3. Developing a linguistic framework for studying empathy and empowerment in person-centred therapy

3.1 Introduction to linguistic research into the communication of empathy and empowerment in person-centred therapy

Discursive approaches to researching psychotherapy became increasingly used by researchers during the 1980s (Smoliak and Strong, 2018). However, linguistics research still occupies a relatively minimal place within the psychotherapy literature overall (Onquegbuzie and Frels, 2017). The relatively low application of linguistics research in the person-centred therapy context is surprising considering the founder of person-centred therapy Carl Rogers used, and encouraged, the analysis of verbatim transcripts of authentic person-centred therapeutic sessions for research purposes as early as the 1940s (Sanders, 2006). The relative disregard of linguistics research in psychotherapy is, arguably, particularly unfortunate for person-centred therapy. This is because person-centred therapeutic theory indicates how inseparable language and therapeutic practice are. As illustrative examples, as early as the 1980s, Anderson and Goolishan (1988) highlighted how therapy is a linguistic endeavour, and particularly emphasised the importance of the therapist learning the 'client's language.' The argument for therapy to be understood as a linguistic matter has pervaded the literature since. For example, in the 1990s, Neimeyer (1998) emphasised the importance of therapists attending to their own language use to enhance their understanding of how to help therapeutic processes, like empathy and empowerment, function effectively. Even more recently, Velasquez and Montiel (2018) described how therapy is a 'languaged' relationship, outlining how language is a vehicle to help therapeutic processes occur. Linguistics research clearly has utility for understanding therapeutic processes, like empathy and empowerment and could have implications for theory (what is known about linguistic processes like empathy and empowerment in person-centred therapy) and practice (for example, concerning exactly how empathy and empowerment are communicated between therapists and clients in person-centred therapy). Using a linguistics methodology is therefore essential to explore empathy and empowerment in this research project.

The causes for the relative omission of linguistics research into therapeutic practice might be blamed on the 'positivist bias' in psychotherapy research (Smoliak and

Strong, 2018). The positivist bias is problematic because it likely leads to a self-fulfilling prophecy because positivist research being favoured leads to selective funding for research which favours positivist methods which support its approach (Fleuridas and Krafcik, 2019). The inherent conclusion of this is that there is an overwhelming emphasis on the use of empirical research which examines the outcomes of therapy. Such research is, of course, important; it is important to understand whether a therapeutic treatment produces its intended course of effect (known as its outcome). However, measuring outcomes and efficacy alone does not provide the 'entire picture' about how therapeutic processes like empathy and empowerment work in practice. For example, a positivist empirical outcomes-based study may be informative into whether the person-centred therapeutic approach has been effective. However, it does not necessarily consider details about *how* this has happened as it has happened. Therefore, a linguistic method is assumed in this research to provide a more holistic view to analysing empathy and empowerment in person-centred therapeutic interactions than is currently available. Similarly, whilst theoretical contributions about person-centred therapy conclude that empathy and empowerment are both crucial factors for effective person-centred therapeutic relationships (as has been discussed during chapter 2), they do not necessarily add useful information about *how* these processes are enacted in practice, nor consider such processes as they happen. The use of linguistic methods in this research therefore aims to add details about *how* empathy and empowerment occurs in therapy by enabling the analysis of the linguistic features which comprise empathic and empowering communication in person-centred therapeutic interactions.

This is cognizant with person-centred therapeutic practice overarchingly as it emphasises the value of processes like empathy and empowerment, as much as it does the outcome of using these processes (Rogers, 1951). In addition, linguistics researchers of therapy like Muntigl (2004) have argued the case for analysing therapeutic processes as they occur in interactions, as they found that the linguistic study of therapeutic interactions has been overlooked. In other words, there is little linguistics research into therapy so far and the research which does exist has tended to favour the views of the therapist. This research project therefore uses linguistic methods to analyse empathic and empowering processes as they are used in therapist-client interactions, as detailed in transcriptions of authentic therapeutic sessions (the benefits of analysing 'documentary data,' here meaning therapeutic

transcripts to understand therapeutic processes like empathy and empowerment has been described by McLeod, 2015, and is given further attention in chapter 5 of this thesis).

The use of linguistic methods to analyse therapist-client interactions has also been based on person-centred therapy ideals. The predominance of the therapists' views have use in terms of directing therapeutic interactions but they are not especially person-centred themselves. This point is also included as a more general point about person-centred therapy. As was described in chapter 2, person-centred therapy diverged from the norms of its time by emphasising internal human experiences. This includes the clients' experiencing of empathy and empowerment which, arguably, are better analysed by alternate approaches to standardised scientific techniques. In other words, it is important that empathy and empowerment are verbalised in person-centred therapy, therefore they are also at least somewhat observable in communications (such as those transcribed in therapeutic transcripts). Thus, the linguistic research method in this project provides a good fit for analysing empathy and empowerment as they are co-constructed in person-centred therapeutic interactions. In addition, as described in the present chapter, the overarching methods have been selected for their capability to consider 'micro' communications and to also analyse the 'bigger picture,' like the therapist-client relationship. Hence, this linguistic method provides a good fit for empathy and empowerment which is also situated at these varying levels.

The discussion now narrows to consider the benefits for this research of using linguistic methods to understand empathy and empowerment in the psychotherapeutic context by considering relatively similar linguistic research. There is significantly more linguistics research which has regarded empathic communication in therapeutic – or similar – contexts than there is which has analysed empowerment in the same contexts. However, most of the research which utilised linguistics methods to analyse empathy has considered person-centred communication within a similar, but not identical, context (for example, Pounds, 2011, who outlined an empathic speech act in the context of person-centred healthcare physician-client contexts). Nevertheless, linguistics research into empathic communication has been undertaken into other therapeutic contexts (for example, Voutilainen and Peräkylä, 2016) which have a different ethos about empathy and empowerment to person-centred therapy so are not necessarily generalisable. Although not concerning person-centred therapeutic interactions in

particular, these studies have shown, firstly, the potential of studying empathy using a primarily linguistic method and, secondly, the utility of linguistic methods into therapeutic contexts. This research therefore is influenced by these studies, although it is necessary to diverge from them because of the uniqueness of therapist-client interactions in the person-centred therapeutic context.

The cause for the lack of linguistic research into empowerment is speculatively suggested to have a methodological and a theoretical origin. In methodological terms, there is rather more research which utilises a critical discourse analytic than a positive discourse analytic approach (see section 3.2 to read more about the distinction here), meaning that the negative aspects tend to be focused upon, rather than positive and progressive aspects like empathy and empowerment. In theoretical terms, debates about power in person-centred therapy have been fractious, and no precise definition for how empowerment is expressed in linguistic terms has been provided. Hence, as a rule, research concerning any aspect of power in person-centred therapy tends to be theoretical, and to focus upon its negative causes and effects. However, there has been a relatively recent awakening by therapists for power-related research into therapy which utilises linguistic methods, such as by Guilfoyle (2005). The research outlined in this thesis therefore fills a gap by utilising linguistic methods to analyse positive aspects of therapy, like empathic and empowering processes.

Finally, the linguistic methods in this study have been selected based on their ability to be combined to understand the relationship between empathy and empowerment. To this point, little theoretical research has considered how these processes may interact, and no linguistics research was found which analyses the relationship between empathic and empowering expressions between therapists and clients in any context, including in the person-centred therapeutic context. The linguistic method utilised in this research is therefore additive by allowing empathy and empowerment to be analysed, including in relation to one another, in therapist-client interactions within person-centred therapy.

3.2 Using discourse analysis to analyse empathy and empowerment in person-centred therapy

This project utilises a positive (critical) discourse analytic approach because of the ability it offers to be critical whilst simultaneously focusing on progressive and positive forms of discourse (Hughes, 2017), like empathic and empowering interactions. Positive discourse analysis is positioned in the literature as a method which is adjacent to critical discourse analysis, and which is also complementary to it. Critical discourse analysis has, however, tended to be used by researchers to a much greater extent than positive discourse analysis (Spong, 2009). This is owed to the ability of critical discourse analysis to be used to unveil implicit aspects of power as they are enacted in discourse (Wodak, 2012) which has, so far, been a more common focus of research generally, including in psychotherapy. However, researchers do not always ascertain which 'type' of discourse analysis they are using, which is perhaps due to the difficulties in 'routinising' the use of discourse analysis (Georgaca and Avdi, 2012). Critical discourse analysis offers a further exploration of the social determinants of power in discourse to take place (Wodak, 2012). For example, a critical discourse analytic study in psychotherapy could involve how the power differences between therapists and clients are shown in discourse, and how this relates to social conceptualisations of the therapeutic institution overall (for example, see recommendations by Spong, 2009). The positive discourse analytic approach utilised in this study also offers a critical analysis of the situation of power as it is practised in therapist-client interactions, hence is informed by critical discourse analysis. However, the so-called starting point of the two approaches differs: whilst critical discourse analysis aims to reveal the negative aspects of power relationships (so a study in psychotherapy could potentially include how the therapist-client relationship reinforces inequalities via its use of discourse), the positive discourse analytic approach used in this study begins its focus on how interactions by therapists and clients are used for positive means, like to empathise, and empower.

The focus on the positive aspects of communication in this research follows recommendations from Hughes (2017) who argue that to improve negative aspects of discourse (like discourse used to disempower), it is also necessary to understand how positive aspects of discourse (like empathy and empowerment) are practised by creating a normative framework about what progressive and positive discourse *should* look like. This knowledge is also of importance to trainee person-centred therapists. The attempts to understand how positive discourse is practised also fits recommendations by person-centred therapy McLeod (1999), who suggest that

counselling research should have a social justice agenda, for example by being used to advise how interactions empower and are used to empathise. The positive discourse analysis used in this approach is not naïve about the potential negative aspects of power, however. Rather, in this study, the empathic and empowering interactions are considered in relation to power more generally (see chapter 2 for discussion about this), so the empathic and empowering interactions are assumed to be being used by the therapists and clients to overcome the power-related issues which may be drawn from the therapist-client interactions, and from the therapeutic institution more generally too. This does not mean that the power-related issues do not exist or will altogether vanish, rather that the positive discourse analysis is used in this research to demonstrate how the positive attempts and movement toward empathy and empowerment are made via the discourse used by the therapists and clients.

The 'discourse analysis' methodology, more generally, refers to a multitude of different approaches (Hammersley, 2003). Indeed, discourse analysis can also be referred to as critical discourse studies (for example as it has been by van Dijk, 2009) owing to its diversity, including its ability to extend beyond analysis, for example by some approaches incorporating less observable cognitive aspects of speech. Furthermore, other methodological approaches may also be considered to exist under the discourse analysis methodological category. Hammersley (2003) is one author who describes conversation analysis as also being a 'type' of discourse analysis, for example. The ability to consider methodologies like conversation analysis as also being discourse analysis is contentious, meaning not all researchers agree with this view, particularly because their fundamental underpinnings differ (for example, conversation analysis makes claims for a value-neutral approach, whereas discourse analysis would typically involve assumptions about the therapist holding power in the relationship being examined). These debates and differences are further discussed in section 3.3 and include how the present research understands the complementarity of methods included in its overarching hybrid methodology, and how each method is assumed in this project.

Part of the diversity of views about what is constituted by a discourse analytic study relates to the capability of discourse analyses to be used for analysing what is typically referred to as the 'micro' (also meaning grammatical) and 'macro' (also meaning pragmatic) aspects of discourse (for example, this has been outlined by Avdi and Georgaca, 2007). The option to analyse the macro aspects of discourse

(meaning the broader constituents, like the society and context in which the discourse being examined is occurring), as well as the micro aspects (for example, the exact lexico-grammatical content of the discourse) is an asset for this research. This is because the study of empathy and empowerment necessitates a focus on both their broader characteristics (for example, how the therapist and client roles are understood in person-centred therapy), as well as the more minute aspects (for example, how empathy and empowerment are expressed in immediate linguistic terms in therapist-client interactions). While beneficial for this project, other subjects of study may require more of a focus on the broader aspects of a research topic (like if a social scientist were using discourse analysis to study how power is conceptualised in a social work environment, for example), or on a more focused aspect (for example, a linguist examining the grammar used in a physician consultation, which regards the environment of a doctors' office, for example). As the present study will include analyses of both the micro and macro aspects of the linguistic features used for empathy and empowerment, discourse analysis proves a useful method here.

All discourse analytic approaches share some commonalities which are also present in this research. Firstly, discourse analysis is a critical approach, meaning it aims to deconstruct what is happening in discourse (Neimeyer, 1998). The use of discourse analysis is therefore considered to have practical utility. For example, the ability discourse analysis offers for understanding how power is enacted in interactions means that its findings may be used to alter the enaction of power in practice. This makes a discourse analytic approach ideal in this research project as discourse will be examined with relation to how it can be used for positive means, namely, to empower and empathise (and to consider how empathy and empowerment are related in discourse too).

Furthermore, many discourse analytic approaches hold a social constructionist epistemological perspective (Anderson, 2019). This means that views underpinning the use of (positive, and critical) discourse analysis include how discourse is used both to construct the social world and, simultaneously, how discourse is used to shape the social world (Hughes, 2017). In its extreme view, researchers using a discourse analytic approach assume a total subjectivity of reality, meaning they hold the view that reality is wholly constructed in interactions and that it does not exist 'out there' at all (Neimeyer, 1998). In other words, the use of discourse analysis has implications for views about subjectivity and reality

which exists on a continuum, depending on the view of the researcher. The views about reality a discourse analytic researcher takes also relate to whether discourse analysis is a paradigm or a methodology. The view undertaken in this research, to clarify, is that discourse analysis does imply a degree of subjectivity about processes like empathy and empowerment being constructed. However, discourse analysis is considered in relation to its epistemology only, meaning constructionist views are assumed, rather than the view that discourse analysis constitutes a complete view of reality. Assuming this view has also allowed discourse analysis to be merged with other methods in this research as it is less rigid so more accepting of a combined methodology (discussion about how this is practicable is included in section 3.5).

The view that discourse both constructs the social world and is constructed by it has implications for how therapists and clients are viewed in this research, particularly because it implies that the notion of selfhood is in flux. In other words, therapists and clients co-construct empathy and empowerment, and this both influences and is influenced by the social lives of the therapist and clients involved in the interactions. Therefore, it is important that interactions are the focus of analysis in this research. The social constructionist view of empathy and empowerment being co-constructed which underpins the use of discourse analysis additionally makes discourse analysis ideal for analysing person-centred therapy, as is being done in this research. This is because the ethos of person-centred therapeutic practice means that it has similarities with the assumptions of discourse analysis of meaning (regarding empathy and empowerment in this study) being altered in interactions, which are also more broadly situated (Neimeyer, 1998). Furthermore, both person-centred therapeutic practice and the discourse analysis method include the view that there exists a multitude of 'selves' within everyone, which are constructed by connections with others and systems that the self exists within, and that the aim of the therapist is therefore to reassert agency, for example by encouraging client empowerment and by being empathic. Views about the plurality of selfhood fit appropriately with the study focus here on socially derived characteristics (like being a therapist or client), rather than on individual features, as the focus is on how these characteristics shape the individual, including how this occurs via discourse that these social roles enable.

The sharing of assumptions by person-centred therapy and discourse analysis has led Anderson (2019) to recommend that researchers of psychotherapy use discourse

analysis to analyse transcripts to show how experiences in therapy (like those of empathy and empowerment) are made possible by co-constructions which can be observed in language use. Diorinou and Tsilou (2014) highlight how the flexibility of discourse analysis is beneficial for counselling research owing to its inevitable complexity of communication. Furthermore, the use of discourse analysis on transcripts allows the complex discourse of counselling to become meaningfully organised, per recommendations by Kiyimba and O'Reilly (2016). The implicit 'uncertainty' and 'tacit knowledge' involved in undertaking discourse analysis (Georgaca and Avdi, 2012) is further strengthened by using complementary pragmatic and conversation analysis methodological approaches, and these are the subjects of the upcoming sections (3.3 – 3.5).

3.3 Using conversation analysis to analyse empathy and empowerment in person-centred therapy

The purpose of using conversation analysis is to research how interlocutors use their interactions to organise their everyday lives and social worlds. For example, conversation analysis may be used to analyse the 'technical' aspects of talk, including how talk is sequentially organised (Sacks, Schegloff and Jefferson, 1974). The method of conversation analysis also offers the ability to analyse how interlocutors organise talk in relation to one another, including how they understand each other, and how their talk makes action happen. The methodology of conversation analysis was inspired by several other academic theories. Firstly, conversation analysis has roots in ethnomethodological thought, which refers to the study of 'everyday' social practices (Garfinkel, 1967). Ethnomethodology was itself inspired by symbolic interactionist theorists, such as Goffman, and is used to understand the meanings people ascribe to 'objects.' Objects, in symbolic interactionist terms, include language. Hence, ethnomethodological studies include analyses of how language is used, and what language represents to interlocutors when used in everyday contexts. In sum, conversation analysis is a methodology inspired by ethnomethodology because it focuses upon language use in relation to its everyday practice.

Conversation analysis is also inspired by phenomenological thought which, broadly, refers to the study of people's experiences (Schutz, 1972).

Phenomenology is also related to ethnomethodology, owing to their respective focus on everyday experiences. Garfinkel (1967) outlined how phenomenological analyses are concerned with how individuals construct reality during their interactions. The section about discourse analysis (section 3.2 of this thesis) outlined how conversation analysis is sometimes considered to comprise a discourse analysis. This is partially due to both methodologies having their roots in phenomenology. Furthermore, person-centred therapeutic practice also has roots in phenomenology (Moreira and Souza, 2017), meaning that conversation analysis provides a good fit for the study of empathy and empowerment in person-centred therapeutic interactions, per the present study.

To clarify on the use of conversation analysis in this study, and to show its distinction to discourse analysis, conversation analysis is being used to analyse the 'local' or 'micro' communicative practice of empathy and empowerment. Discourse analysis, as a reminder, is being used in this study to bridge the micro linguistic aspects of empathy and empowerment with their broader social attributes. However, some researchers suggest that conversation analysis might also be used by researchers to address the broader, or macro, qualities of talk. For example, Wooffitt (2005), a discourse and conversation analyst, suggests that the analysis of turn taking which is enabled by undertaking conversation analysis is indicative of the relative power status between interlocutors because the interlocutor with more power tends to take the first turn. To clarify, conversation analysis and discourse analysis are theorised as being distinct but related in this topic, with conversation analysis being used as a methodology to analyse the micro aspects of empathic and empowering therapeutic interactions.

Conversation analysis is considered in terms of its methodological application in this study. This comprises a more flexible viewpoint than other researchers who take a strict epistemological stance during their use of conversation analysis (see discussion about this by Wooffit, 2005). The flexible, methodological viewpoint taken into the use of conversation analysis in this project has practical implications concerning the generalisability of the findings of this research. The methodological view taken here means that, as Weiste (2015) advises, the findings from the conversation analysis can be compared internally as well as externally. The findings about the linguistic features for empathy and empowerment will therefore

be produced by comparing the findings from the conversation analysis internally (for example, by considering how features occur within a single transcript), as well as externally (for example, how the linguistic features occur across transcripts).

As a methodology, conversation analysis is inductive and empirical, meaning that researchers should begin their analyses without holding pre-existing views nor by theorising about the findings their analysis may produce. Furthermore, the findings derived from conversation analysis must be demonstrable by reference to the data (Schegloff, 1997). As an illustrative example, conversation analysis demands that research, like this project, into interactions by therapists and clients should not be done by prior assumption that the status of the interlocutors (they are therapists and clients) are relevant for the findings. If, for example, the therapists and clients either implicitly or explicitly discussed the effect of being a therapist or client then conversation analysis would allow this to be inductively incorporated into its findings. However, the flexible approach to conversation analysis in this study, and its combination with the other overarching methodologies (discourse analysis and pragmatics) means that further analysis of the meaning of the interactions is possible to undertake (meaning, the conversation analysis is being combined with deductive methodologies). In practical terms, the data evidencing the conversation analyses in this study will be included for evidentiary purposes in the findings chapter (chapter 6 in this thesis). However, the additional methodologies will allow further inferences to be made concerning what is shown by the conversation analysis. For example, this could include how power, in its macro terms, is shown by the sequencing of interactions relating to power, which is made possible to consider by use of conversation analysis. This, again, demonstrates how conversation analysis is being used for its methodological functions, predominantly because it offers the ability to empirically and systematically capture which linguistic features are utilised, including across interactional turns, for empathy and empowerment in person-centred therapeutic interactions.

Kiyimba and O'Reilly (2016) described how conversation analysis has been particularly under-utilised by healthcare and related practitioners and researchers, like psychotherapists, despite its potential for assessing the efficacy of practice, for making practice recommendations, and for directing related policy. Few studies have used conversation analysis to research psychotherapeutic interactions, and

even less so for person-centred therapeutic practice. This is surprising considering how seminal authors, like Stokoe (2018) have evidenced the value of researching psychotherapy, and related settings, through their research works. By considering the therapeutic setting in general terms, it is not necessarily practicable to generalise the relevance of the findings to the person-centred therapeutic context because each branch of psychotherapy, of course, has very different philosophical and practical underpinnings. When researchers have made explicit the branch of therapy which they have used conversation analysis to research, these studies have not, as a rule, tended to research person-centred therapy (for example, see Antaki's, 2008, psychotherapy and conversation analysis work). This has meant that the findings from previous studies may not, from the perspective of this study, be applicable for inferring meaning concerning the linguistic practice of empathy and empowerment in the person-centred therapy context.

The closest example of conversation analysis being used to analyse therapy in terms of its relatedness to person-centred therapy has been the studies by Muntigl (2004), who is a narrative therapy researcher (narrative therapy is also a form of humanistic therapy and was broadly outlined in relation to person-centred therapy in chapter 2). Muntigl (2004) concluded that conversation analysis is a useful form of analysis for psychotherapy owing to it being 'doubly contextual,' meaning that it can be used to analyse how social action is shaped by what has been said in the prior turn which, in turn, effects the form the subsequent turns take. Furthermore, Muntigl (2004) concluded that whilst talk is constrained at a local level (for example, by what has been stated in the previous turn), meaning that the choice of what is said is made purposefully for specific ends (like empathy and empowerment), the context also shapes what is said by allowing certain talk to be made possible, and other linguistic choices overall less likely to be used. The view taken by Muntigl (2004) about how talk is dependent on both internal (meaning what is said in the immediate context) and external (meaning the 'extra-situational' aspects of speech, like the context) factors is supported by this research. Furthermore, the flexible approach to conversation analysis (outlined above) and the hybrid framework used in this study means that both the internal and external aspects will be examined with relation to empathic and empowering interactions in person-centred therapy during this project. For example, the analysis for this study will consider empathic and empowering interactions across sequences by the therapists and clients, as well as

being used to consider relevant related external factors (which will mostly be made possible to analyse by use of other methodologies incorporated in the framework, as described in section 3.5).

Conversation analytic research into therapeutic contexts (mostly meaning those external to person-centred therapy) has, so far, tended to focus on empathic communication, with less attention being given to empowering communication. As a recent illustrative example, Wu (2019) used conversation analysis to research fluctuations in empathic communication in a 'therapeutic context' and found a sequential pattern involving the therapist first eliciting the client's trouble, the client secondly reporting the trouble and by doing so creating a sequential position for the therapist, thirdly, to respond empathically. A further example of a conversation analysis into empathy in psychotherapy was undertaken by Prior (2017), who found that empathic responses followed empathic elicitation so recommended that empathy should be analysed sequentially and interactionally in the counselling context. Writing about empathic communication in therapy, other authors have used conversation analysis to conclude that clients may use hints to elicit an empathic response (Eide et al., 2004), and that clients show frustration at a later stage of the therapeutic session when their therapist does not respond to their empathic hints (Wu, 2019). These findings might be related to other findings by Main et al. (2016) who suggested that the location of empathic communication (meaning the placement within a turn) is the most important aspect of empathic interaction in therapy. They suggest that this is because both therapists and clients must be willing to partake in therapy for it to work, so it is necessary that empathic responses follow empathic elicitations for empathic communication to be successful.

Less research using conversation analysis has been undertaken, so far, to analyse empowerment. Nevertheless, there have been suggestions by some researchers that conversation analysis should be used to understand how empowerment occurs in therapy. For example, Main et al. (2016) suggest that clients sometimes repeat their empathic elicitation should the empathic response they desire not be taken up by their therapist, which they state relates to clients feeling disempowered by the lack of the therapist's response. Voutilainen and Peräkylä (2016) also suggest that clients show empowerment via their responses to the therapist, especially about whether they agree or disagree with them, and how they do so. For example, they

suggest that a refusal to answer questions may indicate client empowerment by showing resistance. In a similar project, Bercelli, Rossano and Viaro (2008) used conversation analysis to study client responses to therapist reformulations and concluded that clients can use linguistic features to communicate their resistance, including by abruptly changing topic, claiming to not understand, acting as though they have forgotten, refusing to answer, or responding minimally when not expected. The present project therefore includes conversation analysis because of its potential for analysing empowerment in relation to therapist-client interactions and is novel because it considers the context of person-centred therapeutic practice.

In sum, the use of conversation analysis benefits the present project in several ways. Firstly, conversation analysis aids the analysis of the micro aspects of empathic and empowering communication. This is due to conversation analysis allowing the analysis of the location and structure of empathic and empowering communication in sequences of talk, per the studies outlined above. Conversation analysis has also been selected for its usefulness for analysing how the conversational choices of interlocutors carry interactional meaning in combination with the precise words which are uttered.

Conversation analysis is being utilised for its methodological benefits. The advantages of combining conversation analysis with discourse analysis and pragmatics for the purposes of a hybrid methodology used in this study are further discussed during section 3.5 of this thesis. But briefly, conversation analysis is a good fit with these other methodologies because it can be situated in relation to its use for understanding both the social, and cognitive aspects of talk which the other methodologies regard in their analyses. For example, the use of conversation analysis for understanding the social aspects of empathic and empowering interactions include how the therapeutic interactions are organised to ensure these outcomes. Furthermore, conversation analysis can also be used for analysing the cognitive aspects of empathic and empowering interactions by being used to understand the orientations of the interlocutors, including in relation to how the interactions enable social actions to occur. As discourse analysis has already been outlined (during section 3.2), the section which follows (section 3.4) focuses on how insights from pragmatics will be used in this study to form a hybrid linguistic

framework, in combination with the use of discourse analysis and conversation analysis.

3.4 Using pragmatics to analyse empathy and empowerment in person-centred therapy

Pragmatics, as a field of linguistic study, comprises many theoretical viewpoints such as Grice's (1975) theory of conversational implicature, Searle's (1975) speech act theory, and relevance theory (Sperber and Wilson, 1995). In relatively recent years, sociopragmatics theories, and interactional pragmatics theories, have been developed, and these are the types which provide a best fit for undertaking this project. Each theory of pragmatics differs in its respective view regarding how cognitive factors and social factors relate to linguistic practice. This section begins by explaining how 'sociocognitive' is being understood and used in relation to the application of pragmatics in this study, and in a manner which aligns with sociopragmatics and interactional pragmatics perspectives. The section continues to outline the sociopragmatics and interactional pragmatics theories that are being assumed in this project.

Writing recently, Kecskes (2021) defined the concept of sociocognitive pragmatics. Sociocognitive approaches to pragmatics place equal importance on social and cognitive factors. Kecskes (2021) explains that cognitive processes which motivate conversational choices are related to social factors which result from the social context of the interlocutors making those choices, but which are enacted privately. In other words, the social factors which motivate individual language choices are important to analyse but are not altogether observable. So, it is also necessary for social factors, as they relate to linguistic expressions, to be considered in terms of how they are situated and expressed in cognitive terms. The choice to use a particular linguistic feature, rather than another, is therefore made because of the previous social experiences of the interlocutor (which have been encoded and stored), as well as their present social situation, including how the meaning of conversation is being constructed between interlocutors in the present moment. In terms of the present project, a person-centred therapist will make empathic and empowering linguistic choices based on their previous experiences of being a therapist working with clients. However, the client the therapist is working with at any present moment is, of course, an individual, with their own cognitive and social

reasons for responding to the therapist's attempts at empathic and empowering communication in the manner they do so. So, the person-centred therapist can be guided by their own cognitions about empathic and empowering communication with clients in the person-centred therapeutic setting however must also build these 'in the moment' by responding to what is said by the client. The client, too, makes linguistic choices and interprets the talk by the therapist based on their own cognitions of being a client, or about therapy, or just about their experience of their previous social encounters in general terms. However, the empathic and empowering communication which occurs in the moment between therapist and client also builds new cognitive representations which, according to person-centred therapy (although not written in terms of 'sociocognitive' representations), are transferable to the client's other social interactions and relationships in future (Rogers, 1951).

The sociocognitive pragmatic approach seems to be sensible for considering empathy and empowerment in person-centred therapy because it provides an explanation regarding, firstly, why conversational choices and interpretations are made; secondly, how these are alterable; and thirdly, how the experience of empathy and empowerment in person-centred therapy is made by communications, and how it is made generalisable to other settings. The present study can therefore be broadly considered as being 'sociocognitive.' However, the other methodologies included in this study, like positive discourse analysis (outlined during section 3.2), place emphasis on the social aspects of linguistic expressions of empathy and empowerment and the social side of person-centred therapy is more readily referred to too owing to the previous body of person-centred therapeutic literature being predominantly focused on its social aspects. In sum, while a sociocognitive perspective is theoretically assumed, meaning both social and cognitive explanations are likely for empathic and empowering talk, the present study places its emphasis on social factors over cognitive factors per previous person-centred therapeutic theory.

The discussion now moves to how sociopragmatics is being assumed in the present study. Sociopragmatics, in broad terms, refers to a subdiscipline of pragmatics which places its emphasis on the social aspects of speech (Leech, 1983). For example, a sociopragmatics study of person-centred therapy could include how a

client makes an utterance based on their interpretation of the person-centred therapeutic context. The focus on the social constituents of speech thus differentiates sociopragmatics from more formal pragmatics approaches, although there are also some overlaps. For example, the utility of relevance theory for analysing metaphors for empathy and empowerment in person-centred therapeutic interactions is discussed later, in section 4.2. Depperman (2021) explains how the assumption of a sociopragmatics approach allows theorisation of why speakers hold each other accountable for certain meanings. For example, a speech act theorist may consider how a particular language choice (for example, a directive) leads to a particular action (for example, a conversational partner following an instruction implied by use of a directive). Whereas a theorist undertaking a sociopragmatics analysis would also consider the social and contextual aspects which relate to the speaker using the directive (for example, because they hold more conversational power because of a professional role which they hold). In other words, as Depperman (2021) explains, the sociopragmatics approach also allows the choice of utterance to be considered, including why one utterance is being made instead of another.

In terms of the present study, the context being studied is person-centred therapy. So, the communication of empathy and empowerment is shaped by the context of person-centred therapy, meaning a sociopragmatics approach provides a good fit for analysing empathic and empowering interactions in this study. Furthermore, the choice of linguistic features used for empathy and empowerment in this study are assumed to also be based upon the roles assumed by the therapists and clients in the person-centred therapeutic context. For example, the person-centred therapist must avoid power over the client hence their language use for empathy and empowerment is constrained by the person-centred therapeutic context. A sociopragmatics approach is therefore useful for considering the linguistic choices made by the person-centred therapists and clients for empathic and empowering purposes.

Sociopragmatics also offers the ability to analyse why the therapist and client assume a particular meaning from the content of the speech of the other interlocutor (Depperman, 2021). For example, the client is likely to assume that the therapist is using their turn to aid the client's therapy. The therapist's assumption of the

meaning of the content of the client's turn is likely to be based upon their own aims for person-centred therapy. For example, the therapist will likely consider how the client's turn relates to their need for an empathic and empowering relationship, which is made possible by the linguistic choices which they make, hence is the focus of this study. However, the person-centred therapist is also expected to infer how what is said by the client is related to the client's relationships in external settings (for example, see discussion about the generalisability of what happens in person-centred therapy to the client's experiencing in other relationships during chapter 2). This implies that the therapist makes inferences with regards to the meaning of the client's talk during therapeutic interactions, which relate to the client's experiences of other social settings which may be quite different to the person-centred therapeutic setting. However, person-centred therapeutic theory also assumes that what happens in therapy is generalisable to other settings. So, for example, by having the experience of empathy and empowerment in person-centred therapy, the client becomes able to transfer these experiences to other settings, for example by becoming more generally empowered, and not just during the immediate interaction. Analysis of language in this context is therefore amenable to a sociopragmatic approach because it is supportive that social interactions relate to their social settings (this has similarities with the concept of co-construction in discourse analysis, see section 3.2).

In sum, taking a sociopragmatics approach offers a useful explanation of the effect of the social setting on person-centred therapeutic interlocution. However, person-centred therapeutic theory appears to also imply that cognitive aspects of meaning are also important, as assumed meanings are thought to be transferable and created by the client's experience of different social experiences. For example, the client utilises their cognitions of other social interactions to understand the person-centred therapeutic interactions and these cognitions can, in turn, be modified by the experience of the person-centred therapeutic relationship.

As such, person-centred therapeutic theory implies that a sociocognitive pragmatics approach comprises a good fit to combine with sociopragmatics approaches for understanding the experience of empathic and empowering interactions in person-centred therapy.

The present research also proposes that empathy and empowerment are made possible by co-constructions made by the therapist and client. As discussed during the section on discourse analysis (section 3.2), this implies that empathy and empowerment cannot be workable without both therapist and client making conversational contributions which construct their existence. Interactional pragmatics, which proposes that the meaning of talk is situated within an interaction (Elder and Haugh, 2018), provides a useful framework for understanding how empathic and empowering communication is built by therapists and clients during person-centred therapeutic interactions.

Interactional pragmatics analyses utilise Heritage's (1998) concept of the third turn (from conversation analysis, which is discussed during section 3.3) to understand how meaning is, and has been, co-constructed during interactions. The analysis of the third turn provides a fruitful way to analyse how meaning has been generated and co-constructed during conversation between two interlocutors, like therapists and clients. It is noteworthy that the third turn concept has similarities with the 'next-turn proof procedure,' (Sacks et al., 1974), which regards how the analysis of a turn is illustrative about the interlocutor's understanding of the previous turn taken by their conversational partner. The suggestion of the third turn provided an evolution from pragmatics concepts which proposed, generally, that meaning is situated with either the speaker, or with the hearer. By analysing the third turn (which can, in fact, comprise more than one turn, Elder and Haugh, 2018), it becomes possible to understand which meaning has been assumed following the prior turns taken by the interlocutors. The demonstration of shared understandings has also been referred to as 'grounding' by Clark and Brennan (1991). For example, a client might, during a first turn, outline their feelings about a particular matter. The person-centred therapist might respond during a second turn to communicate their empathy. However, whether the turns have successfully comprised empathy will only be possible to analyse via a third turn, whereby the client alters what has been said in response to the therapist's interpretation or, alternately, they reaffirm what they meant during their first turn. In this view, subsequent turns might occur should they be required, for example should the third turn indicate that the second turn has not been empathic. Analysis of the third turn via the interactional pragmatics approach is also flexible enough to regard various linguistic features, which is an important aspect of the present study because empathic and

empowering communications are complex and likely to be communicated by use of multiple linguistic features. For example, the second turn for empathic purposes by the therapist in the example given above might comprise several linguistic features for empathy, whether they be more direct (for example, by use of a question) or less direct (for example, by use of a metaphor). What is important, in the interactional pragmatics approach, is how meaning is co-created, which is made observable during a third, or subsequent, turn. The approach of interactional pragmatics therefore has utility for the present study as it, firstly, enables an understanding of how meaning is co-created; secondly, it provides a framework by utilising the concept of the third turn (per Elder and Haugh, 2018) to analyse whether, and how, empathic and empowering communication has been successful; and thirdly, it allows inferences to be made without accessing internal cognitive states, hence provides a way to undertake a sociocognitive pragmatics analysis. In terms of analysing person-centred therapeutic interactions specifically, the interactional pragmatics approach has implications for the responsibility of both the person-centred therapist and client in co-creating empathy and empowerment, meaning it provides a good fit for this study as it is being undertaken with the egalitarian assumption that person-centred therapists and clients should be considered as making equivalent, albeit sometimes somewhat distinctive, contributions to their therapy.

3.5 Towards a hybrid linguistic framework

The aim of this research project is to create a hybrid linguistic framework, meaning one which incorporates several linguistic features, and which is capable of analysing empathy and empowerment as they occur independently and in combination with one another. The utility of a hybrid framework in this study is that it is adequately flexible and robust enough to analyse counselling interactions which are, by nature, complex. An assumption of this research design is that the use of combined and multiple methodologies is superior, for the project aims, as opposed to utilising a single methodology. This is not because the combination of methodologies is without its own flaws (for example, Glynos et al., 2009, suggest that the assumptions behind combining multiple methodologies to be used complementarily necessarily spotlights certain aspects of these methodologies, while disregarding their other functions) but the view that these methodologies are

complementary means that some of the relative weaknesses offered by individual methods can be overcome. The relative weaknesses of the approaches, and how the multi-method approach helps these weaknesses to be overcome, is further described in sections 3.5.1 to 3.5.3.

Designs which incorporate more than one overarching methodology have been referred to as being methodological pluralistic. Methodological pluralism, according to McLeod (2011) provides an ideal approach for analysing counselling interactions. However, there is a divergence of approaches which can be used when undertaking a methodologically pluralistic study. To clarify, this research project utilises a complementary approach to methodological pluralism (Barnes et al., 2014), meaning that the methodologies and approaches incorporated in this study (discourse analysis, conversation analysis, and pragmatics) offset the relative weaknesses each approach may be limited by. This means that the combined use of discourse analysis, conversation analysis, and pragmatics is additive, rather than that the methodologies are working competitively or to give alternate perspectives as they would be used in combination to do so, for example, in studies employing multiple methods for theoretical or methodological triangulation purposes.

The multi-method approach is additive in relation to linguistics research into counselling discourse, as Avdi and Georgaca (2007) describe how these have so far tended to either regard the 'micro' aspects or 'macro' aspects of therapist-client interactions. This is probably not only due to singular methods being used in other studies but also because research into therapeutic interactions has tended to fall into a single 'domain' which is familiar with using a specific, usually singular, methodological approach. For example, Smoliak and Strong (2018) explain that psychologists and sociologists tend to utilise discursive methods (like a discursive discourse analytic approach) because their focus tends to be on research outcomes. However, discursive analysts tend to focus on processes and so use 'micro' textual analyses, such as conversation analysis. The utilisation of discourse analysis, conversation analysis, and pragmatics allows these 'micro' and 'macro' aspects to become bridged which is important in the study of empathic and empowering communications in this context. For example, empathy can be considered 'locally,' as it occurs in verbal interactions (for example, see Scarvaglieri's, 2019 discussion) but a 'fuller picture' is offered when empathy is considered in relation to its broader aspects, such as to typologies of power which also exist at an extra-situational level. As outlined in sections 2.1 (about empathy) and 2.2 (about empowerment), both

empathy and empowerment have several facets, which can be analysed at both the 'micro' and 'macro' level.

Despite the use of methodological pluralism rising in recent years, particularly in qualitative research overall (Barnes et al., 2014), the combined use of discourse analysis, conversation analysis, and pragmatics utilised in this research project was only found to have been used in one other study. This study was Haworth's (2006) study, who the methodologists Simpson, Mayr and Statham (2019) complimented for enabling criticisms of conversation analysis existing in a 'social vacuum' (meaning, it does not consider the broader, social sphere) to be overcome, whilst allowing the alleged assumption that pragmatics and discourse analytic views of power being pre-ordained in any particular context to be offered additional nuance. In other words, the analytical strengths of conversation analysis, they say, allowed the more critical stances that pragmatics and discourse analysis took to be balanced, and weaknesses in the relative methodologies to be overcome. The purpose of combining discourse analysis, conversation analysis, and pragmatics is therefore similar to Haworth's (2006) in this research, as the focus, which will be described below, is on how these methods complement one another to provide a strong approach for analysing empathy and empowerment in person-centred therapeutic interactions.

In accordance with the aims in this study for the methods to be used in harmony with one another, the selection of discourse analysis, conversation analysis, and pragmatics has been made based on its overarching epistemological fit. Discourse analysis, conversation analysis, and pragmatics overall may all be broadly categorised as being critical linguistics approaches (Montgomery et al., 2017), meaning that their use is deconstructive. In other words, all three of these linguistic approaches can be used to recontextualise and structure texts, (rather than providing a 'surface level' content analysis) meaning that their analysis involves a deeper examination of the text to understand what is 'actually happening' in them. As has been discussed (in sections 3.2 – 3.4), discourse analysis, conversation analysis, and pragmatics can be understood in multitudinous ways, from being deemed as having a purely methodological use to being understood in more epistemological terms. Whilst sections 3.2 – 3.4 have so far outlined the position this research project takes on each methodology individually, the sections below in this chapter go further by describing how taking these perspectives allow these approaches to be used contiguously.

Although researchers who utilise critical methodologies can sometimes be averse to giving a single label to their analytic approach (especially considering the broader philosophical stance that some take about the methodology of discourse analysis being an 'umbrella' discourse study method, as opposed to a specific stance, as has been discussed in relation to Hammersley (2003) and van Dijk (2009) in section 3.2), the methodological approach taken in this research could broadly be understood to constitute a sociocognitive approach. That is, the pragmatics approach comprises a cognitive perspective to the analysis, particularly when it is considered in terms of it providing insights into what is happening 'behind the scenes' in relation to the interactions for empathic and empowering purposes being had by the interlocutors. Of course, the pragmatics approach here is also situated in social understandings of the data, primarily concerning the social constituents of the counselling situation, including the social relationship between the therapist and the client. The discourse analysis in this study is considered more as offering a social perspective, primarily in relation to its view about the broader social meaning of the utterances had in the interactions between the therapists and clients. As the positive discourse analytic approach utilised here (described in section 3.2) is based upon a critical discourse analytic approach, the analysis of power and, therefore, empowerment, are particularly highlighted by the inclusion of its methodology. However, this study also concerns how empowerment and empathy are related, meaning the discourse analysis is also used to analyse empathic communication in this context. The conversation analysis method has been included, as in the Haworth (2006) study, to add an analytical methodological approach which complements the critical analyses pragmatics offers. This could lead to the conclusion that conversation analysis is supplementary or included only in support of discourse analysis and pragmatics. However, the three methods are considered as holding equivalent weight and providing equally valuable insights into empathic and empowering communication in this research.

As has been outlined in the previous sections (3.2 – 3.4), the three conjoined methodologies differ in whether they offer an inductive or deductive analysis (for example, see the discussion by Glynos et al., 2009, about their differences). Whilst conversation analysis is broadly considered as being an inductive approach (meaning it is a 'micro' approach which offers generalisations across texts), and discourse analysis and pragmatics approaches are typically thought to be deductive (meaning they take a broader 'macro' perspective, and analyse text with a theory in

mind), the 'inductive' and 'deductive' categories are somewhat nebulous in these terms. For example, Peräkylä et al. (2008) describe that conversation analysis can, in fact, offer broader, more 'macro' interpretations, for example of the location of power within the interaction (such as being based on the design of turn construction, where the first person to speak could potentially be analysed as holding power). Discourse analysis, pragmatics and conversation analysis have been combined in this study on the proviso that their relationship, regarding induction and deduction, can be complex but that including traditionally 'inductive' or 'deductive' methods in a combined framework may be complementary rather than conflicting. To illustrate this point, whilst it may be considered that conversation analysis provides the analysis of analytical patterns and its meaning could be drawn out by other methods, the methods have in fact been used simultaneously in this research. In other words, it has been assumed that conversation analysis may potentially offer broader insights, whereas discourse analytic approaches (which could be considered to also comprise conversation analysis, in some instances) and pragmatics approaches may also provide 'micro' insights into what is happening in the text concerning empathy and empowerment, as it happens.

The use of methodological pluralism, of course, also has practical implications concerning how the analysis is enacted. As the methods have been utilised into a combined framework to emphasise their complementarity, this approach can be referred to as a 'composite' approach (Barnes et al., 2014), meaning that the findings (chapter 6) are presented concerning how they answer the research questions, as opposed to what each method has contributed individually. The discussion now moves to how each of the three methodologies interacts with the others in more specific terms, including how their combination with the other methods allows their potential analytical weaknesses to be overcome.

3.5.1 Discourse analysis and pragmatics

Discourse analysis and pragmatics both concern the analysis of language 'in use,' rather than focusing on the structure of language, as conversation analysis does, and therefore could be understood broadly as being functionalist approaches. This means that their use can be considered, as Puig (2002) describes, as being situated at a 'discourse' level. Whilst there are several similarities between the two

methods, making their collaborative use fruitful, there are also some notable differences. For example, discourse analysis must always contain a 'pragmatic' component, as it focuses on contextual matters. However, pragmatics would not necessarily in every case have a discourse analytic component as this is dependent on which aspects of pragmatics is being focused on. Furthermore, pragmatics could be understood, generally, to be more theoretically oriented and focused upon implicit meanings than discourse analysis. However, discourse analysis, generally, could be constituted to be more empirically oriented, which is largely based upon how broadly 'discourse analysis' has been constituted (for example, discourse analysis, arguably, may also include conversation analysis).

Both discourse analytic and pragmatic approaches to linguistic analyses may be concerned with co-constructions. Pragmatics approaches are utilised in this study to understand co-constructions with relation to what this indicates about the communication of empathy and empowerment in counselling interactions with relation to what the counselling context, and therapist-client relationship, enables to be said. This, of course, means that pragmatics can be inclusive of understanding empowerment. However, the discourse analysis adds further depth by enabling the consideration of how meaning is built in therapist-client interactions. Pragmatics also offers this and is considered primarily in relation to its cognitive aspects in this study (a sociocognitive pragmatics approach is taken but pragmatics is additive, in relation to the combined used of pragmatics and discourse analysis, owing to its consideration of cognitions). Although discourse analysis could also be considered as sociocognitive, depending on how you interpret what a discourse analysis is, in this context it is considered in relation to the meaning that is co-constructed in therapist-client interactions. This is a subtle difference but, for example, the pragmatics approach in this study means that what is occurring 'in the background,' or 'invisibly' of the interaction, for example concerning the uptake of meaning is concerned. However, the discourse analytic approach considers how the content of what is said shapes therapeutic processes, like empowerment and empathy, and how this too is shaped by the context. For example, whether the client accepts the therapists' talk intended to aid their empowerment is determined by cognitive processes, such as whether the client understands the speaker's intention and, so, how they interpret what has been said. As Puig (2002) clarifies, this means that discourse analysis fully retains its focus on language whereas pragmatics approaches add information about additional aspects of human activity, such as

intentions, knowledge, feelings, and beliefs (although discourse analysis could, potentially, also cover these aspects for example when it considers the consequences of power differentials in discourse).

The discourse analysis adds how the meaning in the interpretation made by the client is based on the overarching power implications relating to societal factors of the therapist-client interaction, and counselling institution. In this respect, discourse analysis and pragmatics are better used in combination to provide a 'discourse pragmatic' approach than used competitively, as they provide some overlap for understanding empathic and empowering communication in this context.

Discourse analysis and pragmatics approaches have been merged in other studies too. For example, Pounds' (2012) empathic speech act research utilised a discourse pragmatic approach to understand the linguistic realisations of empathy in person-centred contexts, and this research project has been somewhat inspired by these findings. Pounds' (2012) findings demonstrated an empathic linguistic framework which was based upon Searles' (1975) expressive speech act (from the field of pragmatics), but which was additive in terms of being used to consider how empathy was made to happen in discourse between doctors and patients. The discourse analytic aspect of this research therefore considered the specific context of the physician-patient interaction and how it shaped, and was shaped by, the empathic speech. This is included here, primarily, to demonstrate how empathic speech has been considered in relation to both pragmatics and discourse analysis in previous studies.

3.5.2 Conversation analysis and discourse analysis

Although conversation analysis can be considered as discourse analysis, this is contingent on the definition of discourse analysis being assumed. In this research, discourse analysis and conversation analysis are understood to be distinct so separate from one another, meaning a more 'moderate' approach has been assumed. The disparities between whether discourse analysis and conversation analysis can be considered within the same category, or whether they are distinct, is based upon whether they are considered in relation to their epistemological theory or their methodological practice. In the present study, discourse analysis and conversation

analysis are considered as being distinct methodologies with a common root. To provide a brief history on the methods, both discourse analysis and conversation analysis (if considered separately) have a common epistemological root in phenomenology (which person-centred therapeutic theory also has). However, at a later stage conversation analysis and discourse analysis experienced ontological divergence. Whilst conversation analysis was given an ethnomethodological category (meaning its view is that reality is 'out there' and can be accessed, for example by examining speech), discourse analysis was considered in social constructionist terms (meaning that 'reality' is subjective, and constructed in, and by, interactions) (the situation of discourse analysis as being social constructionist is likely because of its growing use as a social sciences method which can, of course, also include linguistics, should linguistics be conceptualised as being a social sciences topic). This was complicated by some discourse analysts defining conversation analysis as being an aspect of discourse analysis instead of a distinct method (see Wooffitt, 2005), meaning whether conversation analysis was empirical or social constructionist is also a matter of debate (the implications being whether conversation analysis can be used to understand broader constituents, like power, per Wooffitt's, 2005, view, or not, so also determining how generalisable the findings from conversation analysis may be).

Theorists such as Wooffitt (2005) have debated the extent to which discourse analysis and conversation analysis can be used in combination. Whilst Wooffitt (2005) argues for their cross-fertilisation and focuses on their complementarity, researchers like Schegloff (1997) take a 'purer' view about the use of each method, arguing that discourse analysis inevitably imposes its political views upon conversation analytic practice, meaning they should not be combinable as conversation analysis should be free of researcher values (the extent to which this is possible is, naturally, discussed in the literature but is beyond the scope of this discussion). This debate appears to be a problem of whether discourse analysis and conversation analysis are defined as being self-sufficient paradigms, or whether they are considered as being methodologies (Hammersley, 2003).

For reference, this research follows Hammersley's (2003) view that they be understood as methodologies. Further, this makes them a good fit with the study of person-centred therapy which also holds a phenomenological background. Assuming the view that discourse analysis and conversation analysis be considered as distinct methodologies allows a degree of flexibility in their use in this study and

the ability to use them in a complementary fashion. In other words, discourse analysis is used in this study to research how empathy and empowerment are constructed in therapist-client interactions in person-centred therapy, whereas conversation analysis is used complementarily to understand the structural and empirical manner in which these constructions take place. In terms of the practical implications for these findings, it is assumed that conversation analysis can be generalisable across transcripts (hence linguistic features being considered in relation to empathy and empowerment across five series of case studies), yet that their broader implications are based on meanings drawn out by discourse analysis and pragmatic inferences (Spong, 2009) (although conversation analysis also does this, to some extent, in this flexible view). The intent of using discourse analysis and conversation analysis in combination with the assumptions described above are that this leads to more creative practice, per Avdi and Georgaca's (2007) recommendations, meaning here that multiple aspects of empathic and empowering interactions in this context may be considered.

3.5.3 Conversation analysis and pragmatics

Conversation analysis and pragmatics approaches have been merged successfully with one another in several studies. Some branches of pragmatics purposefully utilise conversation analysis to enable an approach to analysis which aims to avoid pre-existing theory (Grundy, 2008). Furthermore, similarities between the pragmatics and conversation analytical approaches have been outlined, for example Sidnell (2010) describes how the idea of action in interaction in conversation analysis has similarities with the concept of the speech act in pragmatics analysis, as both concern how interactions make actions happen (for example, how empathy and empowerment are made possible via interactions). Therefore, pragmatics and conversation analysis have overlaps in their approaches so are used complementarily in this study. However, their discrepancies are such that their potential shortcomings are also benefited by their combination in use in this study.

The benefits of combining pragmatics and conversation analysis are summarised by Drew (2017), who outlines how the ability to analyse the necessary conditions for understanding speech offered by pragmatics analyses are benefitted by the ability of conversation analysis to highlight the grammatical and sequential forms which enable speech to happen. For example, the pragmatics analyses can offer

information about processes like empathic and empowering interactions and how these become action in this context, whereas the conversation analysis method can be used to analyse closely, at the 'micro' level, how the implicature of empathic and empowering communication into action has occurred over the course of turns. The pragmatics analysis is therefore of particular use in this context by demonstrating how the same utterance may have multiple meanings depending on the perspective of the interlocutor. In other words, the therapist and client may interpret a turn in different manners depending on their relative position, and this can be shown via pragmatic inference.

At the same time, conversation analysis can offer empirical details of how empathy and empowerment are given meaning by identifying how this unfolds in structural terms, for example via the location of their expression within a sequence of turns. This is related to the interactional pragmatics approach described by Elder and Haugh (2018) which demonstrates how pragmatic inference can be made in a co-constructed 'third turn'. To explain and locate that understanding in this research context, whilst empathic communication might be intended by the therapist in an initial turn, the client might accept or reject this and so experience empathy in a subsequent turn. However, the co-constructed meaning of the turn being empathic may become clear when it is accepted or rejected in a further turn overall.

The ability to consider the meaning in co-constructions can also be enhanced via the use of discourse analysis, as has been described above. In this study, conversation analysis enables the analysis of how empathic and empowering processes happen structurally, for example by their sequencing, whereas the pragmatics analysis allows an understanding of how empathic and empowering speech has different implications depending, for example, on the perspective of the therapist and client. The inclusion of the discourse analysis, furthermore, allows a further perspective on the overall analysis, particularly about the broader social context in which the empathic and empowering interactions have occurred, and of the nature and ethos of the person-centred therapeutic context, and therapeutic institution more generally.

Overall, this section has regarded how discourse analysis, pragmatics, and conversation analysis are used to analyse empathy and empowerment in this research, including how their use may be considered in complementary terms to form the overarching hybrid methodology which is utilised in this project. The

discussion now moves to the linguistic features which comprise the framework for analysing empathy and empowerment in person-centred therapeutic interactions.

4. Introducing linguistic features, categories and strategies and developing a linguistic framework

Research literature from linguistics, person-centred therapy, other related psychotherapeutic contexts, and related health sciences domains were first mined to create a list of linguistic features, categories and strategies which potentially had utility for analysing empathy and empowerment in person-centred therapeutic interactions, and which fit with the overarching methodologies outlined during chapter 3. This meant that a broad approach was taken at this stage, resulting in the framework differing in the level of granularity of the linguistic features, categories and strategies which are outlined during this chapter. The following sections of this chapter detail the linguistic features, categories and strategies which were piloted in this study, and how other theorists have considered their use in relation to the aims of this thesis to analyse empathy and empowerment in person-centred therapeutic interactions.

The purpose of looking for linguistic features, categories and strategies was to build the framework. The linguistic features, categories and strategies were first piloted (this is discussed in more depth in chapter 5). Discussion about the following features, categories and strategies is to demonstrate the rationale for including them during piloting. Only five linguistic features were retained following the piloting period. Therefore, the five retained linguistic features are discussed first (section 4.1 – 4.5), followed by the features, categories and strategies which were not retained (discussed in section 4.6). In some instances, the features, categories, and strategies have overlap but they have been considered separately at this stage because the piloting period was also used to determine whether any of the features, categories and strategies should be subsumed under others. Comments are made throughout this chapter when similarities between the features, categories or strategies have been observed or theorised, when this has been possible to do so prior to analysis, during this phase.

4.1 Uses of reformulations for empathy and empowerment

A therapeutic reformulation refers to a response made to a client by a therapist which summarises the content of the previous turn taken by the client (Muntigl,

2007). Therapeutic reformulations have predominantly been considered in relation to theoretical debates about the potential implications of their use for influencing the situation of power in humanistic studies, including of person-centred therapy (for examples, see Muntigl, 2007). This has meant that there have, so far, been few studies which utilise linguistic methods to analyse therapeutic reformulation use exclusively in person-centred therapy. This section therefore begins by describing linguistic conceptualisations of therapeutic reformulations in other therapeutic contexts to demonstrate the importance of analysing their use for empathy and empowerment in person-centred therapy.

A first conceptualisation of reformulation use is provided by Antaki's findings (for example, Antaki et al., 2005) from his studies which used conversation analysis, but which regarded therapeutic reformulation use in therapeutic contexts external to person-centred therapy. Antaki, working with colleagues, first defined successful therapeutic reformulation use as comprising the therapist repeating a client's own language to summarise, explain, describe, or detail what the client has said during their previous turn(s) (Antaki, Barnes and Leudar, 2005). In terms of person-centred therapeutic aims for empathy and empowerment, therapeutic reformulations may feasibly involve the therapist giving a summary or description of what has been said by the client during their previous turns. However, a person-centred therapist may be less likely to explain or detail what has been said by the client, should explaining or detailing imply the therapist introduces content from their own frame lest this compromises the aims for client empowerment.

In his later work, (Antaki et al., 2008) clarified variations of therapeutic reformulations which may be studied by therapy researchers. His typology of therapeutic reformulations regards reformulations either in terms of their 'local' use or their 'general gloss' use. Both local and general gloss explanations of therapeutic reformulations are derived from conversation analytic theory. Local explanations regard Heritage and Watson's (1979) conversation analytic view about there being a logical structure to reformulation use – usually that a person initially takes a turn, then their interlocutor reformulates the turn taken by the first speaker. The reformulation made by the hearer in this theory relates to the hearer presupposing the meaning they have found in the speaker's initial turn by transforming their words, and assuming their meaning will be agreed upon. In other words, explain

Antaki et al. (2008), the hearer gets their views on record. In contrast, the second type of reformulation use Antaki et al. (2008) outline regards the general gloss version. This is based on Garfinkel (1967) and Sacks, Schegloff and Jefferson's (1974) theories of conversation analysis, which Antaki et al. (2008) state is a perspective less regarded by researchers overall but most used by conversation analysts and discourse analysts. The general gloss view states that reformulations are used to summarise the entire interaction (rather than just the preceding turn). In other words, the general gloss type of reformulation regards 'where we both are in conversation,' in contrast to the local type which regards only the previous turn.

In terms of the present study, insights are taken both from the local and general gloss explanations of reformulation use outlined by Antaki et al. (2008). This is possible because the local and general gloss views of reformulations can overlap so are not necessarily distinct. Firstly, the local reformulation type allows turns to be understood in sequences relating to their immediate uses for empathy and empowerment, per the inclusion of conversation analysis in this study (outlined during chapter 3). However, the local view would regard the therapist as getting views on record during their reformulation use, whereas the present research understands that this would occur during co-constructions of meaning, hence the utility also of the interactional pragmatics and discourse analysis approaches (both also outlined during chapter 3). Aspects of the general gloss version are therefore also incorporated during this study, particularly regarding how therapeutic reformulations may include summaries of the entire interaction, for example should discussion about how the client is experiencing therapy occur to encourage client empowerment.

A second conceptualisation of therapeutic reformulations is taken from Wu's (2019) recent conversation analytic research. Wu (2019) found that reformulations for empathy, in other therapeutic settings, can be summarised in terms of whether they constitute 'gist' or 'upshot.' To clarify, a reformulation by gist refers to the therapist summarising what has been said during previous turns whilst avoiding an evaluation of the content of what has been said, and not including any new content. Conversely, a reformulation by upshot refers to the addition of evaluative content of the therapist's position about what has happened or has been said so far. The reformulation by gist would be acceptable for therapeutic reformulations in person-

centred therapy, whilst reformulations by upshot would constitute the therapist potentially disempowering the client hence should not be used in person-centred therapy.

Both definitions of reformulations (by gist and upshot) will, at least initially, be considered in this study owing to the potential for client reformulations. Little has been written about client reformulations in person-centred therapy, including whether they occur at all, whether they might be used for empathic and empowering purposes, nor with consideration for the person-centred therapeutic context. Client reformulations might be possible and even potentially be useful for empathy and empowerment. As an illustrative example, a client reformulation (should they exist) may be helpful for therapists wishing to gain empathic understanding of the clients, should the client use a reformulation to offer a summary of their experience.

While reformulation use in person-centred therapy has not been considered regarding its linguistic realisations, this has been considered in a different humanistic therapeutic context. Muntigl (2007) studied reformulation use in narrative therapy (which differs from the aims of person-centred therapy, but which shares a commonality as both are classified as 'humanistic' approaches). Furthermore, Muntigl (2007) utilised a discourse pragmatic approach (using a metapragmatic, and a systematic functional linguistics analysis to aid discourse analysis) to analyse reformulations, hence his research design has similarities with the design being used in this project. He explains that reformulations may be categorised into two types. Firstly, reformulations may be used for making conversational repairs, which he says is uncommon in therapy. Secondly, reformulations can be used by therapists to construct problems by reworking or clarifying meanings. The second type (concerning constructing problems) is conceptualised into three further subtypes, whether by 'exemplifying' meanings with relation to previous therapeutic content, 'generalising' meanings, meaning making a summary of what has been previously said, or by 'corresponding,' meaning by summarising what was said in different words. An example of a reformulation to exemplify would be the therapist relating content to another turn that had been taken, either earlier in the same therapeutic session, or during an earlier therapeutic session (for example, "this reminds me of when you told me about…"). Therapeutic reformulations to exemplify are unlikely in person-centred

therapy because they implicitly comprise the therapist speaking from their own frame by introducing new concepts the client may not have considered. An example of a reformulation to generalise would be the therapist summarising what had been said (for example, "what I'm hearing is…"). The generalising type of reformulation has similarities with Antaki et al.'s (2008) definition which was previously described in this chapter, and could potentially be used in person-centred therapy, providing it summarises what has been said rather than adds new information (because this might risk being disempowering). An example of the corresponding type of reformulation would be the therapist commenting on what has been said by the client using different words (for example, "So you have described how…". This type of reformulation is likely in person-centred therapy, as it allows the therapist to reformulate therapeutic material in a manner that adds their own empathic interpretation. However, the content of the corresponding type of therapeutic reformulation must also originate from the frame of the client to ensure that it is also empowering. In other words, it must accurately summarise what the client has said whilst being put in words that are relevant for the client.

This raises a question regarding how it is possible to know that a therapeutic reformulation, whichever of the forms outlined above it has taken, has been successfully empathic and empowering. This provides the rationale for including the analysis of client responses to therapeutic reformulations during this study. In linguistics research studies, client responses to reformulations have mostly been framed in terms of client empowerment. For example, Antaki, Barnes and Leudar (2005) found that clients tended to respond to therapeutic reformulations by either confirming or disconfirming what the therapist had said. Such client responses are also relevant for empathy as client confirmation, they found, typically involved the clients 'evidencing' what the therapist had said by use of adding autobiographical material. Hence, a confirmatory response by the client was helpful for the therapist aiming to undertake an empathic check, and form their following empathic turns, and was also empowering for the client when it included them adding their own perspective.

Voutilainen and Peräkylä (2016) also highlighted client responses to therapeutic reformulations which were not confirming (they were used to disconfirm). They concluded that clients may resist responding to therapist reformulations by

pretending to forget, by claiming they did not understand what the therapist had said, by changing the topic of conversation, by being silent, or by responding minimally when a longer response would usually be anticipated. Davis (1986) explained that disconfirming responses by clients could be empowering for them as they allowed the client to break the conversational rule that conversation should be organised for solidarity (also described by the pragmatics theorist Grice, 1989). However, Pomerantz (2008) explained that interlocutors, in general terms, are less likely to disagree in a direct manner, and are more likely to agree overall. When an interlocutor does disagree, Pomerantz (2008) explained, this is likely to occur in a 'weak' manner, for example by disagreeing over multiple turns, by attempting a repair, by using minimal tokens to express discomfort, or by using a weakened 'agreement plus disagreement' response (for example, "yes, but actually…").

The discussion now moves to how reformulations, in therapeutic settings external to person-centred therapy, have been analysed in relation to empathy and empowerment. Velasquez and Montiel (2018) found that the use of therapeutic reformulations allows the therapists to check that they are in the same empathic frame of reference as the client, and to guide their subsequent therapeutic turns. Furthermore, they add that client responses to therapeutic reformulations are empowering for the client as the invitation for a client response which is made implicitly by use of a therapeutic reformulation demonstrates to clients that their input is valid and that their contributions hold equal 'weight' to those made by the therapist. Johnstone (2018) states that reformulations might also position the client in a powerful 'expert' role, meaning that their use by therapists can be empowering for clients. In terms of empathy, Scarvalieri (2019) argues that the use of therapeutic reformulations allows therapists to communicate their empathy for the client, whilst Kupetz (2014) suggests that client responses to therapeutic reformulations may serve as an empathic check which allows therapists and clients to co-construct empathic therapeutic communication.

Further studies have considered how therapists might combine reformulations with other linguistic features for empathic and empowering purposes. For example, Antaki et al. (2008) found that reformulations were sometimes followed by a question to encourage the client to confirm or disconfirm the content of the therapeutic reformulation. Therefore, reformulations and questions might be

combined by the person-centred therapist to provide a 'space' for client responses, which would encourage their own empowerment, and which could lead to subsequent empathic 'action' by the therapist.

Another study by Muntigl (2004) found that metaphors were sometimes incorporated into therapeutic reformulations so that the therapist could indirectly assign blame and responsibility, which might link to empowerment. However, it is unclear at this stage whether combining metaphors and reformulations to assign blame and responsibility would be workable in person-centred therapy as Muntigl (2004) studies narrative therapy which assumes a different approach to empathy and empowerment.

Research which regards therapeutic reformulation use for empathy and empowerment in the specific context of person-centred therapy would help to fill some of the gaps described while critiquing the studies above. However, some person-centred therapists dispute whether therapeutic reformulations should be used in person-centred therapy at all. One perspective, shared by Davis (1986), and Martin and Rose (2013) is suggestive that therapeutic reformulations should be altogether avoided in case their use is perceived as being an indirect request for action for the client to become emotionally involved. For example, they argue that therapeutic reformulations highlight particular aspects of client speech, which risks clients considering that the content which has been progressed by the therapists holds particular significance because it is being discussed to the detriment of other topics the client has raised. In this view, the meaning of the clients' turn has been given significance by the therapist, as it is the therapist who summarises the content of the client's speech, so has the 'final say' about its assumed meaning. This perspective can be considered in terms of the theory about pragmatics which was outlined during section 3.4. The meaning of the turn by the client is assumed and made relevant by the therapist who puts this on record during their reformulation. As the present study regards interactions and is aligned with an interactional pragmatics view (see section 3.4), and because it regards co-constructions of meanings (for example, made viable by discourse analysis, see section 3.2), the critiques of whether therapeutic reformulations should be used lest they pose a threat to empowerment are not accepted in this study.

Rather, the aims of the present study mean that it is preferential to consider *how* reformulations are made empathic and empowering during sequences of interactions (including the third turn from conversation analysis, also utilised by researchers using interactional pragmatics, see section 3.4). In addition, the argument about whether therapeutic reformulations should be used in case they hinder client empowerment in person-centred therapy do not treat therapists and clients in egalitarian terms, hence do not comprise person-centred therapeutic theoretical aims (see chapter 2), providing another reason not to progress this consideration during this study. Furthermore, the critique about the potential disempowering effects of the therapeutic reformulation disregards how therapists and clients may have the same aims, so clients might also wish for the emotional matters the therapists highlight to be discussed during subsequent turns. Indeed, the clients may provide 'hints' in their own turns which suggest this is the case. And, additionally, clients may indicate this in their own responses to therapist reformulations. For example, as made possible to consider by incorporating conversation analysis in this study, clients might change the topic or show resistance in response to the therapist's reformulation should they dispute this (for example, see Antaki et al.'s, 2008 work).

In sum, this chapter proposed various definitions for therapeutic reformulation use. By doing so, it showed how therapeutic reformulation use is possible in person-centred therapeutic practice whilst simultaneously meeting the aims for empathic and empowering communication. In particular, Antaki et al.'s (2008) findings of local and general gloss reformulations have utility for this project. Further, Wu's (2019) definition of reformulations by gist or upshot were outlined to demonstrate both that reformulations can be used to meet aims for empowerment, and that client use of reformulations may be possible. Muntigl's (2007) definition of reformulations demonstrated both the complicity of therapeutic reformulations with person-centred therapeutic aims, and the value of using a discourse pragmatic approach. This section also demonstrated why interactions, including client responses to therapeutic reformulations, are crucial to study. Furthermore, the value of researching reformulations for empathy and empowerment has been shown with reference to studies of reformulations in other therapeutic settings. These latter studies also demonstrated the purpose of studying reformulations with reference to

their combinations with other linguistic features for the purposes of analysing empathy and empowerment in person-centred therapeutic interactions.

4.2 Uses of metaphors for empathy and empowerment

A similar definition for metaphor is used in this project as has been assumed by Cameron (2007), namely that metaphors refer to a specific lexical item being referenced in terms of a topic from another semantic field. Additionally, the lexical item used must imply a potential change of meaning. A colloquial example (used because it relates to emotions so could feasibly be used in psychotherapeutic talk) might be the use of, "cry me a river," where 'a river,' refers to a person crying heavily. In this example, tears are being referred to in terms of a different semantic field (a river), so the metaphor included in, "cry me a river," adds meaning regarding the intended message by the person who uses it. In a different work, Cameron and Deignan (2006) describe how metaphor analysis can be considered at varied levels, including linguistic (lexico-grammatical), conceptual (its meaning), and pragmatic (its culturally shared meaning), hence the need for a linguistic analytical approach capable of analysing these varied levels. Furthermore, as Gibbs (2010) states, metaphors can be understood in terms of their source and target domain, where the source domain refers to the location from which the metaphor is drawn from, and the target domain refers to the 'immediate' meaning of the metaphor. In other words, in this study metaphors are not analysed only in terms of being similes, nor only as a 'figure of speech,' (Lakoff and Johnson, 1999) rather a sociocognitive approach is assumed which considers the use of metaphors at various 'levels,' including by connecting linguistic metaphors with their local discourse context and broader social context, as well as with cognitive concerns like mental processing, per recommendations by Cameron (2014).

The metaphor analysis in this project is therefore guided both by the relevance theory view of metaphors, and by cognitive metaphor theory. Views about how the interpretation of metaphors is done on an 'ad hoc' basis, which originate from relevance theory (for example, as proposed by Sperber and Wilson, 1995), are followed in this study. Although relevance theory is not one of the overarching pragmatics methodologies being used in this study, it is being assumed here owing to its utility for understanding metaphors, and its ability to be considered with reference to the overarching sociopragmatics and interactional pragmatics

approaches. However, the analysis of the content of metaphors in this study is informed by typologies proposed by cognitive metaphor theorists (for example, Lakoff and Johnson, 1980). The assumption, to some extent, of both approaches to analyse metaphors in this study follows suggestions by Wilson (2011) about there being some compatibility between relevance theory and cognitive approaches to metaphor analysis. Further explanation of how this study utilises insights from relevance theory follows.

Relevance theorists posit that hearers make sense of metaphors by interpreting their meaning 'ad hoc,' meaning that hearers use contextual information to aid their understanding of the intended meaning of the metaphor which has been used by the speaker (for example, see Sperber and Wilson, 1995). In this view, stored cognitive metaphors are adjusted in use by hearers. To provide an illustrative example, a client undertaking therapy would interpret the meaning of a metaphor which has been used by the therapist by considering how it might be led by the role of the therapist and the therapeutic institution overall. Similarly, the therapist might assume the meaning of a metaphor used by the client in terms of the client's role within the therapeutic institution. In this study, it is additionally assumed that contextual factors used by the hearer to assume metaphor meaning ad hoc can also relate to the other linguistic features which are used for empathy and empowerment (and these are also discussed in other sections throughout chapter 4). It is proposed that the relevance theory of metaphors provides a useful conceptualisation for understanding how metaphor use is made empathic and empowering in the context of person-centred therapy.

It is because empathy and empowerment are overarching aims of person-centred therapeutic practice that therapists and clients should infer that metaphors are being used by the other party to imply content which is being used for empathic and empowering purposes. The client may not, of course, necessarily understand the intent of the therapist in terms that the therapist is aiming to be 'empathic' and 'empowering.' However, the clients will understand that the broader therapeutic aims are to progress their therapy hence should interpret that the metaphors used by the therapists serve a therapeutic purpose, such as to aid their progress. By aiming to infer the meanings of metaphors used by the therapists, the clients should infer meaning which has personal and contextual relevance and, ideally, signal that this

has been the case during their subsequent turn. The response by the therapists will allow the meaning inferred by the client to become co-constructed by being put 'on record' (see the discussion about pragmatic co-construction of meaning during chapter 3). Furthermore, the interpretations made by the therapists of metaphors which are introduced by the clients enable the therapists to ensure that their turns made in response to the clients' metaphor uses are made for empathic and empowering purposes. To be empathic, the therapist should respond to the inherent meaning of the client's interpreted metaphor, including in terms of its implicit feeling. Cameron (2010) describes strategies for using metaphors for empathic purposes, although this in the context of reconciliatory conversations, rather than person-centred therapy. For example, Cameron (2010) gives the example of metaphors relating to journeys being used for empathic purposes. Furthermore, Cameron (2010) suggests that metaphors may be analysed at a 'higher level,' including that metaphors relating to connection may also be indicative of the relationship between the interlocutors. Although not writing in the context of person-centred therapy, Cameron's (2010) insights include how metaphors may be selected for empathic purposes based on the preference of an interlocutors' metaphor use, which may include by adapting metaphors previous used, and by using metaphors to ask questions.

To be empowering, the therapist should encourage the client to guide the following turns by utilising the meanings the client has ascribed to the therapist's metaphor use, or which are implicated by their own introduced metaphor. A metaphor introduced by the client may also have an empowering and empathic function as the meaning of the metaphor inferred by the therapist during a second turn should, ideally, be confirmed or disconfirmed during a third turn by the client. This demonstrates the usefulness of applying the relevance theory of metaphors to sequences of therapist-client interactions in this study.

The relevance theory of metaphors provides a relatively flexible theory for analysing metaphor uses for empathy and empowerment in person-centred therapy. As the inference of the meaning of metaphors is understood to occur ad hoc by hearers, the assumption of relevance theory in this study merges well with the other methodological approaches, like the interactional and sociopragmatic approaches, which are being used to inform the analysis of contextual factors. The relevance theory of metaphors is also conducive to being merged with the use of discourse

analysis. For example, Musolff (2012) has theorised that relevance theory (being used to modify a cognitive approach) may be situated within a critical discourse analysis to inform how causal factors result in one inference being made over another during metaphor comprehension. The suggestion to merge critical discourse analysis and relevance theory for metaphor analysis is not too dissimilar to the research design of the present study which considers the relevance theory of metaphors within a broader discourse pragmatic framework. Metaphor inference is also analysed here in relation to its broader critical meaning but is considered specifically in relation to the positive aspects of power (namely, empowerment). And in this study, the discourse pragmatic approach is also being considered in relation to empathy. Despite the disparity of focus, the analysis of metaphors in this research project is aligned with Musolff's (2012) suggestion that relevance theory can be successfully merged with discourse analytic approaches. Furthermore, Yu and Tay (2020) have used a mixed methodological approach, including discourse analysis, and on data from the same source as the present research project, to analyse metaphors. Although their study was not in the context of person-cented therapy, it does highlight the utility of a mixed method approach, including discourse analysis, in psychotherapeutic and counselling contexts.

The discussion now moves to describe how conceptualisations from the cognitive metaphor theory are being used in this work. Cognitive metaphor theory (for example, outlined by Lakoff and Johnson, 1980) regards metaphors as being cognitively mapped. This implies that the meaning of a metaphor can be inferred by a hearer accessing a cognitive representation of the metaphor. The implications of the cognitive metaphor theory are that there are potentially 'universal' meanings of each metaphor, although this is dependent on one's definition of 'universal.' In terms of person-centred therapy, a client or therapist (as hearer) would be able to understand the meaning of a metaphor used by the speaker owing to both interlocutors having a (at least broadly similar) cognitive representation of the meaning of the metaphor. The present research project proposes that empathy and empowerment are necessary to 'work at,' involving certain linguistic features which can be used successfully for empathy and empowerment to some extent. This assumption provides a better fit with the relevance theory views of metaphors because it proposes that empathy and empowerment are built in interactions which are informed by linguistic choices which are also related to external factors, such

as relative social power (for example, see how empowerment is related to egalitarianism in person-centred therapy in chapter 2). Relevance theory therefore provides a better fit for analysing metaphors used for empathy and empowerment in person-centred therapeutic interactions because it offers flexibility for analysing complex counselling communications, which may also be informed by contextual factors.

However, some of the categorisations produced by cognitive metaphor theorists are used in this work, owing to their usefulness for analysing the meaning of metaphors in terms of their content. These categorisations are taken from Lakoff and Johnson's (1980) work. For example, orientational metaphors will be considered during analysis, which refer to metaphors which relate to common 'embodied' experiences, like walking in an upright manner when one is feeling happy. Tay (2014) has also described how personal experiences are embodied, including how they are conceptualised at grammatical, semantic, and discourse levels. Such metaphors will be considered during analysis owing to their potential for analysing empathy and empowerment. For example, the orientational metaphor may potentially be used for empathic purposes in person-centred therapy as its meaning may refer to emotions, which are a key aspect of empathic communication.

Person-centred therapy and metaphor research authors have also suggested that particular 'types' of metaphors tend to be used by therapists and clients during psychotherapy. For example, Levitt, Korman and Angus (2000), and Charteris-Black (2012) found that clients tended to use metaphors relating to their presenting disorder, for example by using descent-related metaphors (like 'falling') when ill with depression and ascent-related metaphors (like 'rising') when they were recovering. Further, Knapton (2020) described how people with anxiety disorders tended to use space-related metaphors, although this was not in the context of person-centred therapy. Although tracking recovery and naming individual disorders is beyond the scope of this research project, these findings are briefly outlined should they indicate the presence of, and so also the utility of, analysing repeated metaphors in person-centred therapeutic interactions.

Although linguistic theory has, so far, infrequently been applied to person-centred therapeutic practice, there are some notable similarities between the relevance

theory view of metaphors and research findings about metaphor use in the person-centred therapeutic context. Firstly, findings into the usefulness of metaphors for communicating and clarifying complex thoughts in person-centred therapeutic practice are similar to the assumptions made by relevance theorists concerning how metaphors are used to communicate complex thoughts which may be unclear but need not be metaphorical themselves (as described, for example, by Wilson, 2011). For example, metaphor use has been likened to poetry by researchers (for example, Barrett-Leonard, 1993) owing to their use being to represent aspects of the human experience which can be difficult to verbalise. Barrett-Leonard (1993) also described how metaphor use allows interlocutors to express their internal states in an alternate manner, meaning that their use may have utility for clients of therapy who find it difficult to articulate their internal processes. He recommended that therapists should, therefore, use client metaphors to aid their empathic communication by using them to understand the clients' frame of reference which may, otherwise, be ill-expressed. Törneke (2020) further suggests that therapists might purposefully use metaphors to provide clients distance from their feelings, and to be instructive, although the latter suggestion to be instructive would contradict the suggestion to be non-directive in the context of person-centred therapy being examined here. The use of metaphors by clients therefore has a functional purpose with relation to empathy and empowerment in person-centred therapeutic interactions. Firstly, the use of metaphors may be empowering should they help clients to articulate experiences and feelings they otherwise feel unable to. And, secondly, by clients using metaphors in this manner, therapists may be given information about the client that they would otherwise potentially not be able to access, hence they are offered information which may be useful for an empathic check.

Despite the purported benefits of metaphor use in psychotherapy, including for empathy and empowerment purposes, including because they are resonant, vivid, memorable, concise, and create a 'third' discourse space for interlocutors to co-create meaning (Cameron, 2010), Cameron (2010), also highlights that the absence of metaphors can strengthen emotional talk, for example by allowing a person to present their emotions in a particularly 'blunt' and affecting manner. The choice to use metaphors in psychotherapy might therefore not be best considered as being for the purposes of rhetoric – rather, their use by the client might be considered as

functioning to help them express ideas they would find difficult to express in other terms. Further, if the lack of metaphors can convey an emotional message more strongly, perhaps the use of metaphors by therapists is not to persuade or convince but to avoid disempowerment by 'weakening' their intended message. This point is being included speculatively because little research has considered these issues in the context of person-centred therapy. What can be anticipated, however, is that metaphor use tends to be clustered in psychotherapeutic talk (Cameron, 2010), and particularly frequent in emotionally dense talk, although they are often unevenly distributed (Cameron, 2014) which may be supportive that the meaning of metaphors is built during co-constructions, per the theory being presented in this thesis.

Concerning the view taken in this research that metaphors are given meaning 'ad-hoc' in interactions (the relevance theory view), most of the research into metaphor use in therapeutic contexts has concerned their individual use (by either the therapist or client), as opposed to how they are used interactionally (Worsley, 2009). O'Keefe, Clancy and Adolphs (2011) and Avdi and Lerou (2015) found that metaphor use allows therapists and clients to discuss sensitive matters in a 'removed' manner which, they say, has utility if the topic of discussion is especially traumatic or embarrassing. Metaphors may therefore be considered a more empathic use of language for broaching topics the client finds difficult to discuss. However, Tay (2020) found that therapists tended to use metaphors when discussing situations rather than people, which could mean that therapist metaphors are, in fact, not being utilised for empathic purposes should client feelings and emotions not be being addressed. Tay (2020) suggests that his findings foregrounds the need for linguistic analyses to incorporate contextual details to add details regarding the complexity of how metaphor use is co-constructed. Although he was not writing in the context of person-centred therapy, Tay's (2020) conclusion here is relevant for the present research project, which considers empathy and empowerment by using multiple methods which are sensitive to contextual details regarding how these processes are built in person-centred therapeutic interactions.

Some recent research evidence has also been given to the use of metaphors for therapeutic purposes in cognitive-behavioural therapy (Ferrari, 2020). For example, Mathieson et al. (2020) suggested that metaphors act as a 'bridge' to

enable clients (or 'patients,' to use the appropriate terminology for cognitive-behavioural therapy) to discuss feelings and experiences they otherwise would find difficult to describe. Mathieson et al. (2020) also highlight the difficulties in analysing metaphors as they are used in psychotherapy, which they attribute to finding it difficult to select a methodology. Their comments are made on the basis of cognitive-behavioural therapy, which has an empirical basis, while the focus on person-centred therapy in the present study befits the qualitative linguistic methodological approach which has been outlined in the introduction of this thesis. However, this study is highlighted here to demonstrate how the study of metaphor use in psychotherapy has relatively recently had increased attention, showing the need for, and utility of, the present study. In terms of practice, Johnson Carissimo (2020) has also suggested the use of metaphor for therapeutic purposes in the context of healthcare, including by offering poetry therapy (incorporating metaphors) to people working as nurses who are experiencing burnout symptoms. This study is demonstrative of an application of metaphor research in health care contexts and is typical of such work which tends only to consider outcomes (Tay, 2020) so does not necessarily apply to person-centred therapy, which prioritises processes and not just outcomes.

Furthermore, in a study of person-centred therapy, Lietaer and Gundrum (2018) analysed Carl Rogers's sessions for metaphors and found that Rogers used metaphors only after the client first used metaphors, which they suggest must therefore be best practice. It is debatable how incidental *who* introduces the metaphor may be. For example, should the therapist introduce the metaphor, the client may infer whichever meaning is appropriate for them, and communicate this in their subsequent turn for example by confirming or disconfirming what the therapist has said or by expanding with related content. However, should the client introduce the metaphor, the therapist might respond with their own interpretation (either abstractly by means of a metaphor, or maybe by 'literalising,' the content, meaning they clarify its meaning in less concrete terms, Tay, 2021), which might then be confirmed or disconfirmed in a subsequent turn by the client.

What appears to be more important than concerns about who *should* introduce metaphors is that any metaphors which are introduced (by either interlocutor) are produced in a manner which successfully results in their meaning being

appropriately inferred by the hearer (even if this takes place across multiple turns), who also has an opportunity to respond about their understanding of the meaning of the metaphor to the speaker. Also crucial is the consideration of how accurately the hearer has inferred the meaning of the metaphor which has been introduced by the speaker. In terms, more specifically, of empathic communication, the metaphor introduced by the therapist must convey an understanding of the client to the client, while the metaphor introduced by the client will ideally be facilitative for the therapist, meaning it conveys information that can be used by the therapist to further understand, or to check their understanding of, the client. In terms of the use of metaphors for empowerment, the metaphor introduced by the therapist should be additive for the client, meaning that it is both relevant and enables the client to confirm or deny what they have interpreted the metaphor means. Furthermore, a metaphor introduced by the client which is indicative of their own empowerment might result in the therapist responding by showing that they have understood what the client has said and might be indicative of matters they wish to introduce but find difficult to do so in other terms.

Concerning responses to metaphor uses in therapeutic contexts (in general terms, meaning not just in person-centred therapy), Tay's (2021) recent considers responses to metaphor uses in the psychotherapeutic context. Tay (2019), found that clients were more likely to repeat metaphors used by the therapists than therapists were to repeat metaphors introduced by the clients. Furthermore, he found that therapists and clients were equally likely to extend metaphors, meaning to either expand on their meaning in literal terms or to 'chain' further metaphors to elaborate upon or explore the meaning the hearer had assumed from the introduced metaphor. Tay's (2021) rationale for considering responses to metaphors was that metaphor use in therapy has so far been understood in 'idealistic' terms, meaning little evidence has been provided about the utility of metaphors, and especially not how they are co-constructed. The present research agrees with these comments, meaning that metaphor use and responses to metaphors will be considered alongside the analysis of the co-constructed meanings of metaphors for empathy and empowerment in person-centred therapeutic interactions.

In sum, this study utilises relevance theory to inform how meanings are ascribed by hearers to metaphor uses for empathy and empowerment. Cognitive metaphor

theory is also assumed, particularly about the content of metaphors which are used by therapists and clients during their interactions for empathic and empowering purposes. Further, the discourse analysis and interactional and sociopragmatic methodologies underpinning this research are utilised to understand metaphors in terms of their co-constructed meanings in terms of empathy and empowerment in person-centred therapeutic interactions.

4.3 Uses of personal pronouns for empathy and empowerment

Research into the use of personal pronouns (especially first person singular pronouns, which this thesis primarily focuses on) has become increasingly common in therapy studies since around the year 2000. James Pennebaker is especially well-regarded in his field for his research into the use of personal pronouns. Pennebaker's research has most frequently focused on the use of personal pronouns in relation to psychological disorders. For example, Pennebaker and King (1999) found that clients suffering from neurotic psychological disorders (like depression and anxiety, and as opposed to typically psychotic-type disorders like schizophrenia) tended to prefer using first-person pronouns, like 'I.' This preference for using first-person pronouns, they concluded, is because people suffering from neurotic disorders are more likely to have a heightened self-focus, meaning that they are increasingly likely to use personal pronouns which reflect their internal experiences.

The focus in this research is not on individual characteristics, including psychological disorders. Rather, the interactional aspects of personal pronoun use will be focused upon in this work. However, findings about individual characteristics and personal pronouns are discussed here to demonstrate how researchers have understood how internal states both direct, and are directed by, the internal states of the people who are using them. In terms of the implications for empathy and empowerment in this study, it is speculatively suggested that the therapist might respond to the client in an empathic manner by listening to the personal pronouns the client tends to use. However, it is uncertain how the clients' uses of first-person pronouns might relate to their experience of empowerment.

Insights into empowerment and personal pronoun use in general might be possible to extrapolate from findings from Kacewicz et al. (2014) who concluded that people holding a lower status (in terms of the respective power they held) tended to use

more first-person pronouns (although this research did not focus on the therapeutic environment). It is, of course, plausible that there could be some overlap between disempowerment and the experience of having a neurotic-type disorder, although this is a tentative suggestion and beyond the scope of the present study. Although conclusions are drawn speculatively here, the findings concerning first-person pronoun use demonstrate how the choice of pronouns used by an individual is not incidental. Furthermore, the findings outlined earlier in this paragraph demonstrate how the pronouns used by individuals relate to broader circumstantial factors, such as the social and psychological position of the interlocutor. Analysis of personal pronouns is useful to firstly, potentially help the therapist to gauge more about the client and, secondly, because of their possible implications about client empowerment.

Kacewicz et al. (2014) also found that people who hold a higher status in a relationship tended to use plural pronouns like, 'we' (in contrast to those with lower status using singular first-person pronouns). In terms of client empowerment, it is unknown whether client personal pronoun use would be altered as they become empowered but, if so, this would have potential for the therapist monitoring the clients' personal pronoun use. Alternately, the person-centred therapist should be aiming for an egalitarian relationship to encourage client empowerment, so they might purposefully avoid using pronouns associated with increased power, and instead use first-person pronouns, or perhaps even use similar pronouns to the client. Borelli et al. (2019) found that interlocutors use similar pronouns when their relationship is affiliative, for example because it is characterised by empathy, and that this matched use of language is produced without conscious awareness. Therefore, the presence of empathy in the therapeutic relationship may be observable by analysing whether the therapist and client use similar personal pronouns. This is an area which requires more research, especially as research has tended to concern interlocutors in general, not in a therapeutic environment, nor in the person-centred therapeutic context.

Research findings about pronoun use in therapy in general, and in person-centred therapeutic contexts, has tended to regard pronoun use in terms of being used consciously and for tactical purposes by interlocutors, rather than unconsciously (for example, see Thorne and Sanders, 2013). An explanation for this may be that linguistic studies of therapy have tended to use conversation analysis (for example, see Antaki, Barnes and Leudar, 2005) and so not necessarily considered the 'behind

the scenes' cognitive aspects of speech, for example which methodologies like pragmatics offer (see section 3.4 for more information about pragmatics methodological approaches in linguistics). An alternative explanation for the focus on conscious uses of personal pronouns may be that (the sparse) linguistic research into therapeutic talk has tended to attempt to use findings to guide therapeutic practice, hence it has focused on studying practical uses of personal pronouns so that it can conclude by making research recommendations. These suggestions are speculative but are included here to foreground the need for additional types of linguistic methodologies to analyse personal pronoun use in therapeutic interactions.

Writing about therapy in general terms, Strong (2006) found that therapists might purposefully use personal pronouns to mitigate their own power by using them to avoid being directive or giving advice. For example, a therapist might use 'they' to refer generally and externally to a client's problem rather than referring specifically to the client by using a second-person pronoun like 'you.' Although the therapist giving advice and issuing a directive would contradict the ethos of person-centred therapy, Strong's (2006) finding demonstrates how therapists may use personal pronouns tactically in their practice. In particular, the avoidance of using a directive (also discussed during chapter 2) is relevant for therapeutic practice which empowers clients in person-centred therapy (though this would not relate to giving advice in this context). Furthermore, the purpose of using a less direct personal pronoun in Strong's (2006) study, he concluded, also had relational functions, for example to avoid offending the client if, say, embarrassing personal matters were being referred to. The choice by the therapist to use a less direct pronoun to contribute to positive relational functioning may also relate to empathic communication owing to its use demonstrating that the therapist understands the needs of the client (for example, not to be embarrassed or directed).

Strong's (2006) findings may not relate precisely to person-centred therapy however they do suggest that therapists can purposefully use pronouns for empathic and empowering purposes. However, an assumption that the use of personal pronouns for empathy and empowerment should be somewhat contextual also underlies this study. For example, other researchers like Spong (2009) have highlighted how the use of linguistic features, like personal pronouns, for indirect purposes (like externalising a client problem, rather than addressing it in direct terms) may be inadvisable for clients who are experiencing acute crises. Spong

(2009) explains that clients in crisis, like those experiencing suicidal ideation who are likely to act on such intrusive thoughts, may in fact benefit from a directive communicative approach. This presents a challenge for person-centred therapy as its theory posits that, to empower a client, a non-directive approach and egalitarian relationship must be present. However, addressing clients experiencing crises in a direct communicative manner would be empathic in this context (for example, see Spong, 2009), and empathy is, of course, a further tenet of person-centred therapy. Despite recent research attention being given to how clients experiencing suicidal ideation may benefit from person-centred therapy (for example, by Sohal and Murphy, 2022), no person-centred therapy theory or literature was found which addresses this apparent contradiction. Therefore, the present research is additive because it considers how this contradiction may be dealt with in practice.

Few research studies have considered the use of personal pronouns in person-centred therapeutic interactions. Of those that do, Wickman and Campbell (2003) found that Rogers communicated his feelings of empathy for the client by using first-person pronouns (like 'I') strategically, to speak as though he was speaking as the client. Rogers used first-person pronouns, according to Wickman and Campbell (2003), to communicate his feelings of empathy by demonstrating to the client he was in the same frame of reference as them. For example, they provide the following example by Rogers, "One thing I might is, "What is it you wish I would say to you?"" (Wickman and Campbell, 2003, p.81). Furthermore, Rogers used first-person pronouns in this manner for an empathic check, as clients became able to hear 'their own' thoughts which helped them to gain a deeper understanding of their feelings, argue Thorne and Sanders (2013). Thorne and Sanders (2013) also considered the location of the use of first-person pronouns by Rogers and found that he was more likely to use these toward the beginning of his therapeutic sessions overall, and to adjust to using second-person pronouns (like 'you') towards the end of his therapeutic sessions. Rogers adjusted his use of pronouns, they suggest, to indicate to the client that they were separate to him, so demonstrating that they had become more autonomous and had gained increased control and responsibility over their experiencing (both aspects of client empowerment, as outlined in chapter 2).

Thorne and Sanders' (2013) findings have implications for the present research with reference to personal pronoun use for empathy and empowerment, but certain aspects of their findings require additional information to make their relevance entirely clear. Firstly, empathy is considered in this study with relation to the

therapists speaking 'as though' they are the client by use of first-person pronouns. However, the use of first-person pronouns has not been considered in relation to its broader implications for empowerment. The present research therefore intends to also discover how the therapist speaking as though the client for empathic purposes simultaneously avoids disempowering the client by taking 'ownership' of their experience. In other words, this study hypothesises that it is not enough to claim a therapist is using personal pronouns for empathy to clarify the clients' experiencing to them, it is also necessary to discover how communicative features are used to avoid the assumption of power over the client by (potentially) being directive in this instance.

Additional information is also needed concerning the interactional implications of personal pronouns being altered by the therapist over the course of therapeutic sessions. For example, whether the therapist alters their pronouns for the purposes of client empowerment owing to linguistic evidence that the client has become empowered, or whether they do so for practical reasons (for example, because the sessions were planned to come to an end anyway). The responses by the client to the therapists using personal pronouns for client empowerment are also important to understand to ascertain whether the use of personal pronouns in this manner is client-led. Such gaps in the findings so far require that further research is needed to account for both therapist and client input, and that both empathic uses of personal pronouns and empowering uses of personal pronouns in the person-centred therapeutic interaction are considered in relation to one another. Furthermore, research considering personal pronoun use must also consider how their use complies with guidance (for example, by Spong, 2009) to use directive language when dealing with clients in acute crises.

4.4 Uses of questions for empathy and empowerment

Question use in psychotherapy has typically been regarded in research studies in terms only of the therapist asking the client questions, so this section begins by considering studies about the use of questions by therapists. For example, following her conversation analysis into question use in psychotherapy (in general terms), MacMartin (2009) concluded that therapist's questions necessarily include presuppositions which limit the response options made available to clients. The suggestion here is that therapists may restrict the client's choice of responses by asking questions. In terms of guidance for person-centred therapeutic practice,

restrictions placed upon the potential responses clients might make to questions posed by the therapists may lead to client disempowerment. This is because the clients will, in this view, be guided by any questions posed by the therapists, including because of the (likely unconscious) need to follow the rules of the cooperative principle (meaning that conversation is organised for solidarity, per Grice, 1975), so clients will not (necessarily) respond in an empowered manner, by assuming conversational control.

Furthermore, by guiding the client response, therapist questions may lead clients to respond in a particular manner which does not relate to their *own* feelings, hence it is tentatively suggested that therapist question use might also lead to less opportunities for empathy. In fact, although he did not consider pragmatics theory, MacMartin (2009) rightly implies that such a view may be simplistic because it disregards the analysis of the content of the response made by the client, which might include the client resisting, even in a subtle manner, for example by changing the topic (this suggestion is made in a similar vein to the discussion about how client resistance may be shown by analysing the content of client responses to therapeutic reformulations during section 4.1. The potential combination of questions and reformulations by the therapists was also discussed during the same chapter). However, his findings have been used to introduce this section to demonstrate how question use in psychotherapy is related to empathy and empowerment. This foregrounds the need for the present study, which regards the person-centred therapeutic context, to consider questions asked by the therapists with relation to their empathic and empowering purposes.

Furthermore, the findings introduced during the previous paragraph also imply that question use must be understood in interactional terms, because whether the questions used by the therapists are empathic or empowering is also dependent on the response made by the client. In addition, MacMartin's (2009) study demonstrated a need for the inclusion of methodologies which also regard broader contextual factors. Conversation analysis was used by MacMartin (2009) to demonstrate how questions and responses occurred sequentially during respective turns. However, by applying theory from pragmatics, it also becomes possible to make sense of *why* particular conversational choices have been made. For example, the use of additional methodologies (in addition to conversation analysis) enable

analyses to also be undertaken concerning *why* the therapist has asked a question, and why the client has responded in a particular manner. The application of discourse analysis in this study is further additive to the study of question use in person-centred therapeutic interactions because question use and responses may be guided by broader factors, such as the roles of the therapist and client, including in terms of broader institutional and social factors.

Despite the requirement for further linguistic studies which regard question use for empathy and empowerment in the specific context of person-centred therapeutic interactions, similar research has so far predominantly regarded theoretical views, usually by giving focus to whether therapist questions may mitigate client empowerment. Indeed, despite findings from linguistics researchers like MacMartin (2009) emphasising the necessity of also analysing client responses to therapist questions to untangle how therapist questions relate to power, client responses to therapist questions have tended to be little regarded.

The disregard for the client's contribution extends to the omission of research which considers client questions. In a study using conversation analysis (which considered therapy in general terms), Voutilainen and Peräkylä (2016) found that therapists tended to ask more questions than did clients. Furthermore, they found that clients rarely asked questions during their therapy, and that when they did so, that the purpose of their questions tended to be to correct or check potential misunderstandings made by the therapist. They concluded that, by asking a higher quantity of questions, the therapists showed that they held superior relational power. However, their conclusion about how the quantity of questions asked by the therapists correlated with them holding relational power was likely due to their use only of conversation analysis. The finding about how client questions might be used for correcting or checking possible misunderstandings by the therapists may theoretically, in fact, be indicative of client empowerment. This suggestion is made because client empowerment in person-centred therapy includes the client getting their view on record and taking conversational ownership (see chapter 2 for a reminder about the constituents of client empowerment in person-centred therapy) which, correcting and checking, might feasibly demonstrate the client is doing.

Writing in a healthcare context (a clinic for people suffering from HIV), Silverman's (1997) findings support the conclusion that quantity of questions is not necessarily representative of power. He suggested that *how* questions are asked is more indicative of relational power than the number of questions which are asked overall. Silverman (1997) suggested that questions used by physicians may also be used tactically to position the client in the role of expert. In other words, studies which regard question use only in terms of their quantity might not offer sufficient depth for understanding how questions are used for empathic and empowering purposes during person-centred therapeutic interactions. The content of the questions asked by both the therapists and clients is therefore clearly also important to analyse. For example, an open question or an invitation for the client to confirm or elaborate upon their own position could be indicative that the question used by the therapist is in fact empowering for the client, even when there is a higher quantity of questions being asked by the therapist during the same consultation (or series of consultations) overall. Furthermore, a client response to a therapist question which includes the client getting their view on record, for example by confirming or disconfirming and extending with autobiographical information, may also be indicative that client empowerment has been encouraged by a therapists' question use.

Question use in therapy as it relates to empathy has been even less researched than it has been in relation to empowerment. Thorne and Mearns (1977) suggested that direct questions asked by person-centred therapists may be useful for quickly building an empathic frame of reference. For example, they suggest that questions like, "what is the problem that has brought you to therapy?" could be used to invite the client to expand during their response, so offer the therapist an immediate insight into the client which may be used to inform their subsequent empathic responses. Spong (2012) also suggested that questions asked by therapists which included directive content might be useful for clients experiencing acute distress, and who may hope to be asked about their problems because they are too anxious to raise these themselves. The suggestions for psychotherapists to use questions which include direct content, including in person-centred therapeutic practice, are seemingly contradictory to its ethos. For example, the discussion about empowerment demonstrated how the person-centred therapeutic ethos is for therapists to avoid any instances of directivity in their language use, in case this

should compromise client power, which would be negatively correlated with client empowerment. However, the findings outlined above are suggestive that a choice by the therapists to use a direct question, to lead the client to respond in direct terms to offer the therapist information about what the client wishes to discuss, may in fact be useful for empathic purposes. For example, it would be empathic for a therapist to ask a question which leads the client to respond by discussing feelings they otherwise felt incapable of raising themselves, for whatever reason. Furthermore, such questions might lead the client to respond by discussing matters which they might not otherwise have, so their response may in fact be empowering for them should it lead them to get their views on record. The suggestion that the use of direct questions asked by the therapists may sometimes have utility for empathy and empowerment in person-centred therapy therefore negates the view that directivity must be avoided at all costs by person-centred therapists. Furthermore, this suggestion appears to dispute the perspective that question use by person-centred therapists would unconditionally disempower the client. This discussion, firstly, highlights the need for the present study to regard empathy and empowerment in sequential and interactional terms and, secondly, is demonstrative that the relationship between empathy and empowerment must also be considered. Additionally, the findings that have been discussed above are suggestive that person-centred therapists may benefit from expanding their theoretical considerations about whether therapist questions inevitably imply client disempowerment by referring to linguistic evidence. This point is also included here to further spotlight the utility of the linguistic approach taken in this study.

Writing recently, Renger (2021) outlined a less usual study which considered question use by person-centred therapists. Her rationale was to avoid debates about the power implications of person-centred therapists asking questions, and instead assume that question use by therapists was a normal part of person-centred therapeutic practice. Renger (2021) analysed person-centred therapist question use by using thematic analysis to analyse her interviews with a small subset of person-centred therapists. The findings of Renger's (2021) research have utility for understanding the content of therapist questions. However, her findings did not specifically regard linguistic methods nor how question use relates to empathy and empowerment during person-centred therapeutic interactions. Renger's (2021) findings are therefore outlined here for the insights they provide about the types of

therapist questions which might be found during the analyses for this study. She categorised the types of therapist questions which the interview respondents reported they asked during their work as person-centred therapists into the following themes: questions to check understandings (for example, when the therapist asks, "did I understand what you meant by…"), questions to clarify issues for the client (for example, "do you understand what I mean by…?"), questions to challenge the client (for example, "wouldn't this provide a better way of thinking about…?"), questions to enable client processing (the meaning of this in her study is less clear but may include questions relating to empathic and empowering questions), questions asked out of curiosity (for example, "so are you fond of…?"), and questions asked for administrative purposes (for example, "what time will you attend next week?"). In terms of person-centred therapeutic theory concerning empathy and empowerment, it is possible that questions to check or clarify may be acceptable for empathy and empowerment. For example, these types of questions could feasibly invite the client to elaborate or position the client as holding expertise over their own experiencing, hence they may be empowering. Furthermore, questions to check by the therapist could also imply an empathic check, so may be useful for analysing questions for empathy. The finding about questions used to challenge was somewhat more surprising. Questions used by the therapist to challenge would not typically be understood to constitute person-centred therapeutic practice with regards to empathy and empowerment so this category will not be incorporated in this study. Questions to enable client processing could relate to empathy and empowerment, so these will be considered as an overarching topic in this study, meaning that all findings about question use relate to this category. Questions asked out of curiosity and for administrative purposes will not be considered during this study because they are not related to person-centred therapeutic conceptualisations of empathic and empowering practice. Renger's (2021) findings demonstrate the utility of analysing the content of questions asked by person-centred therapists, but they are not fully explanatory concerning how such questions may relate to empathy and empowerment. Furthermore, her findings do not regard client responses, making it additionally difficult to ascertain the success of the questions asked by the therapists.

In sum, this section has demonstrated how the application of linguistic methodologies may be used to contribute towards theoretical debates of therapist

question use. However, most linguistic studies into question use in psychotherapeutic practice have only utilised conversation analysis and have regarded power only in relation to the quantity of questions which are asked. The use of additional methodologies in the hybrid linguistic framework in this study is hoped to enable analyses of how the content of questions relates to empathy and empowerment. The inclusion of multiple methodologies in this study will also aim to add contextual information about question use, including by considering how empathy and empowerment occur via question use during interactions. Client questions, should they be present, will also be analysed because they have so far been little regarded, yet their use could also be indicative of empathy and empowerment. The analysis of client questions will also involve the consideration of any responses which have been made by the therapists to the client questions. Therapist responses to client questions are equally understudied but will be analysed in this research because they may feasibly be used to empower the client, for example should they offer the client knowledge which may empower them by helping them to progress their own therapy. Findings which were discussed above which did regard the content of therapist questions clarified, primarily, the presence of therapist questions, so further justified the need for the present research to also consider the meaning of question use in relation to empathy and empowerment during interactions. Although few studies were found about question use in combination with other linguistic features for empathy and empowerment, this will additionally be considered during this study.

4.5 Uses of hedging for empathy and empowerment

Hedging refers to language use which implies that the speaker using it is speaking in tentative terms, for example because they are uncertain, or wish to appear so, about the content of their communication. In linguistics, the use of hedging has mostly been considered in terms of pragmatics theory, including to ensure communicative politeness (Brown and Levinson, 1978). Hedging may also be analysed by use of discourse analysis. For example, the studies detailed below in this section include findings about how hedging can be used by a speaker to mitigate their respective power, which is also analysable by use of discourse analysis. From this perspective, the use of hedging may be considered as facilitating egalitarian relationships, which are necessary for client empowerment in accordance with person-centred therapeutic theory (details about egalitarianism and client

empowerment can be found in chapter 2). Conversation analysis might also be used to provide an empirical and systematic analysis concerning how hedging happens in practice, including across sequences of therapeutic interactions. These are necessary to analyse because the effect of hedging on the response made by the hearer is also important to understand to answer the research questions in this study, for example should the response indicate that hedging has resulted in empathy and empowerment.

The inclusion of hedging in this study is based on findings which suggest that it is an effective linguistic feature for empathy and empowerment in healthcare and related settings. For example, in her discourse pragmatic study, Pounds (2012) found that hedging can be used by physicians to communicate empathically by avoiding issuing a directive when partaking in medical consultations. O'Keeffe, Clancy and Adolphs (2011) also suggested that healthcare practitioners might use hedging to 'soften' the meaning of what they say by using hedges to express themselves in a tentative and uncertain manner. Hedging has therefore tended to be considered only in relation to its use by the practitioner, and in terms of its function being to avoid directivity, either by being used to avoid issuing a directive (see the discussion about directive speech acts in chapter 3), or by using hedging to communicate that the practitioner holds less authority or knowledge than may, in fact, be the case. The function of hedging which is suggested by the findings of these studies may therefore be related to Searle's (1975) theory about the use of indirect speech. In alternate terms, the use of hedging does not necessarily imply that the person using it in fact holds less authority or has less power. Rather, its use may be for indirect purposes, meaning that hedging may be used to aid the inference of the hearer about the respective power of the speaker. Should the primary driver of using hedging be to appear as though the speaker holds less power, a less powerful person will be less likely to use hedging. However, a person who holds less power might also use hedging, for example should they feel (genuinely) less certain about the content of what they are saying. This foregrounds the use of the discourse pragmatic approach in this study, to analyse what is said in relation to the contextual factors in which the talk occurs.

Linguistics researchers, writing about psychotherapy in general terms (not specifically person-centred therapy), like Strong (2006) and Sutherland (2015) have

made similar recommendations for therapists to mitigate their own power by using hedging during their therapeutic work. They also suggest that, by using hedging, therapists can avoid issuing a directive by being tentative, and so also tactically positioning the client as being more powerful. It is proposed that hedging has therefore been primarily understood with relation to client empowerment in therapeutic contexts in general. Less regarded by researchers so far has been the use of hedging in the specific context of person-centred therapy. However, Merry and Temaner Brodley (2002) suggested that the use of hedging may be particularly important during person-centred therapeutic practice. This is because, they argue, clients attending person-centred therapy have often experienced traumatic experiences which have caused their disempowerment. The clients' experiences of disempowerment result in their locus of control being externalised, meaning that clients become increasingly vulnerable to external influences, leading them to avoid trusting their own beliefs and perceptions. By using a linguistic strategy, like hedging, to avoid being directive, the therapist who uses hedging will therefore contribute towards the overarching aim of person-centred therapy; for the client to hold an internalised locus of control. The suggestion to use hedging in response to the disempowered client's needs, arguably, also relates to empathy because the therapist must have an empathic understanding of the client which leads them to selectively utilise hedging during their response. The requirement for person-centred therapists to utilise hedging during their turns is, furthermore, implicative that therapists do, in fact, hold power over clients. However, this is complicated by how the definition of power is considered because, feasibly, the client may also hold power by being relatively free concerning what they are able to say in comparison with the therapist. By adding knowledge of the use of hedging during person-centred therapeutic interactions, the present research hopes to also add evidence to the debates about how power is enacted in person-centred therapeutic relationships.

In sum, linguistics researchers have suggested that linguistic methods may be used to ascertain the uses of hedging in professional consultations. The use of hedging has been shown by these researchers to relate to power between healthcare professionals and people seeking their help (their patients or clients). In particular, researchers have found that hedging may be used by practitioners to mitigate the power held by the professional, to place the patient or client in a powerful position,

and to avoid potential threats being made to the face of the client by being used in place of a directive. The use of hedging in relation to power has also, overarchingly, been shown to be the result of tactical choice by the interlocutor who holds more power. Regarding the use of hedging for empathic purposes, it has been suggested that hedging can be used to provide information in a 'softer' format. Although some theorists have suggested the utility of hedging for client empowerment when used by person-centred therapists, linguistic studies have not yet been undertaken to evidence these claims. Nor, obviously, have any linguistic studies considered the use of hedging in person-centred therapy in interactional terms. Theoretical conceptualisations, and corresponding linguistic evidence, about the use of hedging in person-centred therapy are also needed which regard its use for empathic communication, including how empathic communication may relate to communications made for empowerment. As so few linguistic studies have been conducted to evidence the theoretical claims made about hedging in person-centred therapy, it is perhaps not surprising that hedging has also not been considered with relation to how it might be combined with other linguistic features for empathic and empowering purposes. The following section summarises further linguistic features which will be piloted to study the communication of empathy and empowerment in person-centred therapeutic interactions.

4.6 Other features, categories and strategies for empathy and empowerment

Discussion about the following features, categories and strategies is to demonstrate the rationale for including them during piloting. These features, categories and strategies were all shortlisted for piloting based on research findings which have considered them in terms of empathy and empowerment in person-centred therapeutic, psychotherapeutic, or related contexts. All features, categories and strategies outlined in this section have also been considered in relation to their fit with the overarching methodology of discourse analysis, conversation analysis and pragmatics.

Note that all features, categories, and strategies included in this section were either rejected or assimilated into the main findings concerning the five features found for empathy and empowerment during the piloting stage of this project (this is explained in chapter 5).

4.6.1 Features, categories and strategies already considered in studies of therapy

Resistance

There have been few examples of linguistic research studies which have concerned how resistance might be communicated in person-centred therapy despite the potential that such studies would have for understanding empowerment in this context. The studies which have considered the linguistic realisations of resistance, as they relate to power, in therapeutic contexts have generally used conversation analysis for their primary method. For example, Bercelli, Rossano and Viaro (2008) used conversation analysis to research how resistance was shown by clients in other therapeutic settings. Their findings are considered here because they offer the closest resemblance to the present research.

Bercelli, Rossano and Viaro's (2008) findings concerning the linguistic markers of resistance will therefore be considered in this project in relation to client empowerment. For example, the presence of client resistance may be understood to indicate client empowerment. The following features, strategies and categories for resistance will be considered. All the discussion points made under the following bullets include a summary of the findings by Bercelli, Rossano and Viaro (2008), and considers the potential applications of their findings to the context of the person-centred therapeutic practice, per the discussion outlined about empowerment during chapter 2:

- **Changing topic abruptly** – The client may show empowerment by taking ownership of the content of the discussion. Alternatively, client disempowerment might be shown should the therapist change the topic of the conversation. This strategy will therefore be considered in relation to empowerment
- **Claiming not to understand** – The client might claim not to understand to avoid responding to a turn by the therapist, hence this could indicate their empowerment (although this is complex, and will be considered with relation to the potential for responding in a more direct manner)
- **Forgetting** – This refers to the client acting as though they have forgotten a matter that has been discussed. This strategy might be more likely to occur in contexts where the client has been forced to undertake therapy (for example, as a conditional term of a criminal charge), so may not be relevant

in this context. However, it is being considered here as little is known about the presence of this strategy in person-centred therapy, nor how it might indicate client empowerment

- **Refusal to answer questions** – By doing so, the client might indicate their own empowerment by virtue of them assuming conversational control. The analysis of this strategy also has utility in terms of its potential use by the therapist. For example, the refusal to answer questions could relate to Pounds' (2012) findings about minimal therapist self-disclosure being an aspect of empathic communication should, for example, the therapist altogether refuse to answer a client question
- **Responding minimally when not expected** – This refers to the client answering a therapist's turn minimally when a longer turn would usually be anticipated. A client's response in this tone might be indicative that the therapist has been unsuccessfully empathic, or that the client is taking control by avoiding the topic being introduced by the therapist, hence this strategy is being considered here.

4.6.2 Features, categories, and strategies with potential utility for empathy

Empathic speech act

Pounds' (2012) empathic speech act built on the pragmatics speech act theory by Searle (1975). The rationale for Pounds' (2012) research was that Searle's expressive speech act, which considers emotional talk, had not considered how empathic communication makes empathy happen in practice, hence her research intended to extend the concept of speech act to incorporate empathy. Pounds (2012) utilised a discourse-pragmatic framework to understand the expression of empathy by analysing the context of physician consultations with patients. The purpose of considering these features and categories in this study is, firstly, because the framework considers empathic communication in a similar setting hence the findings might also have application in the person-centred therapeutic context being studied in this research. Secondly, the healthcare context often utilises communicative principles which have been influenced or informed by person-centred therapeutic theory, meaning their communication may have some similarities with the interactions being researched in this project. Further, the overarching methodology of her framework also includes discourse analysis and

pragmatics hence was conducted in a similar vein to this project. The features and categories from Pounds' (2012) empathic speech act research which are being considered in this study as follows:

- **Appraisal and evaluation** – This category refers to speech which shows judgement or value. For example, saying "you are doing really well," shows judgement (about how the hearer is progressing) and value (it is suggestive that, whatever the person is doing, it is important so praise-worthy). Person-centred therapists may use appraisal and evaluation, likely with a positive stance, to communicate feelings of empathy. However, as person-centred therapists must aim to be nondirective to empower the client, the presence of appraisal and evaluation in the transcripts may be less likely in this context
- **Expressing concern about causing discomfort** – Although Pounds' (2012) findings predominantly relate this category to physicians showing concern about causing physical discomfort, this category might feasibly be present in terms of the communication of empathy by the person-centred therapist in relation to emotional discomfort. For example, a therapist stating, "I hope what I'm saying is not causing you to feel upset," although unlikely, would be indicative of expressing concern about causing discomfort
- **Facilitating minimal comments** – This refers to the physician using brief comments like "I see" to communicate their understanding of the patient. This category therefore has potential for being used by person-centred therapists to communicate empathy
- **Inviting confirmation or elaboration by referring to a third party** – This category was used by the physician as an indirect strategy to give advice without causing harm to a person's 'face' (a concept included in pragmatics theory, like politeness theory, also discussed in this chapter, and derived from Goffman's (1967) sociological work). An example of this category was provided in a communications study by Silverman (1997) concerning advice giving about sexual health in clinics for HIV patients. The physicians would refer to a third party to avoid the potential for embarrassing the patient by discussing matters relating to sexual health (for example, by saying "*some people* like to use contraception") rather than

offering direct advice or issuing an order that the patient must use contraception themselves

- **Referring to potential feelings** – This constituted the physician regarding the feelings of the patient. As empathy is not necessitated in physician-patient contexts, referring to potential feelings will be considered in terms of its explicit communication in the present research. As discussion about feelings is anticipated in person-centred therapy, explicit communication such as, "you seem sad" will be analysed and considered in terms of empathy in this project. It is also important to note that this category will be considered in terms of other features, categories and strategies because explicit naming of feelings by the therapist could constitute the therapist disregarding the maxims for client empowerment in some instances (for example, if it is from their own frame), whereas it may not in others (for example, if it is used to reformulate content which was included in the original turn of the client)
- **Self-disclosure** – This refers to the physician disclosing personal material about themselves and was found to only be empathic when it occurred in minimal quantities. In this context, this feature is only relevant to the therapist, as it is expected that the client would normally be self-disclosing in person-centred therapy. An example of self-disclosure would be a therapist talking about how they are feeling
- **Showing feelings are valid** – This category refers to the physician validating the experience of the patient. For example, saying, "I would feel that way too if I were you," is an example of validation of feelings. Its use is considered in this research with relation to how it might also avoid the therapist assuming power over the client
- **Showing understanding** – This is a broader conceptualisation about how the physician shows that they have understood what has been said by the client, in emotional terms, for empathic purposes. For example, saying, "you're saying you feel really pleased," would be an example of showing understanding. As the person-centred therapist should aim to show their empathic understanding of the client to the client, this category is being considered to aid the overall understanding of how this takes place in practice

- **Using backchannel noise** – This relates to the physician using noises like 'mmm' to indicate their empathic understanding. This feature will potentially be present in the transcripts analysed in this research and may also have utility for empathy in this context, so will be considered
- **Using expressing lack of certainty in exploratory mode** – This indicated the physician communicating that they did not understand what had been said to encourage the patient to further disclose. For example, a person who says, "I'm not sure I understood when you said you felt blue – what does that mean?" is an example of a person expressing their lack of certainty (regarding the use of the word 'blue') to encourage the other person to further disclose (for example, by asking them a question about the meaning of 'blue'). This category is considered for its potential to be used by therapists but also because it has implications for client empowerment, should it encourage expanding client self-disclosure
- **Using modifiers** – This refers to the physician using language to make the meaning of their turn more specific (for example, "you seem *really* sad"). As it regards communicating awareness of feelings, this feature could potentially be used for empathic purposes by person-centred therapists
- **Using softeners in forms of verbs and modal expression** – This included the physician offering more 'gentle' advice by saying, for example, "you *could*…" rather than issuing an order. This feature is being considered because of the potential it has for empathic communication in the person-centred therapeutic context, but also because its aims (to avoid issuing an order) could relate to the aims for the requirement for the therapist to use language which is nondirective for client empowerment.

Positive politeness strategies

Brown and Levinson (1978) extended early pragmatics theory to outline their own theory of politeness. As their politeness theory has been evolved in alignment with emerging pragmatics theories (Baider, Cislaru and Claudel, 2020), it is considered here in relation to sociopragmatics theory as this is the pragmatics theory being assumed in this study (this has been outlined during chapter 3). Politeness theory considers how conversation is ordered for solidarity, meaning that interlocutors attempt to acknowledge and address each other's esteem. Politeness theory borrows terminology from Goffman's (1967) sociological concept of 'face,' which

refers to the esteem held by an individual. Talk is said to be organised so that it avoids threats to a person's face, and face is also referred to in terms of being 'negative' or 'positive' (Brown & Levinson, 1978). Attempts to address a person's positive face (so avoid a positive face threatening act) refers to talk being used by a speaker to indicate that the hearer is liked and appreciated. Furthermore, the choice of politeness strategy is based on relative social distance and power.

As the aims for client empowerment necessitate an egalitarian relationship in person-centred therapy (as discussed during section 2.2), the person-centred therapist and client should ideally make conversational choices which place them in equivalent power terms. Linguistic features associated with addressing one's positive face may therefore be expected because of their implication for relational closeness, which is also related to aims for empathy and client empowerment.
The positive politeness strategies which will be considered in this project are outlined as follows:

- **Asserting or assuming reciprocity –** This will be considered because it could feasibly relate to self-disclosure which Pounds (2012) found relates to empathy in professional healthcare consultations. For example, the person-centred therapist could assert reciprocity by self-disclosing to communicate their empathy for the client
- **Being optimistic –** This relates to the speaker indicating that the conversational partners have common interests. This potentially relates to self-disclosure. For example, a person saying, "I love his music too!" would be indicating their commonality of interests with the hearer, and self-disclosing
- **Exaggerating interest or approval –** Although the person-centred therapist should show interest or approval implicitly, as part of their practice, this is being considered to ascertain how the therapist manages this whilst also being nondirective and egalitarian to empower the client. For example, a person saying, "I am really interested in what you have to say" may constitute exaggerating interest or approval
- **Giving 'gifts' like compliments –** In theory, the egalitarian relationship provided by the person-centred therapy would not inhibit this strategy being used. However, it seems likely that this would compromise client

empowerment because it would be potentially directive. For example, stating, "you are such a brilliant mother," would be an example of giving a 'gift'. This strategy is being considered to gain understanding of how this is managed, in relation to empathy and empowerment, should it occur at all

- **Giving or asking for reasons –** This is being included in this study because of its potential implications for client empowerment. For example, a client asking for reasons might be indicative of their own empowerment (by their assuming responsibility over their own therapeutic treatment), so a therapist giving reasons might also be indicative of client empowerment, for example should these relate to the client asking for reasons
- **Including in activity –** This refers to an interlocutor making a specific effort to involve the other person or people. For example, saying, "what do you think about it?" would constitute a purposeful effort to include the hearer in an activity (the conversation, in this instance). Although anticipated in person-centred therapy, including in activity will be considered in broad terms in this study. For example, this will be considered in terms of how the therapist encourages the client to become involved (without compromising aims for client empowerment) in their own therapeutic treatment
- **Intensifying in-group identity markers –** This refers to the use of language which emphasises similarities between the interlocutors, for example in terms of their relative status. It is unclear whether this would be used in person-centred therapy, for example the client using this and the therapist responding in kind or with a different identity marker could have implications for empathy and empowerment. This strategy will therefore be considered
- **Joking –** Whilst not necessarily anticipated during person-centred therapeutic interactions, joking could be used to communicate egalitarianism, which is a constituent of client empowerment, so joking will be considered
- **Noticing or attending to wants –** The person-centred therapist could demonstrate empathy and use noticing and attending to wants to contribute toward client empowerment by using it to communicate egalitarianism, so this strategy will be considered

- **Offering or promising –** This will be considered in broad terms because making an offer or promising would not necessarily be a strategy used in person-centred therapeutic practice. However, it will be considered in case it has implications about power, for example, should it be used alongside an additional linguistic feature, or an offer or promise is alluded to by therapist or client
- **Presupposing or asserting common ground –** This could relate to an effort for egalitarianism by the therapist. For example, a person stating, "I voted for her too!" might be an example of the presupposition or assertion of common ground with the hearer. Alternatively, the client could indicate empowerment by attempting to show equality with the therapist by use of this strategy. Asserting common ground might also be indicative of attempts by the therapist being made for empathy as it could enable a stronger relationship to be built, so it will be considered in terms of empathy and empowerment in this study
- **Seeking agreement or avoiding disagreement –** It is unclear whether this strategy would be used in person-centred therapeutic practice. Use by the person-centred therapist could potentially indicate empathy by demonstration that the therapist is in the same frame as the client. An example of seeking agreement or avoiding disagreement would be a person stating, "no, I didn't mean that, I absolutely agree with you." Alternatively, its use by the client might have implications that client empowerment has not been successful.

Conversational alignment

Conversational alignment, outlined by Garrod and Pickering (2004), utilises a cognitive pragmatic approach to analyse why empathy might occur during interactions. Its theory states that empathy is demonstrable by the language used by interlocutors becoming more similar as their conversation progresses. The similarity of language used by therapists and clients will therefore also be compared temporally across each transcript to ascertain the utility of this category for understanding empathy in this study.

4.6.3 Features, categories, and strategies with potential utility for empowerment

Institutional language

Institutional language, for example described by Avdi and Georgaca (2007) refers to language choices which are made by an interlocutor and derived from the broader institutional context. For example, in person-centred therapy, a therapist who uses 'specialist' language which relates to person-centred therapeutic practice (like 'locus of control,' or other terms which have been outlined during chapter 2), might assume power over the client by using expert terms which the client might not understand. The presence of institutional language should therefore not be present in egalitarian, so empowering, person-centred therapeutic interactions. This category is being considered to ascertain, firstly, whether it is used by therapists and, secondly, to understand how person-centred therapists avoid using institutional language should the conversation normally require its use. In addition, the use of institutional language by the client could indicate their 'institutionalisation,' hence be demonstrative that other linguistic features of client empowerment might be disingenuous when considered in terms of broader contextual factors, like institutional language. As institutional language has implications for power, it is considered in this study in terms of discourse analysis (the inclusion of discourse analysis in this project has been outlined during section 3.2).

Negative politeness strategies

Brown and Levinson's (1978) politeness theory has already been outlined above in relation to positive politeness strategies. This section considers negative politeness strategies, which refer to attempts being made by a speaker to address a person's negative face (and so avoid a negative face threatening act). In practice, this involves the speaker utilising strategies which communicate an understanding that the other person does not wish to be imposed upon. All negative politeness strategies are led by context and by relative distance and the relationship between interlocutors. The negative politeness strategies proposed as part of politeness theory are considered here because of their implications for understanding power, including client empowerment in person-centred therapeutic interactions.

The linguistic strategies which might be relevant in this project are outlined as follows:

- **Apologising –** The presence of this strategy may have implications about client empowerment, for example should it be used by the therapist following a complaint by the client. Alternately, apologising might be used by the therapist to correct a misunderstanding, which could relate to empathic communication
- **Being pessimistic –** This relates to language use like, "I'm sure this would not interest you…" to avoid imposition on the hearer. Its use by the client might have negative consequences for their own empowerment, for example should it indicate the client is unsure about expressing their own view
- **Deference –** This relates to communication which is used to demonstrate lesser relative power in relation to the hearer. For example, saying, "you're the boss!" is an example of deference, as the speaker is using it to defer to the hearer. Its use by the client could indicate issue with their own empowerment, as deference tends to be used by people in a disempowered position. In a study about deference in psychotherapy, Rennie (1994) found that the use of client deference may be due to the client perceiving the therapist to hold power by expertise, which is a boundary that the person-centred therapist must actively attempt to overcome for client empowerment. Further, Rennie (1994) found that clients sometimes used deference as a strategy following them using language for the purpose of resistance, for example because they were concerned that they had caused the therapist offence or that the therapist might no longer like them. This shows the relevance of including deference in this study, and of considering multiple linguistic features, categories, and strategies in relation to empathy and empowerment
- **Going on record as incurring a debt –** This refers to the speaker avoiding imposition on the hearer by communicating how the topic of the turn has affected them, or how they 'owe' the hearer (they are indebted to them), for example because they have requested a favour. For example, "I know I'm being a pain but would you…" is an example of a turn which demonstrates acknowledgement that the speaker is imposing on the hearer (who they are asking for something from). It is conceptually possible that this could be used to understand power in the person-centred therapeutic relationship, for example the use of this strategy by a client may be negatively indicative of client empowerment

- **Impersonalising –** This relates to giving advice in an indirect manner and has similarities with Pounds' (2012) empathic speech act, particularly 'inviting confirmation or elaboration by referring to a third party' (discussed above). An example of impersonalising could be, "I know that some of my clients have found it helpful to…" because this details advice being offered in an indirect manner (by reference to a third party, rather than by directly issuing advice). It is included because this similarity means it might also relate to empathic communication, or to client empowerment, in the person-centred therapeutic context
- **Minimising imposition –** This refers to language uses like, "if you get the chance…" which the speaker uses to minimise imposition on the hearer. Its use by the person-centred therapist is possible in terms of a strategy for reducing therapist power. However, its use by a client would have negative implications for client empowerment
- **Nominalising –** This refers to turning an active verb into a noun to remove agency (for example, stating, "the school is introducing therapy…" as opposed to stating something like, "the introduction of therapy…". The use of nominalisation in this context may relate to power, for example should it be used to reduce agency in relation to blame and responsibility of broader contextual factors for the client's reason for attending therapy
- **Stating imposition as rule –** This is included for its similarity to using language to generalise, which is like Pounds' (2012) finding about the utility of a physician referring to a third party when giving advice to be empathic and avoid a 'face threat.' For example, "we ask all patients to take this medicine". It is also included here for its potential implications for analysing client empowerment, for example should its use direct the client to assume conversational control
- **Hinting** - This may be used as a strategy to avoid imposition but it is also being considered from a pragmatics theoretical perspective in this study (see section 3.4 for further mentions of hinting studies). For example, by undertaking a pragmatics analysis, Elder and Haugh (2018) explained that hinting is an indirect strategy, and that its meaning can be recognised during a co-constructed third turn (see chapter 3 for further details about this topic). It is possible that clients might make hints concerning the meaning of what they are saying rather than stating it directly. This could relate to empathic

communication considering the answers that are provided by therapists, and subsequent meanings which are assumed. The presence of, and possibility of analysing, hinting will be considered by analysing sequences to determine whether, and how, hinting occurs, including in relation to aims for empathic and empowering communication.

In sum, the linguistic features, categories, and strategies discussed throughout this chapter will be utilised to build the linguistic framework for this study. The features, categories and strategies will be piloted to build the final framework, and discussion of this follows in chapter 5.

5. Methodology

5.1 Theory-oriented case study method

A case study design was used in the present research, involving the analysis of five cases of complete (meaning the first to final transcripts are all intact) transcribed therapeutic sessions.

As McLeod (2011) is a seminal author in counselling and psychotherapy research, including in person-centred therapy, the conduct of this research was based on his recommendations. Empathic- and empowerment – related communications may be likely to fluctuate in counselling contexts, and McLeod (2011) recommends that case studies are ideal for understanding dynamic concepts. He also suggests that the use of case studies in counselling research could enable analyses of subtleties in complex interactions, including how therapeutic processes and the context in which they occur might relate. McLeod (2011) outlines how theory-oriented case studies use cases to build new theoretical frameworks, making this an ideal choice of case study design for the aims of the present research project.

Regarding the choice of case studies, McLeod (2011) recommends the use of 'typical cases,' in theory-oriented case study designs. This means that the choice of transcripts to include to test the theoretical framework should be assumed to be 'typical cases,' (even if this is later found not to be the case). The use of typical cases is particularly valuable when new theory is being developed, meaning it provides a good fit for studying the communication of empathy and empowerment in person-centred therapy. The five sets of complete transcripts used to develop the framework were assumed to be typical cases (where 'typical cases' comprise a course of therapy that is successfully completed).

5.2 Obtaining data

Five series of complete transcripts were used in this project for data purposes, taken from the Alexander Street (accessed in 2019) publishers website. All of the transcripts detail classical person-centred therapeutic interactions between a therapist and a client. At the time of writing, the Alexander Street website states that it holds almost 4,000 counselling and psychotherapy transcripts across its

volumes I and II. The five sets of transcripts used for data in this research were taken from volume I, which was published in 2011 and is now closed to any new submissions. Volume I is the only volume to include transcripts of classical person-centred therapeutic sessions and includes 2,000 total transcripts of all therapeutic types.

Institutions such as universities may pay an annual fee to access the Alexander Street website. Librarians at the awarding university for this project signed up for a free 30-day trial period to access the transcripts used for data purposes in this research. The university librarians also reviewed the Alexander Streets' terms and conditions and confirmed that up to 10% of the transcripts could be downloaded during the trial period and used for analysis in research projects, including by postgraduate researchers. All rules outlined in the Alexander Street's terms and conditions have been adhered to at every stage of the research project. This includes by following the stipulation that less than 10% of transcripts included on the Alexander Street website overall were downloaded for analysis purposes during the trial period.

The Alexander Street publishers give no specific inclusion criteria for the submission or publication of transcripts. The Alexander Street company obtained the transcribed sessions used in this project for data purposes by convenience sampling, meaning that members of the editorial team initially used their professional contacts to request the voluntary submission of any type of transcribed session for inclusion in their database. The transcripts used in the present research project have all been taken from the first volume of the Alexander Street database which has been closed to new submissions since 2012. It is not known what motivated therapists to submit their transcripts to the Alexander Street organisation for use in their database. Other authors (such as Gaut et al., 2017; Oseguera et al., 2017; Wu, 2019; and Hartman, 2019;) who have analysed (at least some of) the same transcripts have also not provided clarification about this in their publications. Details about the therapists have been anonymised by the Alexander Street website per ethical requirements, meaning it is not possible to contact the therapists to ascertain these details.

The five series of transcripts which have been used for data purposes in this research project detail sessions of classical person-centred therapy which took place in the United States of America (USA) during the early 1970's.

As the analysis in this project concerns communicative processes (in other words, it is a linguistic analysis rather than a content analysis), the use of language which was associated with the 1970s or the USA (for example, the use of slang terminology, or reference to cultural events) did not curtail the analysis. Any uncertainty about terminology was overcome by using an online search engine to desk research the context and meaning of the term and did not, in any case, influence the analysis of the communicative processes which were used for empathy and empowerment.

The Alexander Street transcripts were used for data purposes owing to the lack of availability of more recent therapeutic transcripts for use as data. The difficulties in gaining access to contemporary therapeutic transcripts for research purposes is well known in this research community (see McLeod, 2015). The main difficulty gaining access to therapeutic transcripts relates to gaining ethical clearance from therapists and clients. Therapists must not provide therapeutic transcripts for research purposes without gaining permission from the clients who they have worked with, and whose talk is also detailed in any potential therapeutic transcripts. Clients are often reluctant to give permission for use of their transcribed therapy sessions for use in other contexts, like research, for example owing to their desire to keep the sensitive matters they have discussed confidential. When clients are willing to allow permission to use transcribed sessions of therapy they have undertaken, therapists may also be reluctant to give clearance for researchers to use the transcripts, for example owing to the potential that their practice might be critiqued and made public by researchers. Furthermore, therapy sessions are often not recorded at all. When they are recorded, this tends to be by trainee therapists who will often only record a few of their sessions, for example because they have been asked to do so by their trainer assessors for the purposes of their supervision or an assignment. Negotiating the use of therapeutic data, whether in transcribed or recorded format, is therefore reliant on several factors which can be difficult, or impossible, for researchers to manage. A potential solution is that researchers simultaneously train as a therapist (if they have not done so already), and plan to use their transcripts for data purposes before beginning a therapeutic relationship with a client, providing their clients also allow this. However, McLeod (2015) also describes that data collection for research purposes by therapists may potentially disrupt the therapeutic process, meaning to do so would potentially be unethical. To overcome these challenges in data collection, McLeod (2015) states that historic

therapeutic data can be just as useful for research purposes. Historic therapeutic data (i.e., therapeutic transcripts) is as useful as current data for the aims of this research project (to analyse the communication of empathy and empowerment in person-centred therapy) because the practice of classical person-centred therapy is unchanged in the present day.

The Alexander Street website comprised the best data source because it provided therapeutic transcripts which fit the research aims of this project to analyse complete series of authentic classical person-centred therapeutic sessions. Other sources of therapeutic transcripts were also surveyed, including Carl Rogers's therapy sessions (held by Lietaer and Brodley, 2003). However, these do not denote full sessions of therapeutic treatment so do not provide a good fit with the aims of this project, including the ability to analyse completed series of therapy. Some educational textbooks detail short authentic extracts from therapeutic sessions but these also do not provide an adequate amount of material for the aims of this study. Typically, short extracts included in educational textbooks are from the authors' own therapy practice, and the data in its fuller form is not made available for data use by researchers. The inclusion of authentic therapeutic data is also less common than textbook authors using imagined short vignettes to illustrate their textbooks. Such vignettes do not tend to be used in academic research projects and would not fit the aims of this research project which require authentic therapeutic data across complete series of transcripts for use as data.

5.3 Inclusion criteria

The inclusion criteria for data were that transcripts detail a series of complete sessions (meaning the first to final sessions are all intact) of classical person-centred therapeutic practice. This meant that any other forms of therapy (including those which fuse person-centred therapy with other therapeutic approaches) were excluded. It was also necessary that the transcripts included only therapist-client dyads, meaning transcripts which included other relational formations (such as couple or family therapies) were excluded.

Neither the Alexander Street editorial team nor the therapists submitting the transcripts have systematically tracked client outcomes, meaning it is not possible to determine whether only successful cases have been submitted, for example. The

omission of this information would be significant if the present research were considering outcomes. However, the focus of this research project is on therapeutic processes so the importance of whether the therapeutic session had a 'successful' outcome (however this is defined) is not significant here.

5.4 Sampling

Patton's (1990) guidance about purposive sampling in qualitative research has been followed, meaning that transcripts were selected for data in this research owing to their 'richness' and fit with the research questions. Assuming Patton's (1990) definitions of typologies of purposive qualitative sampling, homogenous sampling has been used in this work owing to its enablement of a focused analysis of a subgroup of participants (the communication of empathy and empowerment in a person-centred therapy dyad, including a therapist and client whose therapy takes place in the USA, in the 1970s, over complete series of case studies of therapeutic sessions).

Patton (1990) explains that the initial amount of data collected should be based on the researcher's assumptions about how much is required to produce sufficient findings, in this case by enabling saturation to occur at the analysis stage of research. As the five sets of complete transcripts amount to over a thousand pages, it was estimated that this would be enough data to fulfil the project aims.

Transcripts were analysed until saturation was achieved. The present research is data- and theory- driven, meaning that saturation was assumed once analysis yielded no further conceptualisations of empathy, empowerment or of their relatedness, in accordance with Saunders et al.'s (2018) recommendations.

Patton (1990) suggested that further sampling might take place at a later stage of a research project should the initial amount of data not provide sufficient findings. However, the initial assumption about the quantity of data needed for analysis was appropriate, meaning further sampling was not required at a later stage of this research.

5.5 Confirmation that transcripts detail person-centred therapeutic data

The transcripts which were selected had been submitted to the Alexander Street website by practicing person-centred therapists who had confirmed that their transcripts contained the practice of classical person-centred therapy. The therapists submitted their transcripts voluntarily, meaning they were not paid for doing so. The Alexander Street used editorial staff and indexers who have expertise in counselling and psychotherapy to validate that only classical person-centred therapeutic practice (as opposed to another form of practice) was evident in the data. Metadata detailing the type of therapy was added to each transcript once data validation had been completed, and prior to publication on the Alexander Street website, to make it possible to search for transcripts by type of therapy using the Alexander Street website search function. Only transcripts which were categorised on the Alexander Street website as comprising classical person-centred therapy were selected for inclusion in this research project.

It is possible to search the Alexander Street website for transcripts overall by searching by type of analysis, by the presenting condition of the client, or by characteristics of the therapist or client. As this research concerns classical person-centred therapy, only transcripts with 'client-centered therapy' in their metadata were obtained ('client-centered' is used interchangeably with 'person-centred' in literature, and the use of the spelling 'centered' is the American English spelling as the Alexander Street website is based in the USA). As the transcripts are all from the early 1970s, the person-centred therapeutic practice outlined in them is, by definition, 'classical' (the term 'classical' is applied retrospectively in the field of person-centred therapy, as was described in chapter 1).

All transcripts on the Alexander Street website comprising complete series of sessions of person-centred therapy were downloaded. This comprised the five complete case studies used here for data purposes. All data was saved to a secure OneDrive online storage folder and shared only with the supervisors of this doctoral project. There is no time restriction on deleting the data as the data is publicly and permanently available on the Alexander Street website. However, all terms and conditions of the Alexander Street website have been adhered to, including that the complete data sets will not be shared with anybody beyond the supervisors for the present project. This does not include the use of extracts of data in the present research, meaning that quotations can, and have been, used illustratively in this thesis.

5.6 Transcript classification

To comply with guidance for ethical practice, the Alexander Street transcribers anonymised all identifying information for the therapist and client, and for anybody else mentioned in the transcripts by the therapist or client. The Alexander Street assigned an identifying number to each series of transcripts (for example '002'). Identifying numbers are also used in this thesis to refer to sessions, therapists, and clients, but have been re-numbered to make sequential sense for reporting purposes, as follows in table 1:

Table 1: Relabelled identifying details for sessions, dyads, therapists, and clients

Alexander Street Label	**Label in this Research**
Client 115	Session/dyad/therapist/client 1
Client 006	Session/dyad/therapist/client 2
Client 018	Session/dyad/therapist/client 3
Client 027	Session/dyad/therapist/client 4
Client 130	Session/dyad/therapist/client 5

As 'therapist' was used generically by the Alexander Street publishers across all transcripts, the pseudonyms of the therapists were altered for reporting for this project. For example, "client 1" will now be labelled as working with "therapist 1." The general numbering and relabelling were also changed for the purposes of reporting in this work, for example client '115' was changed to 'session/therapist/client 1' for ease of reading and consistency when discussing findings across more than one transcript.

5.7 Characteristics of 'participants'

The therapists and clients who participated in the transcribed sessions used for data in this project are not defined as study 'participants' in this thesis as they did not actively participate in this research. The use of 'participant' in this respect differs from the description of 'conversational participants' used by conversation analysis, which refers to interlocutors involved in a conversation, rather than to those who have agreed to participate in a study. The information given in table 2 (appendix two) concerning the characteristics of the study 'participants' has been provided by the Alexander Street publishers who were given this information by the therapists who submitted the transcripts for publication in their database. The anonymisation of the data means that it has not been possible to ascertain whether the various therapist-client sequences of transcripts include the same client or therapist, for example whether one therapist has seen several clients, or one client has visited multiple therapists.

A broad overview of the topics discussed by the five therapist-client pairings in each set of transcripts is also provided in table 3 (appendix three) using the descriptions provided by the Alexander Street website.

5.8 Ensuring quality in qualitative work

O'Brien et al.'s (2014) standards for qualitative research have been followed throughout this research project. These standards include outlining the qualitative methodological approach which has been used (see chapter 3). O'Brien et al. (2014) also suggest that qualitative researchers ensure research rigour by explaining how potential subjectivity has been considered during analysis. Although the use of inter-rater reliability would be ideal, it was not possible in this study given that the PhD research was necessary to be undertaken individually by the postgraduate researcher. Rather, discussion about the findings, and all other aspects of the thesis, occurred during doctoral supervision meetings. O'Brien et al.'s (2014) guidance for ensuring trustworthiness by maintaining detailed notes (an 'audit trail') has also been followed throughout this research by entering these, along with reflections as the research progressed, into a reflexive diary. Note that rigour was also extensively covered in the protocol paper which was published during this research project, and which is included in appendix one.

5.9 Ethical considerations

The awarding university's arts and humanities faculty ethics committee checked whether ethical permission to undertake this research would be required at university faculty level. The chair of the ethics committee confirmed that it was not necessary to apply for ethical clearance at this level because the data (the transcripts) are available in the public domain (See appendix four).

As the therapists who took part in the transcribed therapeutic sessions offered their own transcripts to the Alexander Street website, full permission, including for analysis of transcripts in research, has been given. Permission from clients is also confirmed as the Alexander Street website, which is based in the USA, confirms that data has only been provided when doing so meets the ethics guidance (including of participant consent) issued by the American Psychological Association (APA) (2017). Although the transcripts have been taken from sessions which took place in the 1970s, comparing this with the most recent APA ethical guidance shows the most recent guidance has built upon the guidance from this earlier period rather than detracted from it or altered it. This means that the updated guidance from 2017 is still relevant when considering the ethical implications of use of this older data for these research purposes. The APA guidelines include consideration of use of transcripts for research purposes, including by postgraduate students.

Ethical considerations which are relevant to this research are outlined below.

5.9.1 Anonymity

The protection of participants' identities was of potential concern in this research as highly sensitive and personal matters are frequently discussed throughout the transcripts. For example, private internal states (including potential or confirmed mental ill health) are discussed, as are illegal acts clients have committed, and matters relating to potentially vulnerable individuals who have not participated in the therapeutic sessions. The Alexander Street website published transcripts only when all names had been anonymised by their removal, including names of the therapist and client, as well as names of people referred to who do not partake in the therapeutic session. All participants are referred to by pseudonyms in the

Alexander Street data. The pseudonyms are composed of an identifying number, for example 'client 002.' Therapists are referred to generically as 'therapist' throughout all transcripts.

All pseudonyms and revised pseudonyms are sufficient for anonymising and protecting the identities of those involved in the transcripts.

5.9.2 Informed consent

Informed consent was of potential concern in this research, especially because the nature of counselling interactions means that highly sensitive matters are frequently disclosed. For example, the data includes disclosure of sexuality, personal relationships, mental illness, and criminal acts committed by clients. The Alexander Street website states that all APA (2017) ethical guidance has been met, meaning that informed consent has been assumed.

5.9.3 Privacy and confidentiality

The Alexander Street website confirms that all privacy and confidentiality guidelines issued by the APA (2017) have been met. All transcripts are anonymised and publicly available to those with access to the Alexander Street site.
For this research project, transcripts are stored on a private, protected OneDrive online storage database to comply with the awarding university's guidance about the use of OneDrive as its preferential site for online storage.

5.9.4 Right to withdraw and knowledge of publication

The Alexander Street website confirmed that clients were made aware of their right to withdraw from having their therapy sessions recorded and transcribed, including for research purposes. As the data was anonymised prior to being accessed and download for use in this project it is not possible to identify those taking part in the transcriptions. It is also not possible to contact participants to make them aware of any potential publication or give them a right to withdraw.

At the time of writing, it was not possible to find clear guidance from the APA about working with secondary internet-mediated data sources. However, the

British Psychological Society (BPS) is assumed to offer complementary guidance to APA, and advises that the use of non-reactive data (meaning data acquired unobtrusively, for example the data in the present project) is acceptable for use where data is anonymised and held by a gatekeeper (British Psychological Society, 2017). As the Alexander Street company acts as gatekeeper to the data and confirms it meets the APA ethical criteria, including anonymity, this research adheres to the criteria for right to withdraw and knowledge of publication as much as is feasible.

5.9.5 Use of quotations

Reporting includes the use of direct quotations from the transcripts as the data is fully anonymised and publicly available on the Alexander Street website. This means that the use of direct quotations does not infringe on the rights of the participants by, for example, identifying them. The use of quotations in reporting will strengthen this work by illustrating and validating analyses. This also adheres to Tracy's (2010) guidance for quality in qualitative work as it enables 'thick description' to contextualise and demonstrate the credibility of the findings. The literature review outlined the lack of the 'client's voice' in previous research concerning therapy so use of quotations from the client may also be empowering in this research and help to fill this gap, as it enables the clients' voice to be 'heard'.

The line numbers included with the quotations in the findings chapter (chapter 6) show the data as it has been formatted in the transcripts published on the Alexander Street website. These transcripts are not included in the appendices of this report owing to copyright restrictions on their use.

5.10 Procedure

5.10.1 Developing the framework

A piloting study was first undertaken to ascertain the utility of the linguistic features (outlined in chapter 4) for empathy and empowerment in person-centred therapeutic interactions. As the research questions (outlined in section 2.4) concern which features are used for empathic and empowering purposes in person-centred

therapist-client interactions, including how these features interact for the same purposes, the features were piloted to assess how effectively each of the features were used for empathy and empowerment in this context, including by considering how they interacted and could be integrated.

A further purpose of piloting the features was to check whether the quantity of data which had been collected (the five complete series of case studies) would be likely to be sufficient to meet the research aims to ascertain which linguistic features were used in therapist-client interactions for empathic and empowering purposes. This consideration was particularly important because (as described in the present chapter), saturation in this study was considered during the analysis stage. Accordingly, the selection of data for use in piloting was made at random, and comprised the first, middle (i.e. session 11 of 20) and final (session 20) transcripts from a complete series of transcripts from one therapist-client dyad (later retitled 'session/dyad/therapist/client 1,' as outlined earlier in this chapter), which was also used for data purposes during subsequent stages of the analysis. The choice to select transcripts at random for piloting purposes was made to address concerns outlined by methodologists like Simpson, Mayr and Statham (2019) who described the possibility of bias when data has been 'cherry picked' for analysis.

A further benefit of the piloting stage was that it allowed some familiarity with the data by necessitating it be read multiple times because each individual linguistic feature (when present) was coded individually prior to it being considered in relation to the other features (where relevant). In other words, the piloting allowed a method for analysing the data to be developed, so extended beyond being a content analysis to considering the broader purpose and meaning of the use of each linguistic feature (when relevant) for empathic and empowering communication in the person-centred therapeutic context. The use of the qualitative software NVivo enabled this process by allowing the coding of each feature to be isolated or highlighted in relation to one, or more, of the other linguistic features which were piloted. Furthermore, the NVivo software programme was useful for keeping memos to track project reflections about the developing analysis.

The lack of observation of any linguistic features (referring to those features not retained following the piloting period) for empathy and empowerment in the

transcripts used for piloting was assumed to be typical, meaning that they were unlikely to be present in the other transcripts not being used for piloting purposes. The following table (table 4) details the features which were rejected during the piloting phase, including why they were rejected (note - whilst this research project is qualitative, the NVivo software used for analysis also provides an overall count of times each linguistic feature was coded, hence the quantity each feature occurred, when relevant, is also included to explain the reason for the rejection of the linguistic feature being discussed):

Table 4: Rejected linguistic features, categories, and strategies, and reason for rejection

Feature, Category, or Strategy	**Reason for Rejection**
Features, categories, and strategies already considered in person-centred therapy	
Resistance *(From Bercelli, Rossano and Viaro's (2008) findings about the features of resistance)*	
Changing topic abruptly	No instances found during piloting.
Claiming not to understand	No instances found during piloting.
Forgetting	No instances found during piloting.
Refusal to answer questions	No instances found during piloting.
Responding minimally when not expected	There was one example of this, but this category merged better with reformulations for empowerment. For example, the finding that therapists continue reformulations until the client responds with autobiographical information, as is key for their empowerment and for providing empathic 'clues' for the

	therapist, is further described under the findings chapter 6.
Personal pronouns	
Second-person pronouns	Only first-person pronouns used by the therapist to speak as though the client for empathic and empowering purposes were found (and are further described in section 4.3), so all other personal pronouns were rejected at this stage.
Features, categories, and strategies with potential utility for empathy	
Empathic speech act *(From Pounds' (2012) empathic speech act)*	
Appraisal and evaluation	There were 14 examples of the therapist using appraisal and evaluation, but these examples were, overall, more successfully incorporated more generally into the five linguistic features which were included in the final framework (see sections 4.1 – 4.5 for discussion of these features). This decision was also based on revisiting the theoretical literature following the initial piloting, as it was decided that the ethos of person-centred therapy meant that appraisal and evaluation would be better categorised as being pre-existing aspects of the other linguistic features.
Expressing concern about causing discomfort	No instances found during piloting.
Facilitating minimal comments	No instances found during piloting. The quantity of speech by the therapist and client is also not entirely relevant in this research. However, it is briefly described in relation to self-disclosure by the therapist in response to client questions in the findings (section 6.4.2).

Inviting confirmation or elaboration by referring to a third party	No instances found during piloting. However, reference to third parties was made for other purposes relating to empathy and empowerment, and is included in the findings about the use of personal pronouns (see section 6.3).
Referring to potential feelings	The therapist named feelings 16 times in total. However, this frequently followed the client doing so first hence the feature 'referring to potential feelings' was better considered in this research as being an outcome of the use of other features for empathic purposes, such as about the client literalising metaphors (metaphors are described in section 4.2).
Self-disclosure	Client self-disclosure is, in fact, better organised in this research in relation to it being an outcome of the use of linguistic features for empathy and empowerment by the therapist (see discussion in chapter 6). However, self-disclosure is anticipated as being a feature of client empowerment hence the linguistic features that enable this are included in the final framework. Therapist self-disclosure was not found to be present enough (there was 1 example found during piloting) to constitute its own feature in the findings. However, it is relevant for empathy and empowerment but is better described in relation to uses of questions by the client and answers by the therapist (outlined in section 6.4).
Showing feelings are valid	Although this category was piloted, this was overarchingly too 'fuzzy' a concept for this context because it was an implicit anticipated aspect of empathic speech in this context. Only

	4 examples were found of the therapist using this feature explicitly during piloting the data, so it was decided that this was an implicit aspect of empathy in this context which was present through most features utilised by the therapist, and so is outlined throughout the findings about all the features found to be used for empathy and empowerment (discussed in chapter 6).
Showing understanding	This was altogether an implicit aspect of empathy in this context so present in almost every turn. Therefore, it was considered more appropriately incorporated as an outcome of the use of the final features included in the framework for empathy and empowerment (described in sections 4.1 – 4.5), rather than having utility as a standalone category of empathy and empowerment in this context.
Using backchannel noise	No instances found during piloting. This feature was found to not be present in any of the subsequent transcripts either, therefore was possibly not transcribed. This point relates to a discussion in this project about access to data overall (see section 5.2).
Using expressing lack of certainty in exploratory mode	This category was present in 17 instances found during piloting. As the research questions in this context concern which features are used to communicate empathy and empowerment, this category has been incorporated into discussion about the five features which formed the final framework as it is a descriptive feature which better constitutes an outcome of the features which are discussed in sections 4.1 – 4.5.
Using modifiers	No instances found during piloting.

Using softeners in forms of verbs and modal expression	No instances found during piloting.
Positive Politeness Strategies *(From Brown and Levinson's (1978) categories of positive politeness)*	
Asserting or assuming reciprocity	No instances found during piloting.
Being optimistic	There were 3 examples of being optimistic (in relation to positive politeness) found while piloting. These primarily related to the therapist being optimistic that the therapist and client wished for the same things in therapy. As there were few examples, and these were likely explainable by these being present in the introductory session, this linguistic strategy was rejected.
Exaggerating interest or approval	No instances found during piloting.
Giving 'gifts' like compliments	There were 2 instances of this strategy found when piloting, and both were by the client who was stating that the therapist had done a 'good job' by their interpretation based on their previous turn. This provided a better fit with reformulations, overall so some discussion relates to this when client responses are considered in the findings chapter about reformulations (section 6.1). Although not found during piloting, the therapist also offers this on a few occasions when the client asks directly about how their therapy has progressed although this had complex implications for client empowerment which are discussed further in chapter 6.

Giving or asking for reasons	There were no examples found during piloting. However, giving or asking for reasons related more generally to questions which were asked by the client, which is explained in further depth in section 4.4, hence this is somewhat described in this chapter rather than being considered as its own feature or strategy.
Including in activity	No instances found during piloting.
Intensifying in-group identity markers	No instances found during piloting.
Joking	No instances found during piloting.
Noticing or attending to wants	There was a single example of this strategy found when piloting. However, this related to the negotiation of procedural details which occurred during the introduction of the first session. As only 1 example was found, and this was not related to empathy per se, this was not progressed.
Offering or promising	No instances found during piloting.
Presupposing or asserting common ground	No instances found during piloting.
Seeking agreement or avoiding disagreement	There was 1 example of this linguistic strategy found during piloting, relating to the therapist responding to the client who did not agree with the therapist. However, this response was found to more readily relate to how reformulations and hedging were sometimes used simultaneously for empowerment, which is described in more depth in section 6.1
Alignment	

Conversational alignment	There were few examples of conversational alignment, and the cognitive theory was re-reviewed and found not to be constructive considering its potential relationship to client disempowerment in this context.
Features, categories, and strategies with potential utility for empowerment	
Institutional talk	
Institutional language	There were very few examples here of this feature being used (2 in total), and these were considered tentatively as emotional language might also be considered as being institutional language, considering the context of therapy encourages emotional talk. There were some examples of institutional language being used, for example following the client specifically asking for a definition of types of psychotherapy, as outlined in the questions finding chapter (section 6.4). As institutional language was not particularly present during the piloting phase and pertained to other linguistic features (like being an outcome of client questions), this feature is discussed as being a categorical aspect of the five final features included in the linguistic framework, rather than being considered as a distinct feature.
Negative politeness strategies *(From Brown and Levinson's (1978) categories of negative politeness)*	
Apologising	No instances found during piloting.
Being pessimistic	There were only 2 examples of this found when piloting (both used by the therapist), so this was not included although similar language was used as a part of hedging used by the therapist, which is a feature further described in section 4.5.
Deference	No instances found during piloting.

Going on record as incurring a debt	No instances found during piloting.
Impersonalising	There were 2 examples of impersonalising which was not sufficient to be progressed in the analysis, so was rejected at this stage. However, as described above concerning 'inviting confirmation or elaboration by referring to third party,' some examples regarding using personal pronouns to refer to a third party are included under the personal pronouns findings (described in section 6.3).
Minimising imposition	No instances found during piloting.
Nominalising	No instances found during piloting.
Stating imposition as rule	There was a single example of this category found when piloting which related to the therapist explaining how sessions would be run. Although this example had potential implications for client empowerment (for example via demystifying the therapeutic process for them), and empathy (by being done in an emotionally sensitive manner), these outcomes were a better fit under other linguistic features, like client questions (described in section 4.4).
Hinting	No examples of hinting were found, although this is described in relation to empathy and empowerment throughout the findings (chapter 6).

The subsequent retainment of the final linguistic features was contingent on how effectively they could be used to analyse empathic and empowering interactions,

and their use in combination, across the entire series of transcripts. Five linguistic features comprise the final framework for person-centred therapist-client empathic and empowering interactions, and these also comprise some of the features which have more of a conceptual overtone (see details in the table above). The piloting also enabled a more nuanced understanding of each feature, for example the various definitions comprising reformulations were considered during the theoretical stage (see chapter 4) and, by considering this linguistic feature in broad terms, the piloting stage enabled confirmation about the appropriate aspects of reformulation to include within the final framework. The development of the framework can be called 'iterative' for this reason as it involved comparing the findings of the piloting with the initial theoretical review multiple times. The piloting period also involved discussion with the supervisory team, meaning the project supervisory team added their input about which linguistic features were retained and which were rejected.

The piloting period therefore confirmed the efficacy of developing a framework which is both theory- and data- driven. Piloting the framework at an early stage in the research project also enabled potential concerns to be clarified, such as whether the estimated time frame for analysing each set of transcripts was achievable within the time limits of the doctoral degree. Importantly, the piloting period suggested the five linguistic features (outlined in depth in chapter 4) were those which are used by therapists and clients to interact empathically and empoweringly in their person-centred therapeutic interactions. These five features comprise the final framework so are discussed in depth throughout the remainder of this thesis:

- Reformulations
- Metaphors
- Personal pronouns
- Questions
- Hedging.

Following the piloting stage, the five main linguistic features identified for communicating empathy and empowerment in person-centred therapeutic interactions were analysed across the entire series of transcripts comprising the five complete case studies (outlined in section 5.6).

5.10.2 Mode of analysis

The analysis first involved coding each transcript for the presence of the features which had been retained following piloting on a subset of data: reformulations, metaphors, personal pronouns, questions, and hedging. The coding in the transcripts were then compared for the co-occurrence of linguistic features, meaning how a linguistic feature had interacted within an individual turn by either the therapist or client. At this stage, it was possible to analyse, firstly, that the linguistic features were present across the entire series of transcripts and, secondly, which of the features co-occurred for empathic and empowering purposes. The analysis therefore became more nuanced at this stage, and inferences began to be made about why, and which aspects, of the linguistic features were used by either therapists or clients during their therapy sessions.

NVivo was also utilised to keep project memos of the development of the framework, as it happened, which proved invaluable for understanding why the linguistic features were used, how the framework was best formed, and whether the combination of linguistic features was entirely relevant for empathy and empowerment.

The analysis period showed the benefit of utilising an overarching methodology of discourse analysis, pragmatics, and conversation analysis (described in chapter 3), as adopting this methodology enabled an understanding of the features used by therapists and clients for empathy and empowerment, including by addressing their fine-grained communicative aspects as well as their broader implications and meaning. Furthermore, using this hybrid methodology allowed an in-depth analysis concerning how and why person-centred therapy interactions utilise reformulations, metaphors, personal pronouns, questions, and hedging for empathic and empowering communicative purposes. The findings chapter which now follows (chapter 6) shares the novel elucidations made possible by this methodology.

6. Findings

This chapter details the main findings in relation to the five features found to be used to communicate empathy and empowerment in person-centred therapeutic interactions between therapists and clients. This chapter is presented in the following order: reformulations (section 6.1), metaphors (section 6.2), personal pronouns (section 6.3), questions (section 6.4), and hedging (section 6.5). Each section also includes findings about how other linguistic features are combined with the main feature being discussed for empathy and empowerment during person-centred therapeutic interactions.

6.1 Reformulations

6.1.1 Reformulation uses for empathy and empowerment: what is permitted by therapists, and clients?

A first finding in this study concerns the permissibility of reformulation use by therapists and clients during person-centred therapeutic interactions. As described in section 4.1, a therapeutic reformulation used by a person-centred therapist must be worded so that it is simultaneously empathic and empowering. The content of a therapeutic reformulation must therefore demonstrate the therapist's understanding of the emotional content of what has previously been said by the client so that it is empathic. The same reformulation must also encourage client empowerment by offering the client ownership of the content which has been reformulated. This is achieved by the therapist avoiding holding power over the client. Furthermore, therapists can achieve empowerment via their uses of reformulations by encouraging the client to respond by either confirming or disconfirming, and by including autobiographical material in their response.

As a reminder, the person-centred therapeutic theory indicated that there has been dispute amongst some theorists about whether therapeutic reformulations should be used in person-centred therapeutic practice. A main concern of person-centred therapy theorists has been whether therapist reformulation use could be disempowering for the client, for example because it may risk the therapist being directive over the conversational topic. However, the review of linguistics literature

about reformulations suggested that the concerns about reformulation use might be over-cautious, as person-centred therapy theorists appeared not to have regarded all types of reformulations that could be used by therapists. The theoretical review for this study (in chapter 4) was suggestive that reformulation use could, in fact, be compliant with the person-centred therapeutic aims for empathy and empowerment. For example, while reformulations by upshot (where information is added during the reformulation, Wu, 2019) might only be usable by clients, reformulations by gist (where a summary occurs without the addition of new information, Wu, 2019) could be used by either therapist or client in compliance with the person-centred therapeutic aims for empathy and empowerment.

The findings from this project supported the suggestion made following surveying the literature, concerning how therapeutic reformulations might be viable for empathic and empowering aims providing the therapist uses only reformulation by gist. In addition, prior to undertaking this research, it was unclear whether client speech could constitute a therapeutic reformulation. An example is now included which demonstrates how clients may also use reformulations themselves:

Dyad 1, Session 3

T175	Yeah, it's on a … some type, kind of
176	going into **training** until you're like, feel… to take on whatever is out there that you have
177	to take on.
C 178	**Right**. It's, well **it's, not so much training as getting armed.**

Note in the example above that the client (in line 178) initially confirms what the therapist has reformulated but that they follow this confirmation by immediately disagreeing thereafter and adding their own perspective. This extract, firstly, demonstrates the potential of a reformulation which is used by the therapist being empowering for the client. Client empowerment is evidenced here by the client taking ownership of the content during their response (in line 178). This finding counters suggestions by Davis (1986), and Martin and Rose (2013) who claim that

therapeutic reformulations should be altogether avoided owing to their likelihood for causing client disempowerment.

Secondly, the response made by the client in the extract above is suggestive that client responses to therapeutic reformulations may constitute reformulations themselves. This is because the client's response to the therapist's reformulation includes a summary of the content of what the therapist has said during their previous turn (…'it's, not so much training…' – line 178) whilst it also adds their own perspective ('… as getting armed – line 178). The client therefore demonstrates empowerment by taking ownership of the content of the therapeutic material by both disputing what has been said by the therapist and adding details which serve to be corrective. To be empowering, the therapist must not add information in the same way the client has in this example. Hence, this finding is supportive that therapists and clients may both use reformulations, although the permissibility of them doing so is dependent on their role in the therapeutic relationship. In sum, to ensure compliance with client empowerment, the therapist may only use reformulations by gist whereas the client may use reformulations by gist or upshot. Additionally, the use of metaphor allows the therapist to add a comment in a non-directive manner, which both complies with the ethos of person-centred therapy and which might also encourage further disclosure by the client (by putting what has been said in their 'own words,' which is further discussed in the metaphors section of the findings).

Regarding the use of either type of reformulation for empathic purposes, the example above (lines 175 – 177) shows the therapist making a reformulation which is subsequently (in line 178) reconsidered by the client. Other research findings so far (described in section 4.1) have focused mostly on the immediacy of therapist reformulations for empathic purposes (meaning, whether the content of the reformulation has been successfully empathic, meaning whether it has successfully summarised the emotional content of the previous turn taken by the client). The extract above demonstrates how the response made by the client is disconfirming, meaning the empathic communication may not have been immediately successful. Despite this, the client offers additional information (in line 178) which could be used by the therapist to check their own empathy for the client, and to adjust, if required, their empathic understanding of the client. The therapist's use of a

reformulation by gist is empowering because it offers the client ownership of the therapeutic material by avoiding the inclusion of additional material, like by being evaluative or judgemental. The client's response is therefore expansive and additive, hence is functional for an empathic check by the therapist. The ability to check their level of empathy which is offered by the client's response allows the therapist to consider their subsequent response, and to ensure that this successfully communicates empathy. The use of an appropriate (in terms of empathy and empowerment) reformulation (by gist) by the therapist therefore leads to the client assuming empowerment and simultaneously creates subsequent opportunities for empathy.

The importance of the therapist using a reformulation type (by gist) which avoids power over the client has been shown here. Furthermore, the value of analysing reformulations in terms of empathy and empowerment across turns has been shown. In addition, the ability to use a reformulation, by either gist or upshot, available to the client is empowering for them and allows them to also contribute toward empathic communication in their therapeutic relationship. A related finding regards the importance of considering the client's' response type to therapeutic reformulations for empathy and empowerment, and discussion about this topic follows in the next section (section 6.2.2).

6.1.2 Client responses to therapeutic reformulations for empathy and empowerment

This section demonstrates how therapeutic reformulations for empathy and empowerment should be analysed by also considering client responses. Whilst some of the formative literature (discussed in chapter 4) has regarded client confirmation in response to reformulations made by therapists, less attention has been given to the importance of client disconfirmation for empathy and empowerment. Theory so far (for example discussed in chapter 4) has mostly been suggestive that client confirmation and extension is indicative that a therapeutic reformulation has been empowering for the client. In other words, it is empowering because the client confirmation has indicated that the reformulation has been accurate and because it also adds information which may be used by the therapist to form subsequent turns. Furthermore, the client's' confirmation and extension has previously been theorised to be indicative that the therapeutic reformulation has

been successfully empathic because the confirmatory aspect of the client's response can be used to indicate the accuracy of the reformulation. The findings in this project are in agreeance with the conclusions made about confirming and extending client responses but show that they have focused too much on the therapist's turn. In other words, the confirmatory response by the client has been used to support the view that the therapist's reformulation has been, for example, empathic. The present findings demonstrate how a disconfirming and extending response by the client is equally important for empathy and empowerment communicated using therapeutic reformulations in the person-centred therapist-client interaction. However, disconfirming and extending responses by the client have been less regarded by other authors so far. As section 4.1 showed, client disconfirmation in person-centred therapeutic contexts has so far been assumed to be altogether problematic for empathy and empowerment, for example because it has been understood to be used by clients to conclude a particular conversational topic that they do not wish to discuss. Furthermore, client disconfirmation has been regarded as problematic for empathy and empowerment because it has been perceived to imply that the therapist's use of reformulation has failed to be empathic.

In other terms, theory about client disconfirmation in response to therapeutic reformulations should also incorporate how clients use disconfirming responses to extend. Hence, client disconfirmation and extension can also be used for empathic purposes (for example, as a check, as described in section 4.1), and for empowerment (by allowing clients to add their own view and take ownership of the content, as described in section 4.1). An example of a client disconfirming and extending is included in the following extract, where the therapist reformulates (lines 87 – 89) what the client has said about an experience with a fellow student and concerning taking exams (the 'ACTs,' an acronym for the American College Test) (lines 75 – 86), and the client responds by disconfirming the therapeutic reformulation and extending with additional autobiographical information (lines 90 – 92):

Dyad 1, Session 10

C 75 I don't know. I was just thinking when I mentioned the ACTs… I hadn't felt

76 necessarily bummed out before. In fact, I don't over this right now. Sometimes it gives me

77 a twinge of, I don't know, jealousy or inferiority or something that (name removed) has, quite

78 obviously, posted considerable seriously better grades etc out of high school than I ever

79 even dreamed of. I made it through high school and I managed to graduate and that is

80 about the extent of it. (Name removed) is all… to pull off a scholarship here. She

81 looks like she may manage it. If, and when, she does, she will get out of school and start

82 college and I will probably be all of three semesters ahead of her at the most and like as

83 not, we will end up in few classes the same – purposeful. Not that it couldn't be avoided

84 but we will still be so close in our levels that that is where we will be at. It gives me a little

85 bit of a feeling that I should be bummed out somewhere but it doesn't bear bothering too

86 much about now – maybe later!

T 87 I wasn't sure whether you meant you were worried about, like, maybe

88 competitive type feelings, or whether the fact of you as being so close on a level just

89 highlights for you how far you are behind where you would like to be.

C 90 **Well, no, it's not just me**. It is more of a competitive idea, although it is... It

91 sounds awfully selfish but I would feel awfully bad if I couldn't feel I was

at least on

92 an equal position. If we were to go into school - I never having known how

to study.

The example above shows a client disconfirming in response to the therapist's reformulation ('Well, no, it's not just me…' - lines 90 – 92). Whilst previous findings (for example by Pomerantz, 2008) suggest that clients may be most likely to dispute the therapist's reformulation by being abrupt in their response, responding minimally, or by changing the topic altogether, it was in fact very common for clients to disagree then add autobiographical information to explain why they disagreed. The disconfirm and extend response (such as included in the extract above) has obvious similarities with the confirm and extend response by clients to therapeutic reformulations but confirming and extending has been altogether better regarded (for example, see the discussion in section 4.1). The function of confirm- and disconfirm- and extend responses for empathy and empowerment therefore also seem similar. Both confirm- and disconfirm- and extend responses by clients resulted in the clients adding autobiographical information. This finding shows how, even when the client disagrees with the therapists' reformulations, empathy can still be built by offering the clients the conversational space to provide autobiographical information which can be 'worked on' by the therapist during subsequent turns. Furthermore, the disconfirming and extending response by the client is also indicative of client empowerment as it allows them to assume conversational control, meaning that they should also direct the content of future turns taken by the therapists.

Note that for the client to present a disconfirming response, they must feel sufficiently empowered to disconfirm and extend, rather than just to change the topic, reply minimally, or be abrupt in their response, which are the potentially disaffiliative responses given most attention in the research literature so far (see section 4.1 for discussion about these response types). The option to disconfirm and extend that therapeutic reformulations offer therefore also provides an

indication to the therapist both about how active clients are in therapeutic communicative processes like empathy and empowerment, and that, the use of reformulations does not necessarily imply that the therapists have power over the client (which Davis (1986), and Martin and Rose (2013) have also suggested, as outlined in section 4.1).

The confirm- or disconfirm- and extend responses to therapist reformulations used by the clients may also be analysed to understand the level of empathic accuracy of the therapeutic reformulation which preceded it. Some authors have considered the client's confirm and extend response in terms of how empathic the therapist's reformulation has been (for example, see section 4.1). However, disconfirm and extend responses by the client have been little regarded overall. Furthermore, how confirming- or disconfirming- and extend responses indicate the *extent* of accuracy of empathy in the therapist's reformulation has also not yet been regarded. An extract follows which provides an example of a therapeutic reformulation (lines 438 – 439), and a client response which is confirmatory and extensive, and which also includes the client providing evaluative information about the accuracy of the therapist's reformulation (lines 440 – 442):

Dyad 1, Session 1

T 438	It's like you didn't mean that the way it is now, it just like… wasteland was
439	the word that came to my mind after you said waste, but…
C 440	**Yes. Very good**. You threw that out up on the table and it...even had I been
441	wasting time then, the way that I had considered wasting time then didn't mean as much
442	to me. To say then that I was wasting time didn't bother me much.

In the example above, the client confirms to communicate that they agree with the content of the therapist's reformulation ('Yes' – line 440) then states the extent of their agreement (in this case, 'Very good' – line 440), before adding

further autobiographical information to 'prove' the therapist's reformulation is accurate (line 440 – 442). Whilst strong agreement is indicated in the client response above ('Yes. Very good,' and the following evidence provided during lines 440 – 442), strong agreement with therapeutic reformulations is not always offered by the clients. The example below includes an example of a client disconfirming and extending in response to a therapeutic reformulation:

Dyad 1, Session 3

T175	Yeah, it's on a … some type, kind of
176	going into training until you're like, feel… to take on whatever is out there that you have
177	to take on.
C 178	**Right**. It's, well **it's, not so much training** as getting armed.

The client initially agrees ('Right' – line 178) in this example but follows by adjusting the extent of their agreement ('it's, not so much'… - line 178). This shows how clients' confirmations of therapists' reformulations may not, even themselves, fully align with the therapist's reformulation, especially when the client adds comments about the extent of their agreement with the therapist. Furthermore, this finding also demonstrates how client confirm- or disconfirm- and extend responses are additive, rather than necessarily merely involving agreement or disagreement with the therapist and evidence about why the therapist is correct or not. The focus on therapeutic reformulations must therefore also regard client responses in therapeutic interactions to provide a holistic view of therapeutic reformulations for empathic and empowering purposes. As outlined in section 4.1, prior research has focused on how the confirm and extend response by clients is indicative of therapeutic empathy. The findings in the present study show that the content which surrounds the client's confirmatory response must also be analysed, particularly when it adds information about the extent of their confirmation.

Additionally, disconfirm and extend responses should be regarded for their potential empathic and empowering functions. The use of disconfirm and extend may intrinsically demonstrate client empowerment because it indicates that clients feel able to dispute what has been said and to take ownership by adding information. Further, the use of disconfirm and extend by the client in response to a therapeutic reformulation can contribute toward empathy, for example by correcting or adjusting what has been interpreted by the therapist during their reformulation. The findings in the present research therefore add information concerning the value of disconfirming responses for empathy and empowerment, providing that their use is accompanied by the client also making an extension. Of course, the clients may confirm or disconfirm without making an extension, and this would be problematic for empathy and empowerment. The next section (6.1.3) details how therapists craft their reformulations to ensure that clients use extensions when confirming or disconfirming in their responses.

6.1.3 Reformulations for empathy and empowerment: collaborative meaning making by therapists and clients

This chapter concerns how therapists use reformulations to ensure that the client's response also contributes toward empathy and empowerment. As a reminder (and see section 4.1 for more information regarding these points), therapeutic reformulations must demonstrate an understanding of the client (to be empathic) and must also encourage the client to take ownership of the therapeutic content during their response (to be empowering). Therefore, client responses which indicate whether the therapist's prior reformulation has been accurate are particularly useful for empathy. For example, a client might confirm- or disconfirm-, and indicate the extent of their agreement or disagreement (as discussed during section 6.1.2). Further, client responses which add autobiographical information which relates to the topic of the preceding therapeutic reformulation are particularly useful for empowerment as they allow the client to utilise their internal locus of control to progress the therapy. It is therefore important that therapists use reformulations which encourage clients to confirm or disconfirm, to indicate the extent of their agreement, and to expand. The topic of this chapter concerns how therapists

used their reformulations for these ends when clients did not respond in a manner which was ideal for empathy and empowerment. As previous literature has tended to concern whether reformulations should be used in person-centred therapy at all (they should be, as discussed in section 6.1.1), or whether their use is empathic or empowering or not (they can be, as discussed in section 6.1.2), the findings outlined in the present chapter are additive because they consider how empathy and empowerment happens in interactions during the practice of person-centred therapy.

The first finding in this section concerns how therapists concluded their reformulations once the clients responded with an adequate quantity of material to 'take ownership' of the topic being discussed. Rather than a reformulation being used by a therapist, then a client responding, then a movement to a further topic, therapists frequently pursued reformulations across multiple turns until the client offered an extended response. An example of a therapist pursuing a therapeutic reformulation until the client offers an extension is included in the following extract. The extract shows the therapist (lines 310 – 311; lines 313 – 314; line 316) using a reformulation across turns whilst the client confirms minimally, offering no further details about accuracy or making any extensions (line 312; line 315):

Dyad 1, Session 3

C 303 But, and so I am very likely crazy to most people. But (name removed) and I

304 were talking one night and he said something to the effect of, "The thing to

remember

305 about being crazy…" he said, "you have to keep the whole in some kind of

306 perspective. And as long as you understand where you're at or understand a little bit of

307 where you're looking from or where you want to look from, you can always be

308 sheltered… In some way or another, or at least, you can always feel that

you are in some

309 way or another."

T 310 That kind of makes it sound like that, kind of an overall view to provide

311 some sort of framework and you can go walking...

C 312 Yeah.

T 313 […] around within it, no matter or whatever way you want to, but there's

314 something firm, comfortable, maybe no comfortable but, something

stable in having...

C 315 Right.

T 316 […] that framework.

C 317 Yeah, I have kind of two different views of philosophy. And it's, I compare them

318 to the quantum and the wave theory… And it's like, I see a structure and

319 see a fluidity and they seem to never, you can never make them together, put them

320 together.

[…]

The client eventually responds to the therapist's reformulation use in the extract above by confirming and extending (line 317 – 320). The reformulation is therefore made successful, in terms of empathy and empowerment, by being continued and pursued across turns made by the therapist. The implications of this finding are that therapeutic reformulations might only be made successful for empathy and empowerment across several turns. Additionally, the continuation of therapeutic reformulations can be made workable for empathy and empowerment, even when it appears that they have not immediately been empathic or empowering. Further, the therapist must be willing to use a prolonged reformulation, and to conclude their use of therapeutic reformulation once the client has assumed conversational control (by their confirm- or disconfirm- and extend response, for example from line 317 above). The focus by previous authors on empowerment in terms of quantity of speech (for example Voutilainen and Peräkylä, 2016s, outlined in chapter 4) is contradicted by this finding. Rather, the quality of the reformulation is relevant here and, especially, that a response by the client which indicates empathy and empowerment is (eventually) made. Hence, idea of the 'third turn' is supported here (this was outlined in section 3.4), particularly concerning how empathy and empowerment are co-constructed and confirmed during a concluding turn used during a therapeutic interaction. To offer an illustrative example, in the extract above, the therapeutic reformulation for empathic and empowering purposes occurs across three (extended) turns. Firstly, the client offers autobiographical information. Secondly, the therapist uses a reformulation to communicate their understanding empathically, and to simultaneously invite the client to respond. Thirdly, over the course of several turns, the client confirms and extends. Hence, the reformulation for empathy and empowerment is made possible across these three turns (which are extended over the course of the interaction detailed in the extract above).

This chapter now moves to discuss how therapists integrate additional linguistic features for empathy and empowerment with their therapeutic reformulations to encourage further therapeutically useful client contributions. A first example is the mergence of metaphors (which have been outlined in section 4.2) and reformulations. The use of reformulations and metaphors in collaboration was first found by Muntigl (2007) in a psychotherapeutic context external to person-centred therapy. The present findings are additive because they consider the

combined use of metaphors and reformulations for empathy and empowerment in person-centred therapeutic interactions. The purpose of embedding a metaphor in a reformulation in this context is to encourage a client response which is extensive and which comments upon the accuracy of the therapist's' reformulation. An example is provided below, which details a client complaint about how they spend their time (lines 143 – 147), a therapist response which utilises a combined reformulation and metaphor (lines 148 – 150), and a client confirm and extend response which comments upon the accuracy of the therapists' turn, and which extends by including new autobiographical material (lines 151 – 158):

Dyad 2, Session 1

C 143 Yeah. Because that's – then that's part of the – that just repeats that into the

144 whole problem of I mean part of I'm sure what's causing it is all of the feeling that you

145 know here I am really just sitting around and going over not doing anything that I

146 really feel is worthwhile. And just really wasting time. And as a result I just sit around

147 and waste more time. It's just very strange thing.

T 148 **It's like** everything that happened that **piles** another thing on top of

149 that. As if nothing happens to break it or to **break into it or loosen it** at all for you.

150 But it just all becomes an **additional weight**. Is that what you were saying?

C151 Yeah pretty much. Just the fact there is a **weight** there anyway makes

152 me not accomplish things which just adds another **weight** to it. And makes me more…

153 And it's really it's not even like when I first decided I had to begin…

154 It was a long time before I did what I thought was taking the pills

155 to do it. With – it wasn't that I was unhappy at the time or really depressed you know

156 feeling that everybody hated me or anything else. It was more of a feeling that things

157 were never going to get any better. And I wasn't I mean I just mostly I can't stand being

158 I can't stand kind of like the statistics. And…

In the extract above, the therapist reformulates ('It's like…' – line 148) and introduces metaphors to do so ('piles…' – line 148; 'break into it or loosen it' – line 149; 'additional weight' - line 150). The client's response is to repeat the therapist's use of metaphor ('weight' is repeated twice by the client, in lines 151 and 152), whilst also adding that the 'weight' 'makes me not accomplish things' (lines 151 – 152). Also important is that the client responds to the therapist's combined reformulation and metaphor use by confirming and adding details about the accuracy of the therapist's previous turn ('Yeah pretty much' – line 151). In this instance, the use of the metaphor by the therapist encourages the client to consider both the accuracy of the therapist's statement ('yeah pretty much') and the meaning of the metaphor 'the weight.' Further, the use of a question ('Is that what you were saying?' – line 150) is also used to prompt a response by the client. That the metaphor acts as a representation of the client's feelings means that, to respond to it, it is helpful for the client to add comments about whether the metaphor use has felt accurate. As the metaphor is being used for reformulation purposes, the client is also encouraged to comment on the meaning of the metaphor in terms of its purpose and situatedness in the therapist's reformulation. Therefore, the client's response addresses the empathic and empowering purpose of the therapeutic reformulation by producing a confirming or disconfirming response which also addresses the meaning of the metaphor which is being embedded in the reformulation. The metaphor embedded in a therapeutic reformulation therefore contributes toward

ensuring a client response which is therapeutically useful in terms of co-constructing empathy (by addressing the client's unexpressed feelings) and empowerment (by encouraging a client response).

The metaphor embedded within the reformulation also provides an interpretation which is less direct than it may otherwise have been. As the meaning of the metaphor is extracted by the client, and subsequently confirmed during a 'third turn,' the metaphor in the reformulation is subsequently 'evidenced' by the client. In other words, the client provides their own interpretation about the meaning of the metaphor which the therapist should then also assume during their following turns to avoid power over the client, hence, also to encourage client empowerment.

Other linguistic features were utilised in combination with reformulations used by the therapists to ensure the ownership of the meaning of content remained with the client. A prominent example was the combined use of personal pronouns (which have been discussed in section 4.3) and reformulations by the therapist. When combining a first-person pronoun to speak as though the client and a reformulation, the therapists would use words the clients had used in their prior turns to indicate that the reformulation was from the frame of the client. Doing so allowed the therapists to communicate their empathic understanding of the client by addressing the feeling of the client, whilst empowerment was also possible to encourage by using the language the client had used, which had originated from the frame of the client. The following example includes the client describing their feelings of uncertainty (lines 185 – 189). The therapist responds by reformulating to demonstrate understanding of what the client has said whilst using first person pronouns to illustrate that the meaning of the reformulation has been given by the client (lines 190 – 192):

Dyad 2, Session 11

C 185 I really don't know what it is that's stopping me, I think it's like a

186 whole bunch of different things all mixed together. Some of it is just not

187 knowing which course to take, when and not having a **clear** idea

of what to –

188 part of - part of it's, what I want and having conflicting –

189 and try and decide the priority for them.

T 190 So **it sounds like** you're saying "**I need - I need** to be so much more

191 **clear** about some things before **I** could work on them or do anything and **I'm** so

192 **unclear**".

The example above shows the therapist reformulating what the client has said ('so it sounds like…' – line 190). The therapist also utilises a first-person pronoun to speak as though they are the client, "I… - line 190; "I'm" – line 191), whilst also using the language the client has used previously about their own feelings ('clear' – line 187; and 'clear' – line 191, and 'unclear' – line 192). The client's initial turn (lines 185 – 189) is somewhat 'muddled' and confused, and the use of a reformulation by the therapist helps the client to 'hear' what they have been trying to articulate. The therapists' use of a personal pronoun embedded with the reformulation above also shows the client that what is being said is coming from the perspective of the client. Hence, the combined personal pronoun and reformulation demonstrates to the client that they have already articulated their feelings and what they need to help them progress. The reformulation used by the therapist is therefore positioned as coming from the client's frame to encourage client empowerment by demonstrating that they are responsible for resolving their own problem. Further, the focus on the client's feelings the reformulation offers is evidenced by the language used by the client ('clear'). So, the therapist communicates their empathy by showing that they understand the feeling of what the client has said whilst also avoiding power over them by using the language of the client to evidence their reformulation ('I,' 'clear'). The personal pronouns used by the therapist to speak as though the client allows the therapist a method to articulate what has been said by the client, which helps them progress their therapy, whilst also offering ownership of what is said to the client. Previous research (for example by Thorne and Sanders,

2013, described in section 4.3) has regarded how first-person pronouns may be used to indicate empathy. This finding adds details about how reformulations and first-person pronouns may be combined by the therapist for communicating empathy and empowerment.

Therapeutic reformulations were used alongside personal pronouns to demonstrate client expertise to the client. Hedging (which has been described in section 4.5) was also used in combination with therapeutic reformulations to encourage client empowerment by positioning the client as being an expert with the answers to their own problems. The use of hedging 'softened' the potential of the therapist reformulation being perceived as meaning the therapist was the expert, or was being direct. When therapists used hedging in reformulations, the clients typically responded in an assured manner because they were placed in an expert position, involving expertise over their own situation. An example is provided below which includes the therapist responding by use of a hedged reformulation which summarises the potential feeling of the client in a 'softened' manner by the inclusion of hedging (line 66). The beginning of the client's response (which is very long) to the therapist's reformulation is also included to demonstrate the client being positioned as an expert and responding in a more assured manner (line 67):

Dyad 1, Session 7

C 53 Oh God, I haven't slept in three days. I just… I get in bed and I start worrying

54 about something or other. And I've got to get to sleep. Christ, I get up at 5.30 in the

55 morning and I'm used to going to bed at 5.30. So I'll go to bed at 7.30, 8.30, as soon as I

56 get (name removed)'s dinner.

57 And I'll lay there and start worrying about.. about the bills, or about all the bad

58 checks that are bouncing in and out of the bank like rubber balls, and I start getting

59 scared. And then I start getting worried about being scared, and then I start thinking,

60 "Well you're really blowing it now," and it just kind of wings up in a vicious little circle that

61 keeps getting tighter.

62 And I'll get up two or three times during the night. I'll go over to (name removed)'s sometimes. I went

63 over there last night, I got so tight. I'll go watch TV for a few hours, come back down. It's

64 usually three or four in the morning before I finally just pass out, and then get up an

65 hour and a half later.

T 66 **It sounds like you feel** pursued by things.

C 67 Oh, God. Yeah, well. It's like I'm submerged in them […].

The illustrative example above demonstrates how the therapists' use of hedging with reformulations ('it sounds like…' – line 66) orients the client into an expert position by encouraging them to articulate their thoughts in their corresponding response. The 'sounds like' demonstrates to the client that the reformulation made is from the perspective of the therapist, meaning that their response is required to confirm or disconfirm this which, will hopefully, include details which expand by explaining why this is the case. Hence, the hedged reformulation addresses the feeling of the client ('feel pursued') so is empathic, whilst also demonstrating that the client is the expert meaning it is also empowering, so encouraging the client to expand with their own evidence concerning whether the reformulation has been correct, and how it appears to them from their own frame. The use of hedging in combination with a therapeutic reformulation allows the therapist to make comment whilst ensuring

the client is still responsible for what is being said. As described in section 4.5, little has been written about hedging use in person-centred therapeutic interactions, nor how hedging is combined with therapeutic reformulations, so this finding adds new information about how person-centred therapists might further ensure empathy and empowerment by use of combined linguistic features.

Overall, this chapter has indicated that:

- Both therapists and clients may use reformulations by gist. However, only clients may use reformulations by upshot. This suggests that therapists and clients hold different types of power in person-centred therapy which, in turn, determines how power is enacted conversationally in their interactions
- The view that client confirm and extend responses are ideal for understanding the communication of empathy via therapeutic reformulation use is over-simplistic. In fact, confirm and extend responses also often include information regarding accuracy, including by demonstrating that the confirmation is very weak
- Furthermore, disconfirming responses often also include extensions which are equally valuable for ensuring empathy and empowerment via therapeutic interactions which include reformulations
- The success of empathy and empowerment via the use of therapeutic reformulations is tripartite. The aim of the empathic and empowering reformulation should be to co-construct meaning during a 'third turn,' which may be pursued across multiple turns if not immediately successful
- Combining additional linguistic features with therapeutic reformulations can ensure that reformulations address the feeling of the client, meaning that they are empathic, as well as encouraging client empowerment. The purpose of the additional combined linguistic features is to encourage the client's response to include information about the accuracy of the therapeutic reformulation. Further, the combined linguistic features used with reformulations provide a method to help the client organise and articulate their thoughts, including by encouraging them to take ownership of the content discussed in their subsequent turn.

6.2 Metaphors

6.2.1 Working together to find the right words: constructing metaphors across sequences

The first finding in this section regards how metaphors were co-constructed by therapists and clients across sequences. The findings from other research projects (outlined in section 4.2), which had emphasised the importance of a therapists' metaphor being immediately empathic are not entirely supported by the present findings. Rather, metaphors which were introduced by therapists could be made empathic by interactions with the client across several turns. The findings here therefore suggest that clients also contribute to the empathic success of the therapist's metaphor uses. Furthermore, the meaning assumed by the hearer (the client, when the therapist has introduced the metaphor) must also be communicated to the speaker (the therapist, in the same instance) to ensure a co-construction of meaning during a third turn (see discussion of interactionally achieved meaning, including during a third turn in section 3.4). The findings for this project showed how a 'misuse' of metaphors by the therapists (meaning the metaphor was not immediately considered to be successful in terms of its aims to be empathic) was made empathic during subsequent turns by the client, first, communicating their understanding of the metaphor, and sometimes adjusting this, and the joint understanding about the meaning of the metaphor being outlined during a third turn.

A further main finding concerns how clients rarely introduced metaphors for empathic and empowering purposes themselves. This is contrary to suggestions by Lietaer and Gundrum (2018) (p.411) who analysed therapist responses to client-introduced metaphors to make recommendations for best practice. The argument underlying the suggestion that clients must introduce metaphors is that therapists who repeat the client's metaphor use would be empowering the client by speaking in 'their own language.' However, the present findings suggest that this view has underestimated the contribution the client makes to ensuring metaphor use is empowering and empathic. In other words, metaphors introduced by therapists, even when not immediately appropriate for empathy or empowerment, were not accepted passively by clients. Rather, the clients responded by extending (meaning adding information, Tay, 2021), literalising (meaning 'spelling out' the meaning of

the metaphor in literal terms, Tay, 2021), or adjusting the therapist's metaphor use (meaning responding by using a metaphor they deem more appropriate for describing the meaning of the matter they are discussing). These are new findings because these response options by the client to the therapist's metaphor uses had not yet been discussed in terms of their utility for empathic communication in person-centred therapy. Additionally, the clients contribute to their own empowerment by responding to the metaphors which have been introduced by the therapists, including by responding with an alternate metaphor, or by explaining in non-figurative terms what the meaning of the metaphor used by the therapist has been. In sum, metaphors should be considered in terms of building empathy and empowerment during interactional turns.

Another response option by clients was to ignore the therapists' use of metaphors altogether, neither refuting their use nor affirming their use, with or without a metaphor being used in their response. For example, this extract relates to the client discussing how they are beginning a new job which they do not feel passionate about:

Dyad 1, Session 7

C 31	I know, not that I haven't been a hundred times before.
T 32	[…] Suddenly a lot of
33	things just **falling down.**
C 34	**I have got a feeling, although I've mentioned to you before how, for**
35	**months, that I had nothing to do […]**

This extract above demonstrates how clients would sometimes respond to the therapist's introduced metaphor by not acknowledging it, for example by responding with a metaphor or by literalising the content of the metaphor. In the example included above, it appears that the therapist's metaphor used in response to the client (line 33) might not have been successfully empathic, as the client ignores the metaphor during their response and appears to change the

topic (lines 34 – 35). The therapist's subsequent response (included below, in line 46) shows how the therapist concludes their metaphor use when the client has not shown the metaphor regard in their own response. For example, the therapist responds (following a long turn by the client which has been truncated in the example included above) by saying:

T 46 […] I want to hear what you're saying. You wouldn't like it if you did?

By avoiding the use of a metaphor (in line 46) and, instead, using a question, the therapist's response above comprises a more direct invitation for a response from the client which may be used by the therapist to clarify their own empathic understanding of the client. By listening closely to the response (lines 34 – 35, in the first extract included above) made by the client, the therapist can gauge their own level of empathic understanding, and make a repair, if needed, by reaffirming their interest in the client's feelings ('I want to hear what you're saying'... – line 46). The therapist also simultaneously uses the information offered by the client (lines 34 – 35) to respond empathically in their subsequent turn by addressing the potential feeling of the client's turn ('You wouldn't like it if you did?' - line 46). The assertion by the therapist that they want to understand the client also adds to the process of client empowerment as it encourages the client to put their feelings into their own words in their response. Further, the use of a question at the end of the turn comprises a direct invitation for the client to respond (the function of questions for empathy and empowerment in person-centred therapy is discussed in section 4.4). This finding demonstrates how, even when metaphor uses by the therapist appear to be disregarded by the client, the therapist may still be presented with further opportunities for empathy and empowerment. Hence, empathy and empowerment are interactionally achieved via metaphor use because they are based on the therapist's initial turn (their attempt to use a relevant metaphor in line 33), and the client's response (in this instance, by their ignoring the therapist's metaphor use from line 34 above). The therapist's subsequent response (in line 46) corrects their 'misuse' of metaphor for empathic purposes by including discourse which more directly encourages empathy (by stating their

wish to understand the client), and empowerment (by asking the client a question, which means the client is positioned as responsible for outlining their position and helping the therapist to further empathise with and empower the client during future turns).

Despite the aims of person-centred therapy including that the client should feel empowered enough to dispute or disagree with the therapist, including with their potential 'misuse' of metaphor, this rarely occurred. This finding supports Pomerantz's (2008) finding that interlocutors, in general (not in therapy specifically) rarely disagree outrightly with their conversational partner. However, the clients did often confirm their agreement with the use of metaphor which was introduced by the therapists. When the client agreed with the metaphor which had been introduced by the therapist, this agreement most often occurred by use of minimal confirmation. For example, the therapist combines metaphors in the following quotation (line 185) to talk about the client feeling lonely and overwhelmed:

Dyad 2, Session 13

T 185 […] Sit with you in the **swamp** and talk about how **bogged down** you are.

C 186 **Yeah**.

The response by the client here (line 186) is affirmative, suggesting that the therapist's use of metaphors is empathically accurate. However, the response by the client is problematic in relation to the aim for the metaphor to serve as an empathic check because the brief affirmative response by the client ('Yeah' - line 186) does not contain sufficient detail for the therapist to make sense about the reason the client has agreed with the metaphor (this is a problem of grounding, which was outlined in section 3.4). The response being insufficient for empathic purposes is explainable by the overarching aim of the use of the metaphor by the therapist for an empathic check. This is that the metaphor use by the therapist should lead the client to respond by adding autobiographical information which can be used to inform therapists' empathic responses (this

aim was outlined during chapter 2). The longer, autobiographical response by the client would also ideally be empowering for the client as it would mean that they are contributing their own 'take' on the topic of discussion.

In response to the minimal affirmative response by the client in the extract above (line 186), the therapist literalises the meaning of the metaphor they had introduced (line 189 - 193):

T 187	And it was really kind of…
C 188	With how high it is?
T 189	Yeah, it's that kind of thing. And like that's, I don't know, it can be **depressing**,
190	it's going to be **frustrating**, it can be **anger producing**, whatever. And it's like it, I
191	don't hear you necessarily saying that you want me to do anything for you but it's
192	more like, "Well, let's just **look at** it a different way or try to talk about it in a
193	different way."
C 194	Yeah.
T 195	Or something, I mean, something equivalent to a **breath of fresh air.**

In addition to literalising the metaphor they had previously introduced ('depressing' - line 189, 'frustrating,' 'anger producing' – line 190), the therapist introduces a new metaphor ('a breath of fresh air' in line 195). Furthermore, the therapist's use of 'look at' (line 192) gives an example of a 'dead metaphor' (THINKING IS SEEING from Lakoff and Johnson, 1980). The therapist concludes their metaphor use (in line 195) once the client responds to the therapist's final turn with a much longer response which includes autobiographical detail but

does not include metaphors. This finding also aligns with Tay's (2021) suggestion that therapists might extend their metaphors by literalising their meaning, and that they may also 'chain' metaphors by introducing another metaphor. The findings here, again, add information about how therapists conclude the 'therapeutic work' for empathy and empowerment they are doing by use of metaphors once the client responds with extensive autobiographical information. This demonstrates the empowering effects of metaphors as their use encourages the client to expand upon their experiencing, even if this constitutes the therapist using multiple turns and, sometimes, multiple metaphors, to achieve this aim. This finding adds how therapists' introduced metaphors may require additional communicative 'work' to ensure that they reach the person-centred therapeutic aim of being empathic and empowering by encouraging client elaboration via offering autobiographical details. This finding also further demonstrates how the use of metaphors for empathic purposes may take place over multiple turns in interactions. Furthermore, the findings have shown how the client's responses motivate the therapist's choice to use metaphors, including how their use is concluded once the aim of using the metaphors (to empower and empathise) has been achieved.

The clients also sometimes used a metaphor in response to the therapist introducing a metaphor (supporting suggestions by Tay, 2021, and adding details about the use of metaphors for empathic and empowering communication in person-centred therapy). The clients adjusted the content of the metaphors introduced by the therapist during their own response, although the meaning of the metaphors used by the therapist and client was similar or the same. For example, one client responded to the therapist-introduced metaphor by use of varied metaphors across several turns:

Dyad 2, Session 16

T 272 … But

273 the need for that **thick wall** or the fear of what will happen if there is a **chink** in it just

274 somehow isn't there.

…

C 278 […] Ending up having to draw back in a completely **defensive ball.**

…

C 282 […] Whatever **tendrils, tentacles,** whatever you reach out with […]

In the extract above, the client appears to be describing the same feelings of protection ('defensive ball' – line 278) and separation (by 'tendrils, tentacles' – line 282) in their metaphor use as has the therapist in their metaphor use ('thick wall,' 'chink' – line 273). The metaphors used by the therapist and client in the extract above can be understood to be conceptually related at the level of meaning, therefore implying that the therapist's introduction of a metaphor was successfully empathic (it accurately summarised the feelings of the client). However, the client's adjustment to the therapist's metaphor use (by putting the content of the metaphor in their own terms by use of other metaphors) might also be considered in terms of the client's own empowerment because they have assumed ownership of the language being used. This finding is also supportive that the linguistic 'work' which happens following the introduction of the metaphor by the therapist also helps to aid empathy and empowerment by providing empathic hints for the therapist to use to inform their subsequent responses. This means that therapist-introduced metaphors can still be empathic and empowering even if this appears not to be immediately the case during their first use, which would be known because of the client's response. Overall, these examples demonstrate the importance of analysing empathy and empowerment in person-centred therapy in relation to their location in sequences, as well as to their content.

6.2.2 A journey from entrapment to feeling and being free: the importance of content

The discussion now moves to considering the content of the metaphors used for empathy and empowerment in person-centred therapeutic interactions.

Although a 'misfitting' metaphor introduced by the therapist (meaning one that is not immediately successful for empathy and empowerment, as discussed during the preceding section) can still result in opportunities for empathy and client empowerment, the content of the metaphor itself is also important. The use of metaphors by therapists and clients in person-centred therapy for empathic and empowering purposes overall can be grouped by conceptual content. Some of the groupings which were used were very similar to some of those in the typologies outlined by Lakoff and Johnson (1980). For example, the LIFE IS LIKE A JOURNEY metaphor was frequently used during the person-centred therapist-client interactions (see section 4.2 for further details about Lakoff and Johnson's, 1980, typologies of metaphors). The person-centred therapists and clients used 'life' in their metaphors in abstract terms to imply that the emotional experience of undertaking therapy was 'like a journey'. Likewise, the personal experiences the clients discussed were described by them using metaphors as being like taking a journey. The metaphors used by the therapists and clients to describe client 'journeys' were often combined with metaphors which related the journey to the clients' feelings of control. For example:

Dyad 1, Session 13

T 254 […] You know being able to **drive yourself** not just **drifting along** like

255 I don't know a **stick in a stream.**

This extract likens the idea of having control over one's life to driving a vehicle (line 254) and contrasts this experience with feeling a lack of control ('drifting along' – line 254, 'stick in a stream' – line 255). The metaphors used here by the therapist relate to the experience of client empowerment as the client is said to be in control of their own journey ('being able to drive yourself' – line 254), rather than experiencing that something external has control over the direction of their life. The use of a metaphor about taking control of a vehicle was also frequently used by therapists and clients in the transcripts. Metaphors which

related to external factors blocking the client's journey were also frequently combined with the taking control of a vehicle metaphor. For example,

Dyad 2, Session 7

T 94 […] The image I get is, you

95 know if you **drive a truck or car** on one of those **real rutty country roads** sometimes

96 you **caught on the hump in the middle** and your **wheels are just spinning and spinning.**

The therapist's use of metaphors in the example above suggests that the client may be in control of a vehicle ('drive a truck or car' – line 95) but may be frustrated by not managing to reach their destination, however much they try to do so, because of external factors like 'humps' (line 96) in the road. The utility of metaphors for empathy and empowerment here relate to their symbolism. By the therapist using figurative language, the client becomes able to assume their own meaning for the metaphor, meaning the client assumes ownership of the metaphor by giving it personal meaning (rather than by being directed by the therapist concerning how to consider their own experience, which would contradict the aims for client empowerment).

The aims of person-centred therapy for client empowerment via non-directivity (meaning that the client should not be directed by the therapist, rather they should rely on their internalised locus of control for their own empowerment, as outlined in chapter 2) have been critiqued by Waterhouse (1993). This is because, the critics argue, non-directivity may potentially individualise the client's distress, meaning the non-directive approach could cause blame and responsibility for what has happened to the client to be placed with the client, as opposed to explicitly pointing to external social factors. However, by using a metaphor which combines client power with external factors potentially blocking this power, the therapist appears to be placing the blame and responsibility on external factors. For example, in the extract above, the therapist (in lines 95 – 96) refers to external factors by use of metaphors ('rutty

country roads' – line 95; 'caught on the hump in the middle' – line 96). Referring to a potential external cause for client distress in an abstract manner functions to encourage the client to independently assume the meaning of the metaphor. The result of this is that the placement of blame and responsibility is implicitly communicated (as being caused by external factors, which the client can assume their own meaning in a personally relevant manner concerning what these external factors are), while the non-directive aim of person-centred therapy (meaning the therapist should avoid power over the client to encourage their own empowerment) is possible to maintain. Furthermore, the metaphors used by the therapist in lines 95 – 96 also address the feelings of the client in an abstract manner (for example, by referring to the client feeling stuck by situations beyond their own control), hence they are simultaneously empathic.

To ensure empathy and empowerment, the clients' response must also be carefully listened to by the therapist. The example below shows how a client responds to the content of the therapist's metaphor use (from line 48):

Dyad 1, Session 15

T 41 The feeling I get is, like, if you're **travelling** to the west coast and

42 **something happens to the battery in your car and you have to stop every 300 miles to**

43 **get your battery charged and the charge never holds**, you know […]

…

C 48 But it's like **whenever that battery goes down I don't just stop and have to**

49 **wait there and get it recharged.** It's like I **have to go back 500 miles and get it**

50 **recharged** because in the time I'm down […]

The therapists' metaphor use in the extract above is shown to have been successfully empathic as the client's response demonstrates how it has effectively described the client's feelings. This means that the clients' response may be utilised to give hints about how the therapist can respond empathically in subsequent turns, and this also contributes towards client empowerment because the client has taken 'ownership' of the metaphor via the extension ('go back 500 miles…' – line 49 – 50) in their response. The client's ownership of the metaphor, demonstrated in their response (from line 48) supports conceptualisations of metaphor use which consider how the meaning of metaphors is assumed by the hearer (the client, in this instance) (outlined during section 4.2). Hence, it is not enough that theorists focus only on the content of the metaphor itself but necessary also for the hearer's response to be analysed during person-centred therapist-client interactions for empathy and empowerment.

The therapists and clients also frequently used metaphors to symbolise the client protecting themselves from the risk of harm caused by external sources. For example,

Dyad 2, Session 16

T 372 […] Because you're feeling sort of **armoured over** or…

…

Dyad 4, Session 2

T 705 Do you want to kind of **put up the barricade?**

In every instance, metaphors of this type were introduced by the therapist, meaning that they possibly constitute the 'stock metaphor' described by Tay (2019, introduced in section 4.2). The function of this type of metaphor could be considered as constituting a subtle encouragement for the client to become emotionally involved, as such metaphors were typically used to refer to the 'guarded' way the client interfaces with other people in their own communications. Therefore, the use of this type of metaphor might be

considered directive to some extent, which would support criticisms about person-centred therapists not acknowledging the potential directivity of their practice (for example, made by Waterhouse, 1993). However, the potential directivity implicit in the metaphor uses (in both examples above) may not, in fact, be problematic for client empowerment. This is because the metaphors used above might subtly direct clients to be involved in their own therapy by encouraging them to be conversationally open, which is furthermore characteristic of client empowerment. The view that all conversational turns taken by the person-centred therapists must be nondirective to comprise client empowerment are potentially limited because they overlook the intention of the therapist. The abstract nature of the metaphor allows the direction to be given subtly, meaning that it is possible for the client to make their own interpretation about the intention of the meaning of the therapist's choice of metaphor. The focus on the nondirective nature of speech by the person-centred therapist has therefore disregarded how the client interprets the speech.

In sum, the abstract nature of the metaphor used by the therapist enables them to encourage client empowerment in a subtle manner. Rather than being perceived as being disingenuous, the subtle message of the metaphor in fact enables the clients to assume their own meaning about the intentionality of the therapist's turn. Therefore, metaphors are a useful linguistic feature for client empowerment because they enable the therapists to encourage the client to respond in a way (by expansive autobiographical disclosure) which will benefit them. Meanwhile, the abstract nature of the metaphor means that clients become empowered by assuming whichever meaning is appropriate for them. The nondirective intent of the person-centred therapeutic encounter is therefore retained, while client empowerment is simultaneously encouraged. The metaphor use also meets the requirements for empathic communication in person-centred therapy, because it addresses the feelings of the client, meaning the therapist demonstrates that they have understood what the client has said (for example, that the client feels 'trapped' in the examples above). However, the client ultimately assumes the meaning of the metaphor, and their subsequent turn ideally communicatively demonstrates their interpretation, hence directs the following turns.

Another type of metaphor frequently used by the therapists concerned the clients being trapped by external forces. Such metaphors were used to imply that the client's ability to become empowered may be restricted. For example,

Dyad 2, Session 1

T 130 […] It's like being **buried under a snow drift.**

&

Dyad 1, Session 7

T 105 So you're wondering if you've **stepped into a trap**…

The metaphors used above by the therapists ('buried under a snow drift' – line 130, 'stepped into a trap' – 105) are suggestive that the client is trapped by something beyond their own control. These types of metaphor are therefore conceptually similar to the metaphor about journeys which was discussed above in this section, and both types of metaphors have similar implications about client empowerment. This provides another example concerning how therapists may use metaphors to place blame with external factors for client issues. Such metaphors used by the therapist may be empowering by their implication, and by the therapist having communicated the message of the metaphor in a less direct manner than had they used nonfigurative language.

The findings of this project can also be used to support assertions by O'Keefe, Clancy and Adolphs (2011) who have argued that the implicit abstract nature of metaphors enables a degree of separation between 'difficult' or 'not yet processed' emotions to be described (see section 4.2). Some of the therapists and clients in this research context used a PERSON IS LIKE A MACHINE metaphor described by Lakoff and Johnson (1980) for this end. For example,

Dyad 4, Session 2

T 533 […] Not quite, but it's something like it's a, there's like a

534 **calculus problem**.

…

T 558 […] Going through the **motions of mechanically**…"

…

Dyad 4, Session 6

T 487 You mean it's an example of kind of deciding, **flicking a switch** […]

The use of the PERSON IS LIKE A MACHINE metaphor allowed the therapists to communicate their empathy for the clients' therapeutic process by outlining how the clients were experiencing their therapy. However, the client's process in these instances was described as their not being emotionally involved, so this type of metaphor could be being used as a subtle invitation for the client to experience their emotions rather than merely to 'go through the motions.' As metaphors in this context overall seem to be used by the therapists to communicate in a non-directive manner, the intent of the metaphor used by the therapists is ambiguous. Clients are therefore left to reflect on their meaning and to choose whether to respond by acknowledging their own interpretation about the implicit meaning of the metaphor.

A further category of metaphors introduced by Lakoff and Johnson (1980) (see section 4.2) will now be described in relation to their use for communicating empathy and empowerment in person-centred therapy. As a brief reminder, orientational metaphors may be used to liken experiences and emotions to bodily experiences of orientation. For example, the use of the metaphor feeling 'down' relates the emotion of sadness with the downward posture (or hunch) people feeling sad will often employ. Although they described the use of orientational metaphors in general terms (not explicitly in the therapeutic context), Lakoff and Johnson's (1980) suggestion that orientational metaphors relate to embodied experiences is also evident in the therapist-client interactions for empathic and empowering purposes. Several examples of both the therapist and client

referring to the clients' experiences in terms of the downward orientation were present in the data, for example:

Dyad 1, Session 13

T 218 […] Plus you know the kind of **pitfalls** that come like crop up and **pull you down** now […]

Dyad 1, Session 1

C 128 I've done nothing but go **downhill** […]

This finding builds on previous work by Levitt, Korman and Angus (2000) (outlined in section 4.2) which suggests that orientation-related metaphors may be used to analyse client empowerment and progress. However, the present findings also demonstrate how orientational metaphors can also be used for empathic purposes. For example, the clients' responses to the use of the therapist's orientational methods comprised, in each instance, a confirm and expand response. Therefore, the clients' responses indicated that the therapists' orientational methods were appropriately empathic because the client responded by adding information which evidenced the therapists' turn, showing how the metaphors had been used appropriately. In sum, the orientational metaphor may be used for empathic and empowering purposes in person-centred therapy, providing it is appropriate, which is made evident during the responses made by the clients.

A further type of metaphor which was very prevalently used by the therapists and clients related to physical experiences and sensations. Metaphors relating to touch were most often used, followed by metaphors relating to vision. The therapists' and clients' use of sensory metaphors allowed a shared language to develop about the abstract experience of feelings. This aided empathy in the therapist-client relationship because emotional content was made tangible by describing it in relation to common and shared bodily experiences. As the content of metaphors is determined and shaped by the culture the individual using them is associated with (see section 4.2 for discussion about this point), metaphors concerning bodily and sensory experiences may be used in the

person-centred therapeutic context to represent a 'shared culture'. In other words, the commonality of bodily and sensory experiences can be used for content purposes in metaphor use to 'bridge' the different emotional experiences the therapist and client may experience. Examples of metaphors which compare emotional experiences to bodily and sensory experiences to indicate their tangibility and ability to be 'grasped' are included for illustrative purposes, as follows:

Dyad 1, Session 7

C 135 And yet, there doesn't seem to be any way I can

C 136 **solidify my emotions.**

…

C 341 Yeah, that was a pretty **heavy emotion** anyway.

The metaphors above have been used to position emotions in relation to their weight ('heavy' – line 341) and immovability ('solidify' – line 136), so may be used by the therapists to gain empathic insight into the client's feelings. Furthermore, the client's metaphor use in the extracts above refers to their feelings about their own ability to work, in therapeutic terms, on their feelings, so also provides indications of their experience of therapy overall. For example, 'solidify my emotions' (line 136) can be used to represent that the client feels their emotions are fluid, so subject to change. And 'heavy emotion' (line 341) can be understood to indicate that the client is struggling to 'hold' on to their emotions, or cope with their scale. These interpretations are somewhat speculative, of course, but are included here to demonstrate how therapists might consider the use of metaphors by clients. As clients use metaphors to describe their feelings in terms of their perceived and imagined physicality, therapists may interpret the use of such metaphors by clients to provide information which can be used to form empathic insights about the feelings and experiences of the clients. Interpreting the content of the metaphors used by the clients is therefore also important, as doing so enables the therapists to understand the abstract and subjective feelings of the clients in terms of tangible, physical material. While

authors (like Lietaer and Gundrum, 2018) have suggested that metaphors may be used for empathic purposes by therapists to bridge the different cultures they and the clients share, this is the first finding which suggests how this may be done in terms of bodily and sensory metaphors which are used during person-centred therapeutic interactions. This finding also positions the therapist as the hearer and shows how their interpretation of the meaning of metaphors used by the clients might further direct therapeutic conversation (for example, by responding to the metaphor used by the client to demonstrate an understanding of the feelings of the client).

Whilst clients were more likely than therapists to use metaphors concerning touch, therapists were more likely to use metaphors about sight, for example:

Dyad 4, Session 9

T 396 Immediately it kind of sets off a **flashing light**.

Dyad 1, Session 7

T80 So there isn't any **breakout or any light coming through**?

However, the clients, in no instances, responded to the sight-related metaphors which were introduced by the therapists, and rarely used sight-related metaphors themselves, and certainly not to formulate their problems specifically. It is therefore tentatively suggested that the introduction of sensory-related metaphors may be more effective in relation to empathic communication when they are introduced by the client.

Overall, this section has indicated that:

- Metaphors are made empathic and empowering by their use across interactions. Although previous findings have tended to regard whether the metaphors used by the therapists have been successfully empathic or empowering on their introduction, these findings also demonstrate how empathy and empowerment are built via metaphor use in sequences of therapist-client interactions

- The importance of client responses to therapist metaphor use has been shown to have been underestimated. Client responses may occur in various forms, including by disputing or ignoring the therapists' metaphors uses. However, more important than the initial success of the therapists' metaphor use is that clients expand and provide further autobiographical information during their responses
- The content of the metaphors is also important for empathy and empowerment in person-centred therapeutic interactions. Metaphors used by therapists can encourage client disclosure, and place blame and responsibility in a subtle manner, including as having an external cause. This finding adds a novel insight into debates concerning whether person-centred therapists place excessive blame on the client for the matters that bring them to therapy
- The findings have shown how the therapists' intended meaning of the metaphor they have used is also crucial to ascertain. Metaphors may therefore be used by therapists to encourage client empowerment, even when the metaphor used might implicitly encourage action so be perceived as being directive in other research findings
- The use of metaphors by clients may be used by therapists to bridge gaps caused by the respective subjective experiences of the therapists and clients. A new suggestion made in this research is that metaphors might be used to create a shared culture in person-centred therapeutic interactions by making emotional experiences tangible by drawing on common human experiences, like touch, which are likely easier to understand and describe.

6.3 Personal pronouns

6.3.1 Facilitating the expression of dissent and positioning blame

The use of first-person pronouns by the therapist to speak as though they are the client was first described by Thorne and Sanders (2013, see discussion in section 4.3). The findings here confirm that therapists can use first-person pronouns as a strategy to communicate their feelings of empathy with the client. The present findings also add how first-person pronouns to speak as though the client can be used by the therapist to empower the client.

First-person pronouns are used by person-centred therapists to encourage clients to express their negative feelings, so aiding the client to add their own perspective, even when it is critical of therapy or the therapist. The following extract provides an illustrative example of the therapist using a first-person pronoun to speak as though they are the client criticising themselves (the use of 'lady' refers to the therapist speaking as though they are the client to criticise the therapist (themself), who is using the first-person pronoun):

Dyad 2, Session 12

T 428 Are you saying in part, "Look lady, you're not making it any easier for **me**?"

The therapist in the extract above uses a first-person pronoun ('me') to speak as if they are the client to express frustration with the therapist ('lady'). The use of a first-person pronoun has an empathic function because it elucidates the emotional meaning of the client's prior turn (cf. Thorne and Sanders, 2013). However, the use of a first-person pronoun is also empowering, as it voices the clients' (potential) dissent with the therapist and so invites the client to add their own perspective about how they are experiencing the therapist and therapy during their subsequent turn (the use of a question also facilitates this, and question use, including in combination with other features, was described during section 4.4).

The use of personal pronouns by therapists to encourage empowerment by 'permitting' complaints about the therapist can be related to debates in person-centred therapy about whether therapists unwittingly reinforce the status quo of power held by the client, and their 'social standing' more generally. The encouragement for the client to become empowered by complaining and voicing their own needs, in this context, may be transferable to their other social relationships (for example, read more about how client empowerment has been theorised to have an impact on the client's life which extends beyond the therapist-client interaction in chapter 2).

In the following extract, the therapist uses first-person pronouns to allow the client to hear their own thoughts about their other relationships external to the therapeutic

relationship, which may also facilitate them to become empowered in these relationships:

Dyad 4, Session 18

T122 […] So you are thinking "**I** don't think it is okay for you to treat me this way."

In the extract above, the personal pronoun ('I') is used by the therapist to speak as though the therapist is reflecting the client's thoughts about how the client feels another person (external to the therapist-client dyad) has been treating them. The use of the first-person pronoun by the therapist encourages the client to consider their situation from another perspective by hearing it externally. The use of the first-person pronoun to speak as though the client might also enable the client to reflect upon how the other person may be treating them in an unacceptable manner. And, by using a first-person pronoun, the therapist also offers the client an example of how they might phrase their displeasure with the other person (who they appear to believe is treating them badly). By using a first-person pronoun in this manner, the therapist therefore avoids issuing an order or offering their own opinion, which would be disempowering according to person-centred therapeutic theory. Instead, the use of a first-person pronoun by the therapist to speak as though the client considering their thoughts toward a third party encourages the client to consider whether this statement does, in fact, align with their own thoughts by considering its meaning and how it may be rephrased by use of their own words. In sum, the first-person pronoun externalises the client's (potential) thoughts, meaning that the client can hear their thoughts being spoken and assess whether the meaning of what has been spoken (the use of the first-person pronoun by the therapist to speak as though they are the client) accurately reflects their own perspective. Hence, the first-person pronoun enables the client to take ownership of the therapeutic content, whilst its use is simultaneously empathic as it helps the client to clarify their feelings. This clarification of feelings is, ultimately, done by the client (as the hearer) who can interpret the meaning of the therapist's turn to best fit their own perspective.

The finding above also indicates that therapists might use first-person pronouns to speak as though they are the client to assign blame and responsibility, which may be empowering for the client, should the target of the blame and responsibility be appropriate. Critics of person-centred therapy worry that person-centred therapeutic practice may disregard how the client's complaints can be due to external factors (Waterhouse, 1993). This is because, the critics argue, the nondirective approach which underlies the person-centred therapeutic aims for client empowerment means that external factors are not *explicitly* blamed by the therapist. However, the findings of this research show (for example, see the extract above, in line 122) that blame and responsibility for external causes may be offered by the therapists in a more *implicit* manner. The use of a first-person pronoun to speak as though the therapist is the client enables blame and responsibility to be made in a subtle and non-directive manner because the therapist uses the first-person pronoun to comment on the client placing blame and responsibility on external factors. This enables the therapist to avoid describing the target of the blame or responsibility from their *own* frame so means that they manage to avoid being directive, hence also avoiding flouting person-centred therapeutic aims for client empowerment. Blame and responsibility is therefore being positioned externally by the therapist in a more subtle manner which also fits the ethos of person-centred therapeutic practice. The use of the first-person pronoun by the therapist in this manner might be perceived as the therapist encouraging (even subtly) the client to take a particular position about blame and responsibility. However, the use specifically of a first-person pronoun to speak as though the client allows the client to comment on 'their own' perspective during their response. The interpretation of the meaning of the therapist's turn (using the first-person pronouns) is therefore made by the client.

To be simultaneously empathic, the therapist must also respond to the feeling implicit in the client's turn, including during their use of first-person pronouns to speak as though they are the client. In other words, the therapist must first acknowledge where the client has placed blame or responsibility themselves. This, naturally, includes instances when the client has placed blame and responsibility upon themselves. For example, the therapist uses a first-person pronoun to speak as though they are the client who is placing blame upon themselves (for withdrawing from a relationship with a person external to the therapist-client relationship) in the following extract:

Dyad 2, Session 16

T 118 […] Later you realized, "Look **I was the one** that did the sudden withdrawal business."

In the extract above, the therapist uses 'I' to speak as though they are the client to indicate that the client is blaming themself, because they reportedly suddenly withdrew from a relationship with somebody external to the therapeutic relationship. The therapist's use of 'I' to speak as though they are the client is empowering in this instance as it enables the client to realise their role within their relationship (the relationship being described which is external to the therapist-client relationship). However, the first-person pronoun use is simultaneously empathic because it puts what is said into the client's (imagined) own words, meaning the therapist demonstrates their understanding of the feelings of the client, so helps them to progress. Moreover, the client may also be more likely to dispute their 'own' interpretation rather than the perspective of the therapist, for example should they regard the therapist to hold expertise above themself. The client answers (later in their turn) the therapist's empathic interpretation about the client blaming themselves for withdrawing from a relationship (in the extract above, which has just been discussed in terms of the personal pronoun used in line 118) during the following extract:

C 121 […] It was first of all feeling really disrupted and kind of resentful. I don't know

122 and I guess afterwards feeling that I couldn't relate to the both

123 of them and to her the way they were relating to each other. Partly because I didn't

124 want to. I don't really know exactly what was happening there except that it was like

125 **my own kind of withdrawal preceded my inability to connect the way I would like to**. It

126 was like kind of starting out in a bad mood.

The response above by the client shows that the client has taken responsibility for their 'withdrawal' (see especially line 125) and includes the client using expanding self-disclosure to develop their understanding of their own feelings about their 'withdrawal' by articulating these in response to the therapist's personal pronoun use. The therapist's use of first-person pronouns to speak as though the client has therefore enabled the client to consider their own perspective about blame and responsibility and to make their own decision concerning whether the therapist's interpretation has been accurate. This demonstrates how the client's placement of blame and responsibility with themselves can also be empowering, as the client has taken ownership of their own thoughts in the extract above. The client empowerment in this instance was encouraged by the use of first-person pronouns by the therapist and was also evident in the response made by the client who used their turn to articulate their thoughts about their own responsibility. The main contribution being made here is that therapists can use first-person pronouns to indicate blame and responsibility, including when these are placed externally. However, the use of first-person pronouns to speak as though the client encourages client empowerment by allowing the client to decide where the placement of blame and responsibility should be situated, whether externally or not. In accordance with person-centred therapeutic theory, this is more empowering for the client than had the therapist explicitly pointed to the target of blame and responsibility the client should assume. So, the use of personal pronouns to speak as though the client by the therapist is both empathic and empowering, as it responds to the client's feelings while also allowing the client to take ownership of the therapeutic content (in this case, concerning where blame and responsibility might be placed).

6.3.2 Encouraging emotional discourse and the retention of agency

The discussion now moves to the function of first-person pronouns for encouraging client emotions to be processed whilst also maintaining client agency. As discussed during chapter 2, the person-centred therapist must ensure

that they do not impose their own views on the client for client empowerment to successfully occur. Meanwhile, the therapeutic conversation must also be led by the client, including by the therapist communicating empathy for the client by responding to the meaning of the client's prior turn. A problem is therefore potentially posed when the client speaks about themselves in evaluative terms. This can particularly pose a dilemma for the person-centred therapist when the client speaks in negative evaluative terms about themselves. The therapist must respond to indicate that they have understood the meaning of what the client has said to be effectively empathic. But the therapist must also avoid appearing as though they agree with what the client has said. The findings for this project add how person-centred therapists use first-person pronouns to speak as though the client to allow the 'client' to voice their critical thoughts, whilst avoiding doing so 'themselves.' The following illustrative example shows a therapist using first-person pronouns to speak as though the client is in dialogue with themselves considering whether they are 'unresponsive' (line 731) or 'cold' (line 732):

Dyad 4, Session 1

T 731 **Am I** an unresponsive person? Like what **you** said, **people thought** you

732 were a cold person. **Am I** a cold person?

The content of the turn by the therapist above could potentially be offensive to the client because it includes potentially unpleasant aspects about the character of the client, including that they may be 'unresponsive' and 'cold' (lines 731 – 732). The use of personal pronouns to speak as if the client by the therapist above aids the client to consider these (potentially offensive) statements as being from their *own* perspective, as opposed to being from the perspective of the therapist. Furthermore, the therapist also repeats words previously used by the client (about other people thinking they are 'cold') to externalise these comments by indicating that they are from the perspective of people outside of the therapist-client dyad. The therapist therefore avoids causing offence by using pronouns which help the client consider what is being said from

externalised perspectives, including the client's own perspective of themself. The pronoun uses by the therapist here therefore function to ensure that the client is aware that the therapist has, firstly, understood what they have said, so is empathic. And, secondly, offers the client the conversational space to answer the questions they are asking about themselves, meaning the first-person pronoun use is simultaneously empowering. This may be contrasted with the therapist asking a direct question which avoids using a personal pronoun, such as asking, "are you a cold person?" as opposed to, ""am **I** a cold person?" Whilst it is beyond the scope of this project to speculate on what the client's response would be, the use of a personal pronoun here offers the client to respond to an interpretation of their speech in their *own* terms. Further, this means that the therapist does not appear to the client to personally consider the client is a 'cold person,' rather the therapist expresses that this is what they have interpreted the client to have said, allowing the client to confirm or refute as they wish.

The therapists merged the use of questions with first-person pronouns to speak as though they were the client as a strategy to prompt the client to consider the meaning behind their own previous turn, and to encourage them to respond to their own issues. The use of first-person pronouns in combination with questions by the therapist therefore positioned the client as the problem solver of their own problems, so was empowering for the client. The example below concerns the therapist using a first-person pronoun and question combination to encourage the client to consider their own perspective, in addition to considering the perspective of a third party:

Dyad 3, Session 2

T 389 Will it have any

390 effect on him **if I don't go?** You know, will – you know, then will he notice? If he doesn't

391 notice **when I do things**, will he notice **when I don't do things**?"

…

The therapist asks three questions 'as the client' by use of first-person pronouns in the extract above (lines 389 – 391). The questions concern whether the client will influence a third person ('…effect on him if I don't go?' – line 390; '… will he notice?' – line 390; and '… will he notice when I don't do things?' – line 391). Combining the first-person pronoun uses with questions can enhance client empowerment as it enables the client to consider multiple perspectives about themselves. But crucially, combining first-person pronouns and questions (per the example above) means that the client must use their internal locus of control to decide which of the potential perspectives implied in the extract above is 'correct' for them. The client's response to the therapist's turn above (lines 389 – 391) adds evidence to this finding as the client introduces the perspective of another person (their mother) during their next turn:

Dyad 3, Session 2

C 393 Yeah. It's so funny because **my mom mentioned something to me**.

…

In this response, the client details how they have previously considered similar comments to the comments in merged question and personal pronoun format used by the therapist in the preceding extract included above (lines 389 – 391). Merging questions with personal pronouns has therefore proven successful as it, firstly, has allowed the client to restate and consider their own position and, secondly, has allowed the client to connect the interactions they are having in therapy with their relationships external to their therapy. In this respect, the therapists' use of questions merged with personal pronouns is empowering for the client because it allows them to take decisive action about their own position in terms of the topic being discussed. Furthermore, the client's response is also intrinsically demonstrative of empathy as it demonstrates how the therapist's turn (using the combined personal pronouns and questions) has encouraged the client to consider their own feelings, including in relation to their social relationships.

The therapists also use personal pronouns to encourage the client to 'hear' their own thoughts about themselves, while also encouraging the client to continue to consider these thoughts independently of the therapy session. The example below concerns the therapist using a first-person pronoun in combination with a question to speak as though they are the client to encourage the client to consider their own thoughts independently, and in a reflective manner:

Dyad 2, Session 17

T 657 […] At the end of the day,

658 reflecting back and **thinking about, 'what bothered me today? What got me mad**

659 **today?'**

First-person pronouns are used by the therapist in the example above (lines 658 – 659) to suggest a therapeutic technique which the client might also use outside of therapeutic sessions. By making such a suggestion about the types of questions a client may be asking of themselves and suggesting the client approaches these outside of therapeutic sessions, the client is encouraged to be reflective and independent. Using first-person pronouns to encourage clients to be empowered by assuming their own therapeutic processing in this manner complies with the person-centred therapeutic aim for client empowerment because it encourages the client to utilise their own locus of control for further discussion about why this is important for empowerment). Furthermore, the use of a first-person pronoun in particular means that the idea is presented as coming from the frame of the client, rather than the therapist. Hence, the therapist avoids being directive by instructing the client, and instead allows the client to consider the meaning of the therapist's turn from their 'own' perspective. The pronoun use by the therapist here therefore offers the client agency over their choice to continue their therapeutic work, including by considering their emotions, outside of their therapeutic sessions. By encouraging client agency, and attending to emotionality, the use of personal pronouns contributes towards empathy and empowerment.

A further finding relates to how person-centred therapists use first-person pronouns to 'permit' an emotional response by their clients. The example below includes a therapist using a first-person pronoun to speak as though they are the client who is considering whether showing their emotions by crying is acceptable:

Dyad 4, Session 2

T 400 Yeah, like trying to take some risks like **if I feel** like crying, **I feel like**

401 crying.

Some authors, for example Furedi (2003, see chapter 2 for further discussion), have been critical about person-centred therapists encouraging an emotional response in their clients as they state that this engenders a therapeutic orientation to emotionality which may constitute the therapist holding 'power over' the client. However, the use of the first- person pronoun by the therapist in the extract above indicates that the decision to be emotional (to cry) is one the client would like to make but feels they should not. This is suggestive that the therapist's 'encouragement' to be emotional may in fact be empowering for some clients, for example should it be something they feel would help them, but they 'should not' do. The use of personal pronouns to speak as though the client by the therapist might therefore show how the decision to be emotional is the client's choice, meaning it may empower, rather than diminish the power of the client. In sum, the use of first-person pronouns by the therapist for empathic and empowering aims allows the therapist to encourage client emotionality while ensuring the decision to be emotional is made by the client (rather than being directed by the therapist).

Overall, this section has indicated that:

- The use of personal pronouns by the therapists enables the clients to consider their own feelings and to act authentically, even when doing so includes the client being negative or critical of external factors. This finding adds new evidence to

debates concerning whether person-centred therapy potentially disregards placing blame on external factors

- The use of first-person pronouns to speak as though the client allows a distanced approach to broaching sensitive matters so might be used to avoid potential offence by therapists invoking client judgements and evaluations or discussing people external to the therapist-client interaction
- The use of questions in combination with first-person pronouns by the therapists empowered the clients by positioning them as agents to answer their 'own' questions. This finding adds a new insight about the precise terms in which personal pronoun use may be simultaneously empathic and empowering, including when this combination was used to aid the client to consider their own perspective in relation to the perspectives of 'important others'
- First-person pronouns to speak as though the client can also be used by the therapist to encourage clients to take ownership of their own therapeutic processing, including beyond the immediate therapeutic encounter. Hence, personal pronoun use enables clients to bridge the therapist-client interaction with their relationships external of this. This finding adds details both about how personal pronouns contribute toward client empowerment, and about how client empowerment might also be considered in terms of the external experiences of the client.

6.4 Questions

6.4.1 How should therapists ask questions?

The findings presented here concern how person-centred therapists may ask questions of clients for empathic and empowering purposes. This is a novel finding because previous person-centred therapeutic literature of question use has either posed whether questions should be asked by therapists at all or, in some cases, has purposefully selected to ignore the relationship between power and question use by therapists altogether and instead opted for a content analysis research design (for both points, see Renger's, 2021, recent work, which was outlined during section 4.4). The findings presented in this chapter demonstrate how questions can, in fact, be asked for empathic and empowering purposes. The implication of this finding is that question use by person-centred therapists does not necessarily constitute

therapists holding power over clients, and so can be used strategically for empathy and empowerment.

A first example of questions used by therapists for empathy and empowerment concerns the utility of questions which are worded in an 'open' format (meaning their use by the therapist encourages an expansive response by the client, and that the client is not directed toward a particular type of answer, like 'yes' or 'no,' which would be minimal so not helpful for empathy and empowerment). This chapter therefore mostly discusses open questions. However, a notable exception concerning the usefulness of closed questions for empathy and empowerment concerns their use in combination with hedging, and with personal pronouns (both discussed during chapter 6).

Open questions asked by the therapists proved empowering when they allowed the client the conversational 'space' to respond with their own perspective, to demonstrate their own expertise, and to add clarification about the meaning of what they had previously said. Rather than functioning to diminish the client's power, the use of open questions, in fact, contributed towards client empowerment by offering the clients the chance to direct the therapeutic interactions in their own preferred manner, suggesting that questions should not be discouraged altogether. The example below shows a therapist using an open question to ask a client about their assumptions of their own future activities:

Dyad 1, Session 3

T 140 Where do you see yourself now or going, in **what direction do you think it's**

141 **going?**

The therapist in the example above uses an open question which encourages the client to take ownership of the direction of the therapeutic discourse. By answering the therapist's question by expanding upon their own perspective, the client is empowered, whilst the expansive discourse the client offers in their response also offers the therapist information which can be used for empathic

purposes. The response by the client below demonstrates how the client's response is open and contains autobiographical information which can be used by the therapist to form their subsequent turns:

C142 Well, I don't know right now. Like I am kind of in the position right now where I'm

143 scared to even try and get into it, because I've got so many other things I've got to take

144 care of, just in the in case. I do want to get an education. I do want to get a job. And I do

145 want to get married and, etc., etc. And for right now I'm in the flux of changing jobs. And

146 after a letter I got last night, evidently there's something awful fucked up between (name removed)

147 and I, and I'm not sure what that is yet. But I don't want to even bother to get myself into

148 the depression of trying to figure out whether it's worth it to try or not. I'd rather just go

149 ahead and try, get myself settled and then see if it's doing me some good. It's a lot easier

150 to be depressed when I'm not starving or going into debt further.

T 151 So like there's some sort of urgency to attend to immediate things and it's like,

152 I don't know, putting it within some sort of philosophical framework […]

The response by the client (lines 142 – 150) gives the therapist direction about how the therapeutic conversation may progress, so serves as a useful empathic insight. This finding therefore does not support suggestions by therapists who

claim that question use by therapists should be avoided altogether as they may necessarily constitute the therapist holding power over the client (as described by Renger, 2021, p.2). In fact, the open question used by the therapist (in lines 140 – 141) encourage client empowerment by allowing the client to direct the content of the subsequent turn taken by the therapist (lines 151 - 152 in the extract above).

The therapist's response to the client's response (lines 151 - 152) includes ellipses (added in by the transcriber but which function as 'trailing off' in conversation) to conclude their turn. These are also used by another therapist in a different dyad, as can be seen in the example which follows:

Dyad 2, Session 12

T 426 You mean I'm not really hearing it in the way it needs to be heard or**…?**

The therapist question asked in the example above (line 426) contains an open-ended disjunction (by use of ellipses), which functions to position the therapist as being uncertain about the answer to their own question (Haugh, 2011). The uncertainty expressed by the therapist by use of their question in combination with the open-ended disjunction (line 426) invites the client to confirm or disconfirm while also adding further information to evidence their response. The use of the question in combination with the open-ended disjunction is therefore used towards the aims for client empowerment because it positions the client as holding expertise. The subject of the question (about the therapist potentially not understanding the meaning of the client's previous turn) also invites the client to criticise the way the therapist (who is asking the question) is practicing, should they wish to. By including the option for a (possible) criticism of the therapist or the therapeutic institution by use of their question (line 426), the therapist contributes towards empowering the client by offering them the option to add their own perspective, even if this is critical. The invitation for the possible critique of the therapist included in the therapist question above therefore functions to encourage the client to feel that such criticism is allowable. This finding adds a new perspective about the use of questions by

the therapist for the purposes of client empowerment. By including a question which is potentially critical of the therapist, and by inviting the client to agree or disagree with the content included in the therapist's question (including by use of open-ended disjunction to express the apparent uncertainty of the therapist), such questions may in fact prove more empowering for the client than had the question not been asked at all.

The therapists also ensured that their question use was empathic by including a statement as a question which addressed the client's feelings. The clients were also invited to confirm, disconfirm, or expand by being phrased in an open format, showing how therapist questions can be used simultaneously for empathic and empowering purposes. The example below is included to illustrate how empathy and empowerment are encouraged by use of therapist questions, and includes an open question by the therapist who is asking about the client's experience of expressing their feelings:

Dyad 4, Session 1

T 282	**…** Because about **a**
283	**minute or two ago you said like you have a hard time expressing emotions to people.**
284	I somehow think that might be the... kind of... **can you say more about it?**

The therapist's question above includes an empathic statement which demonstrates to the client that the therapist has heard the overall feeling of what the client has said previously ('you said like you have a hard time expressing emotions to people' – line 283), and is followed by a request for clarification (…'can you say more about it?' – line 284), which relates to client empowerment as it invites the client to clarify their own experience in their own words, and so directs future turns. This shows how therapists manage to ask questions which are simultaneously empathic and empowering, which is a new finding in terms of question use in person-centred therapy.

Therapists sometimes also used questions in responses to client turns when clients described negative evaluations being made about them by other people external to the therapeutic interaction. To be empathic in their response to clients speaking about negative evaluations being made regarded them, therapists must regard the feelings implicit in the client's turn. However, the demands to be empowering also mean that therapists should not respond to the accuracy of such a statement as being evaluative or providing judgement would contradict the need to avoid power over. The therapists managed to be empathic and empowering in response to statements made by clients which contained negative evaluations about themselves by using questions to focus their response on the client's own views. The example below shows a client commenting on an associate who had criticised him (lines 302 – 307), while the therapist's response in line 308 shows how the therapist makes a statement which concludes by use of a question which returns the focus of the evaluation to the client:

Dyad 1, Session 8

C 302 **…** It was the night that one of his all problems at the time seemed to stem from. We're all

303 stoned on acid and he said something about you seem to say things so that people, I

304 can't remember quite what it was what he said and I'm not sure quite what it, well quite in

305 which way he meant it. I mean, I knew which way he meant, but I'm not quite sure what it

306 was that he said. Let me put it that way. Something to the effect that people would either

307 excuse me for what I was doing or what I am or that they would feel sorry for me or something like that. At any rate.

T 308 **That doesn't make one bit of sense to me. Does it make any sense to you?**

The addition of the question used by the therapist (in line 308) encourages the focus of discussion to shift back to the client. The content of the question also implies that the client should add further details about the accuracy of the criticism by the third party. As the person-centred therapeutic relationship should be supportive, the therapist's response (line 308) begins by directly indicating support. However, by being personalised ('to me' – line 308), the therapist also avoids criticising the third party (the source of the criticism) or disputing their comment. Instead, the therapist's question follows to encourage a critical response by the client so is empowering because it encourages the client to consider multiple perspectives, and to respond with information which helps them articulate their own perspective about the criticism their associate has raised about them. Hence, the therapist in the example above maintains a positive relationship whilst staying relatively neutral but offering the client the chance to take ownership of the content, including by potentially agreeing with the criticism which has been aimed at them. The question use by the therapist therefore enables empathy and empowerment by encouraging the client to expand in evaluative terms using their own internal locus of control to do so.

6.4.2 What do clients really want to know?: the content of client questions, and the challenges of answering them

A further new finding regards that clients ask questions of their therapists at all. Client questions have not previously been considered (as discussed during section 4.4). That clients ask questions of their therapists is itself indicative of their own empowerment. Further important for client empowerment is the type of questions which clients ask. In addition, the answers to client questions provided by therapists are also explored in this section because they also contribute to client empowerment and may be used by the therapist to communicate empathy.

The first finding to be outlined in this section relates to the topic of client questions. Topics of client questions concerned either therapy as an institution or the personal qualities of the therapist. The following example shows a client asking a question about therapy as an institution:

Dyad 1, Session 9

C 486 **Yeah and psychotherapy and that is your title right?** And there is psychoanalysis

487 and there is psychologist and there is one other psychiatrist. **What is the**

488 **difference?** I know that the psychiatrist also has to have a medical degree and he

489 can prescribe drugs. **Psychologist, is that a person that makes a study of psychology?**

…

The example above demonstrates the client wishing to learn more about the person-centred therapeutic treatment they are undertaking, which includes the role of their therapist. This includes the client asking the therapist about specialist terminology used in the field of psychotherapy. These types of client questions were demystifying for the client, so empowering for the client to ask. However, the responses by the therapists furthermore made the client questions empowering. The therapist responds to the client above in a manner which is successfully empowering by outlining specialist terminology about the therapeutic institution, including various 'types' of psychotherapy and related practice, and by positioning themself within these therapeutic schools, as follows:

Dyad 1, Session 9

T491 Yeah. That is right. There could be psychologists that are not

492 psychotherapists. **It happens that I am a clinical psychologist or will be a certified one**

493 **soon and also a psychotherapist.** There are other kinds of psychologists. Bio

494 psychologists, personality psychologists that construct tests, cognitive psychologists.

495 Psychoanalysis is like it is one way of doing therapy and some psychologists are

496 analytically oriented; psychoanalytically oriented. Some psychiatrists are

497 psychoanalytically oriented. That is like a particular, those people ascribe to a particular

498 theory that is Freud's view of psychotherapy.

The therapist's response in the extract above is informative and open, so contributes toward empowering the client by avoiding obscuring therapeutic language behind a language of 'expertise' that only therapists have access to. This should be good practice for person-centred therapy, as it assumes that the therapist and client are egalitarian, meaning that they have access to the same information, hence informative responses are empowering for the client. However, this is a new finding because previous person-centred therapy studies have not considered how client empowerment might occur by the client asking questions and the therapist answering them across sequences.

The therapist in the example above also self-discloses (see lines 492 – 493) about their own position as a therapist, so uses their response to provide details about their own expertise. For example, in the extract above, the therapist states that they have yet to qualify as a clinical psychologist, in addition to being a psychotherapist. By stating their level of expertise by self-disclosing in an open manner in response to the client's question, the therapist helps to empower the client by being informative and avoiding portraying themself as being an 'unreachable' expert (see discussions about the relationship between egalitarianism and client empowerment in chapter 2).

Therapist responses to client questions were also used to build empathy. For example, therapist responses to client questions which positioned them as being 'human' were also used to respond to the client's need to be in a 'human' relationship, rather than one with a 'distant expert'. The example below includes the therapist minimally disclosing about having been in therapy, and not holding expertise about the client question:

Dyad 1, Session 9

T 511 Yeah. I think there is something very self conscious about that kind of thing.

512 **You know, for me, I think it is also kind of important to have had the experience of going**

513 **through therapy.** Like you know what it is like to deal with your own problems in this way

514 and to get a better knowledge of yourself. So I can see it both ways if I really I feel it is

515 important but I do not necessarily place a premium on revealing all the awful things about

516 yourself. They just do it different. I would imagine, I would guess, I do not know if this is a

517 fact that most people who do psychotherapy have been in therapy also. **I just sort**

518 **of assumed that. I am not quite so studied about these things.**

The extract above involves the therapist giving a precis of their own expertise in relation to their having undertaken therapy themselves (line 512 – 513). The therapist is also not entirely complimentary about their own expertise as they state that their conclusion about undertaking therapy is an assumption, rather than an expert opinion (line 518), hence their answer is empowering for the client because it enables the client to hear that their therapist is a 'person' too. This response therefore also constitutes an empathic response as the therapist has responded to the client's need to be in a 'human' relationship, rather than one with a 'distant expert.'

The clients also sometimes asked direct questions about their own progress in therapy. See the example below which shows a client asking for the therapist's perspective concerning whether they have changed during their therapy:

Dyad 5, Session 7

C 216 **Do you think I've changed?**

The client is free to ask any question they wish, whereas a therapist would not have the freedom to ask a question which engenders an evaluative response, per the client question in line 216 above. Retaining person-centred values of empathy and empowerment whilst answering a direct question (for example, the question asked in line 216) regarding the evaluation of the client poses a challenge for the therapist. The therapist working with the client above manages this by answering in a tentative manner by use of hedging:

Dyad 5, Session 7

T 218 It **sounds like** you feel more at home and more **like**, just a more **kind**

219 **of** resolved - what you want and seeing it in sight. Not**...I guess** I - **you know,**

220 when you first came you - **you know what I mean? And that's kind of like you**

221 **don't feel hopeless anymore.**

In the example above, the therapist answered by use of a positive stance which suggests that the client has progressed. However, the answer includes other linguistic features like hedging (for example, 'it sounds like' in line 218) (further discussed in sections 4.4 and 4.6), which make the answer more tentative than had the therapist directly answered 'yes' or 'no.' This provides a good example of the delicate balance that is required when therapists answer clients' questions. Firstly, to refuse altogether to answer or to answer in a direct manner would contradict aims for empathy as doing so would disregard the clients' needs, and be potentially disempowering for the client, for example should they feel discouraged for asking a question. However, the therapist must also avoid

giving a direct answer which might constitute ‘power over’ the client, even if it is likely what the client desires to hear, as this could cause a block to client empowerment by encouraging overreliance on the therapist’s judgement.

The interaction continues,

Dyad 5, Session 7

C 222 Yeah.

T 223 You kind of feel more at home and things will work out. And you're not

224 so worried about it all.

C 225 Yeah.

T 226 I guess you kind of - and - you're kind of feeling like well, you

227 feel you've changed but do I? Right?

C 228 Yeah, right. That's it. I...well, I guess I'm...I should be the only one that

229 should be concerned with it. You know, it's me.

T 230 **You're the best one to know you've changed.**

C 231 Yeah, right. Yeah, I....

T 232 You can tell me how you feel changed inside but **you're the one that**

233: **feels it.**

C 234 Yeah, I understand.

T 235 But **I can certainly sense it**. **But you know best.**

C 236 Yeah, that's true. True. Right.

This longer extract demonstrates the therapist simultaneously offering an emotionally supportive response, which is empathic, but also emphasising multiple times that the client is the expert, which is empowering for the client to hear.

A further type of question which was frequently asked by the clients was about the therapist as a person. This is a new finding which is differentiated from the discussion above because it includes the client asking questions about the personal life (meaning, beyond their role as therapist) of the therapist. By feeling able to ask such questions, the client assumes the position of being in an egalitarian relationship with the therapist, which is considered in terms of client empowerment in person-centred therapeutic theory. The example which follows concerns the client asking their therapist about a trauma (a house fire) which the therapist has recently experienced which has caused a delay to when their therapy session has taken place:

Dyad 4, Session 9

C 6	**Did you lose like everything in the fire?**
T 7	Pretty much, that's why I'm making up my inventory list for the insurance
T 8	company.
C 9	Oh, my God. **The whole apartment building went through that?**
T 10	No, not the building, just my apartment caught fire.
11	The big room in it was really good and so all the
12	stuff in there was really brilliant. It was climbing up the walls.
C 13	Well, actually, after a fire there's smoke and just about everything is pretty
14	well destroyed anyway.

T 15 Right. Just like all my clothes that even weren't ruined I took to the dry

16 cleaners.

C 17 It's pretty almost impossible to get that out. Wow, that's really horrible.

18 That's too bad. Geez. You had insurance, though. You were lucky.

T 19 Yeah, but they're not... the insurance community is the crookedest

20 person anyways.

C 21 We didn't even have any in ours... I don't have any.

T 22 **Did it burn down yours?**

C 23 No. I hope it never does. I figure you know...

T 24 It's not a happy experience to go through.

C 25 When I was in Manhattan... living in Manhattan, the top of a very old house,

C 26 and every time the fire whistle blew, I was sure that my house was burning down

27 because it was so old, and it looked like a tinderbox.

T 28 Well, that's what happened. I was in the apartment and it just goes... it

29 went up instantaneously.

C 30 **Oh, you were in it when it started?** Oh, God. That's really horrible. Man, I

31 really feel for you. That's just a terrible experience.

T 32 It really was frightening, too.

C 33 **Did your furniture...** Oh, dang. That's too bad. It really is. Man, I just can't

34 imagine. Sometimes I've imagined what... like hearing me say, "What am I going

35 to do when I walk home and the place is all gone?", and like there's things you can't even

36 think about losing.

T 37 Right, even there were things, like things where I got them in my first

38 travels in the world.

C 39 Right, and they're not necessarily real expensive kinds of things, but they're

40 totally irreplaceable, and wow, that's really rough. Geez.

T 41 **So how are you?**

C 42 **Oh, okay. I'm probably much better than you are.**

T 43 I'm not so bad. It was bad for the first couple of days, but now I'm

44 getting things organized and finishing my list for the insurance company.

C 45 Wow. Yeah, I'm okay. I'm coming down from an - I'm

46 going over to the health clinic to make certain about what's the matter with you.

47 Otherwise, I'm sort of okay. I haven't really... maybe it was when the receptionist

48 called last week and said your apartment... and I thought, "Jesus Christ, that's just

49 the horriblest thing," and I sort of haven't thought of anything because I was in sympathy

50 for you going through this horrible mess. Geez.

T 51 **I know you look kind of like you feel like it's... you're uncomfortable to**

52 **talk about it yourself. You know what I mean?**

C 53 Yeah. Well, I guess I'm not. It's just that I really get it, and not having gone

54 through it, but as much as possible I really feel for you. It's a cruddy thing. I don't

55 know.

56 … The funny thing that did occur to me which isn't... I don't know. I was... the classes

57 that I teach, well, last Wednesday we didn't […]

The extract above shows the therapist answering the client's query but, after several turns, attempting to relate what is being said to being about the client (see line 41 in the extract above). The therapist's self-disclosing responses are also quite long here, and the client appears to find it difficult to change the conversational topic to being about themselves (from line 42), although they do talk solely about themselves for the remainder of the therapeutic session following the therapist's direct encouragement to do so (line 51).

This extract gives an example of how client questions about the therapist can encourage therapist self-disclosure, which can be empathic in balanced minimal quantities (for example, see the discussion about the potential for empathy from therapist self-disclosure in chapter 2). However, the finding above also shows how self-disclosure may cause blocks to client empowerment, for example should it mean that the client expresses uncertainty about whether to further self-disclose themselves.

Overall, this section has indicated that:

- The use of questions by therapists does not necessarily constitute them assuming power over the client and can in fact be simultaneously empowering

and empathic. However, therapist questions must be understood by the client to be inviting a further response from them to meet the aims of being empathic and empowering

- Questions asked by the therapists may include empathic statements, including more direct statements of support about client emotions, providing they encourage the client to interpret the content of the therapist's question by use of their own internal frame of reference
- Clients also use questions to actively contribute towards empathy and empowerment during their therapy. Therapists also contribute to empathy and empowerment by answering client questions in an open and transparent manner which simultaneously maintains a focus on the emotional needs of the client
- Client questions tend to concern the therapeutic process, and personal aspects about the therapist, and the use of such questions is indicative of client empowerment. This is an additive finding because studies of question use in person-centred therapy have been limited, and have so far not regarded the client's role, including concerning questions which are used to construct empathy and empowerment in therapeutic interactions.

6.5 Hedging

6.5.1 Positioning the respective roles of therapists and clients

Hedging was very prevalently used by the person-centred therapists as a strategy to position the client as holding expertise over their own experiencing. This is a new finding as hedging has so far not been researched either in terms of its empathic or empowering purposes when used by person-centred therapists in their interactions with clients. A foundational finding about how the location of hedging in the therapists' turn invites the client to assume expertise, hence is used for client empowerment, is first outlined in this chapter.

The therapists used hedging extensively throughout the transcripts. Hedging was mostly used by the therapists to position the clients as holding equal power to them. This was done by the therapists using hedging to pledge their own uncertainty about the content of their own turn. By using hedging to demonstrate their feelings of

uncertainty, the therapists were able to position the clients as holding expertise over their own experiencing, hence helping them by promoting client empowerment. Noteworthy, firstly, was how the therapists tended to position their hedge at the beginning and end of their turn (referred to here as 'bookending'). For example, the therapist uses hedging to bookend their turn in the following example:

Dyad 1, Session 3

T 286 Well **it sounds like some**, what you called objectivity **or something**, it's **some**

287 **sort of** perspective that, **or** that puts things **[…]**

The use of hedging by the therapist in this example, occurs at the beginning ('well it sounds like some…' – line 286), middle ('or something' – line 286), and end ('sort of…'; 'or…' – both line 287) of the therapist's turn. By using hedging at the beginning of the turn, the therapist signals to the client that what is about to be said is modifiable and potentially derives from the perspective of the therapist, hence is not necessarily objectively 'true,' so is possible to dispute. The use of hedging at the beginning of the therapist's turn (for example, in line 286 in the extract above) therefore 'sets the tone' for the remainder of the therapist's turn. The therapist also 'trails off' (uses 'imagined ellipses') to end their turn (indicated by **[…]** in line 287). This 'trailing off' functions as a form of hedging here as it offers clients the conversational space to respond by encouraging them to elaborate upon their own position in their subsequent conversational turn. The use of hedging in the middle of the therapist's turn in the extract above was much less commonly observed throughout the transcripts. However, the function of hedging in the middle of the turn was to reiterate that the meaning of the therapist's turn was open to client interpretation, and expansion, during their subsequent response. The use of bookended hedging by the therapist is therefore empowering for the client as it prompts the client to respond, so take ownership of the content, by getting on record their own perspective.

Hedging was also used to bookend the turns taken by the therapists when hedging was used in combination with other linguistic features for empathy and empowerment. This included the therapists using a combination of questions, personal pronouns, and hedging for empathy and empowerment. For example,

Dyad 2, Session 12

T 226	But **it's like** saying, "Okay, given, **I've** got some problems, **I've** got
227	conflicts, **I've** got things that make me uptight. But that's, at this point, **I**
	see that as
228	really preventing **me** from relating to anybody who's related to those
	problems. And
229	that just can't go on because **I** acted, **I** mean, there's too many people that
	will touch
230	off those things for **me**." **Or something?**

The example above represents a commonly used sequence in the transcripts – first, the therapist would use a hedge ('it's like…' – line 226), then they would use personal pronouns to speak as though they were the client ('I've'; 'I'; 'me' – in lines 226 – 230), then they would use a hedged question (meaning a combined hedge and question) to invite the clients' interpretation ('Or something?' – line 230). The combination of the hedge at the beginning (line 226), and question at the end (line 230) of the therapists' turns acted as an invitation for the client to add their own interpretation, by functioning to 'bookend' indirect linguistic strategies (the hedging, and hedged question) which were used by the therapists to encourage client empowerment. The use of the personal pronouns by the therapist (throughout lines 226 – 230) was

combined with their use of hedging in the turn overall to signal to the client that the therapist had understood the emotional message the client was conveying, meaning this combination was simultaneously used for empathic purposes. The client's response to the extract above (lines 226 – 230) appears quite in contrast to the tone of the therapist's turn, as their response includes them communicating in a very self-assured manner, showing how the combined use of questions, personal pronouns, and hedging has effectively been used to position the client as being an expert. For example,

Dyad 2, Session 12

C 231 **Well, and I mean, you just don't block out half of life, (therapist**

name removed), because

232 I mean, anything, if you get screwed up enough about any problems, it's

amazing the

233 things that can relate to it that anybody will say. I mean, anything

practically at all will

234 relate to it.

The client responds in 'expert' terms in the response given above (for example, providing their thoughts about how best to live their own life in line 231 above), showing how the combined use of hedging, questions, and personal pronouns has been used by the therapist during their previous turn (lines 226 – 230, also included above) to help empower the client. (Note that client responses are considered in more depth below in this chapter).

When not using a question to conclude a turn which included the use of personal pronouns to speak as though the client, the therapists would bookend their uses of hedging, meaning that they instead used hedging at both the beginning and

the end of their turn to invite a client response and so to facilitate client empowerment. For example,

Dyad 2, Session 4

T 160 … And **it sounded like** a little earlier when you started talking about

this you were

161 saying, "At a time like this **I** feel as though **I** have immense amount of

energy and

162 drive at my command and **I** feel like **I** can really start but it's also very precarious

163 because the least little thing can just collapse that. And **I'm** not sure something that

164 came to my mind wasn't so it makes me not really trust that energy", but I'm not sure

165 that's there for you **or something.**

The therapist begins the turn above in a tentative manner by using hedging ('like' – line 160), indicating that the turn comprises a reformulation (for example, indicated by use of 'it sounded' – line 160) from their own perspective. The therapist continues to use personal pronouns to speak as though they are the client to summarise the emotional content of what the client has said in their previous turn ('I feel as though…' – line 161; 'I feel like I can' – line 162). The therapist ends their turn by inviting further comments from the client by using another hedge, again using 'or something,' (line 165, also seen in line 230 during session 12, which included the same therapist-client dyad, and was discussed above) so expressing their own uncertainty about what they have said. This extract has provided another example about the usefulness hedging to bookend a turn taken by a therapist which includes other linguistic features for empathy

and empowerment like personal pronouns. This example has also been included to demonstrate the utility of bookended hedging for empathy and empowerment, whether hedging alone is used to bookend, or hedging is used in combination with another linguistic feature, like the use of a hedged question.

The discussion now moves to consider client responses to uses of hedging by therapists in their more so-called granular terms. The clients' responses to the therapists' uses of hedging were also indicative of the role hedging has for empowering the client in person-centred therapeutic interactions. Client responses to hedged turns by the therapists always included the clients using direct language, and never involved clients responding by their own use of hedging. The clients' responses to therapist hedging also included clients confirming or disconfirming, and stating the extent, or quantity, of their agreement with the content of the therapist's prior turn. For example, the client in the extract below responds to the therapist's turn (detailed in one of the extracts discussed above, in dyad 1, session 3, during lines 286 – 287), as follows:

Dyad 1, Session 3

C 288 **Right**, that's **exactly** it.

T 289 ...in places where, that prevent you from doing a certain **kind of** worrying or

290 a certain **kind of** carrying yourself though.

C 291 **Kind of. In fact that's what** […]

The client responds in the extract above, firstly, by confirming ('Right' – line 288) then by defining the extent to which they agree ('exactly' – line 288). A tentative confirmation is also provided by the client in their following turn ('Kind of' – line 291) and is followed with information to evidence this tentative confirmation ('In fact that's what…' – line 291). By responding by confirming the extent of their agreement with the previous hedged turn taken by the therapist, the client also offers the therapist material which can be used for

empathic purposes, including about the strength of the clients' feelings, and the accuracy of the therapist's prior interpretation. The therapist continues their turn following the client's confirmation (lines 289 – 290), and elicits a longer response from the client (the response by the client included above, beginning in line 291, is a shorter extract taken from a very long turn by the client) which modifies the extent of the client's agreement in response to the therapist's subsequent turn ('kind of' – line 291) and which offers the therapist extended autobiographical details. By adding autobiographical details in longer turns, the responses by the client are empowering for the client as they enable them to offer their own perspective, have the concluding say on the topic that is being discussed, and to direct and introduce the later conversational topics.

Hedging was also used by the therapists alongside other linguistic features to encourage the client to become empowered by being positioned as being powerful. One example concerns the combined use of hedging and metaphors by the therapist, which enabled the client to be positioned as holding expertise by encouraging the client to respond by use of metaphor. An example follows which shows the therapist bookending their use of hedging to encourage the client to respond, similarly, by use of a metaphor:

Dyad 1, Session 3

T 310 That **kind of** makes it **sound like** that, **kind of** an overall view to provide

311 some **sort o**f **framework and you can go walking…**

…

C 317 … And it's, I compare them to **the quantum and the wave theory**. And it's like, I see a **structure** and I see a **fluidity** and…

The therapist's uses of hedging in the example above (lines 310 – 311) offers a tentative interpretation of the client's previous utterance, which is communicated by use of a metaphor ('some sort of framework and you can go walking' – line 311). The client's response is more authoritative than the therapist's previous hedged turn

and includes an introduction of a new metaphor ('the quantum and the wave theory' - during line 317), so contrasts with the therapist's more cautious, and hedged use of metaphor ('sort of framework…' - line 311). This finding demonstrates how, by combining hedging with metaphors during their turn, the therapists can encourage the client to respond by use of their own metaphor to 'correct' the metaphor which has been introduced tentatively in combination with a hedge by the therapist (further findings about metaphors for empathy and empowerment are included in section 6.2) so improving the efficacy of empathy and empowerment in their therapeutic interactions.

The therapists also utilised hedging alongside personal pronouns to mitigate power over the clients, and so help the clients to communicate their empowerment in their subsequent responses. For example,

Dyad 1, Session 20

T 142 It's **almost like** it would be good to sit each one of them down and say "All

143 right now exactly what do you mean? What was it that made you think that. How did **I**

144 act? What did **I** look like?"

The use of hedging by the therapist ('almost like' - line 142) in the example above functions to prompt the client to consider the accuracy of the content of the therapist's turn. The client responds:

C 145 **I considered that** and I couldn't really say why, but just as soon as I consider

146 doing that, **I know that it wouldn't work.**

The client confirms that they have considered asking questions ('I considered that' – line 145) in the manner the therapist suggested (during the therapist's turn in lines 142 – 144). However, the client refutes the therapist's suggestion ('I know that it wouldn't work' – line 146). This provides an example of how therapists can use combinations of hedging and personal pronouns to encourage clients to consider what has been said from their own perspective, which may include a refutation or disagreement with the therapist. Hence, the use of hedging by the therapist positions the client as being powerful, meaning the client responds in an empowered manner. Additionally, the combined use of hedging and personal pronouns by the therapist encourages the client to expand about the therapist's interpretation of the client's feeling, so it may also be used for empathic purposes.

6.5.2 Encouraging emotional disclosure

When using hedging in their responses to clients, the therapists tended to use words which related to their own internal experiencing of the client. The example below shows the therapist using the word 'think' to hedge, so orienting their turn to their own internal processing:

Dyad 4, Session 9

T 124 **I think** what you're saying is […]

By using a hedge which relates to their own internal experiences ('I think' – line 124), the therapists facilitated client empowerment in two main ways. Firstly, by using hedging, which is internally oriented, the therapists demonstrate to the clients that the content of their turn has been made from their own perspective, hence it is not objective. The internally oriented hedge by the therapist therefore functions to position the client as being the expert of their own experience, so invites the client to confirm or dispute what has been said by the therapist, ideally by adding autobiographical information. The use of hedging which orients internally by the therapist therefore serves as a check of the client's level of empowerment because the response offered by the client may be indicative concerning the extent the client

is willing to take ownership of the therapeutic content. The use of language which relates to the therapist's own thoughts in the example which includes hedging above also demonstrates to the client that therapeutic talk regards internal processes. It is tentatively suggested that the therapist's use of the language of internal processing empowers the client to speak about their own internal processes (such as their feelings), which is requisite for empathy and client empowerment.

The therapists also explicitly referred to the clients' internal processes by their uses of hedging. For example, the therapist uses several words about the internal processing of the client to describe the feelings of the client in the following hedged turn:

Dyad 1, Session 2

T 256	So **you feel in some way like** you're, I can tell, **I've had a feeling like** that as
257	you tell it that you're beginning to work for yourself. **Or your mind at least** is beginning to
258	work in ways that may have more constructive consequences **or something**. You said
259	nothing quite that detailed **or something.**

In the example above, the therapist uses language relating to the client's internal experiences alongside hedging ('feel' – line 256; 'mind' - line 257). The effect of the therapist using the language of internal processes is that the client becomes oriented to their own 'internal processes,' such as their thoughts and feelings. Hence, the internally oriented hedge used by the therapist is empowering for the client because it facilitates therapeutic talk which regards the feelings of the client. Critics of person-centred therapy (for example Proctor, 2017) consider that, by encouraging the client to focus on their internal processes, therapeutic institutional control becomes enacted by the person-centred therapist, for example because it leads to client distress being individualised (as internal processes are being focused upon, rather than broader societal causal factors for

client distress). The findings for this project dispute this suggestion because the use of hedging by the therapists to point to internal processes can, in fact, be used by the therapists to position the client as being powerful. This is because the internally oriented hedge used by the therapist encourages the clients to discuss the feelings they have which they wish to discuss, and this is therapeutically helpful for clients by aiding therapeutic empathy (by helping the therapist understand the client's feelings) and empowerment (by offering the client ownership of the conversation). Using hedging to encourage clients to select which feelings they wish to discuss in fact positions the clients as being powerful because it invites them to take conversational control. Therefore, by using hedging, the therapists can aid client empowerment, because the discussion of internal processes does not necessitate that blame will be placed with the individual. Rather, the internal focus encouraged by the therapist's internally oriented hedge allows the client to discuss their own feelings, which can be empowering.

The therapists also used hedging to approach client feelings whilst simultaneously avoiding being diagnostic. For example, the therapist uses hedging in the example below to consider the potential feelings of the client:

Dyad 1, Session 7

T 51 There's **something, it sounds like**, about these evenings feeling tired, tense,

52 **or whatever.**

The therapist uses hedging in the extract above to communicate their feelings of empathy by demonstrating to the client that they have understood the feeling behind the client's previous turn (that they are 'tired' – line 51; and tense – line 51). However, the meaning of the interpretation of the client's feelings made by the therapist is also made tentative by the therapist's use of hedging ('something, it sounds like' – line 51; 'or whatever' – line 52) so invites the client to add their own perspective in response. The client's subsequent turn indicates that the therapist's turn has been successfully empathic by demonstrating how the

therapist's turn has effectively summarised the client's feelings. By using their turn to elaborate in depth about their feelings, and by adding autobiographical material, the client's response below is also suggestive that the therapist's turn has been empowering:

Dyad 1, Session 7

C 53 Oh God I haven't slept in three days. I just... I get in bed and I start worrying

54 about something or other. And I've got to get to sleep. Christ I get up at 5:30 in the

55 morning and I'm used to going to bed at 5:30. So I'll go to bed at 7:30, 8:30, as soon as I

56 get (name removed)'s dinner.

57 And I'll lay there and start worrying about - about the bills, or about all the bad

58 checks that are bouncing in and out of the bank like rubber balls, and I start getting

59 scared. And then I start getting worried about being scared, and then I start thinking,

60 "We'll you're really blowing it now," and it just kind of winds up in a vicious little circle that

61 keeps getting tighter.

62 And I'll get up two or three times during the night. I'll go over to (name removed)'s sometimes. I went

63 over there last night, I got so tight. I'll go watch TV for a few hours, come back down. It's

64 usually three or four in the morning before I finally just pass out, and then get up an

65 hour and a half later.

The extract above includes the client adding autobiographical evidence (throughout the turn, lines 53 - 65) to 'prove' that the therapist's interpretation has been correct. The use of hedging by the therapist (in lines 51 – 52) has facilitated the client's therapeutically useful response (in the extract above) by positioning the client as being an expert who might respond to the therapist's interpretation of them. The hedging used by the therapists therefore has an empowering use, as it offers the clients the conversational 'space' to expand on their own feelings during their response. By using hedging to offer an empathic interpretation (for example, about the potential feelings of the client in lines 51 – 52 in the extract above), the therapist can communicate their understanding of the client's feelings, while they also avoid being directive, showing how hedging is also used by the therapists to contribute towards client empowerment.

The therapists also used hedging in combination with questions to encourage the clients to speak in emotional terms about topics which may be embarrassing. The following example shows hedging being used in combination with a question by a therapist:

Dyad 1, Session 5

T 137 […] But it **sounds like, I heard some** quizzical note in your

138 voice that **made me wonder** were you thinking that's **sort of** an odd

thing to do if you do, if

139 you're not doing, **just to do it? Or it seems strange to you to do it that way?**

Hedging is used several times in this single extract by the therapist ('sounds like, I heard some' – line 137; 'made me wonder,' 'sort of' – line 138; 'Or…' – line 139), including by use of hedged questioning (line 139). A hedged question is used to demonstrate that the therapists' interpretation is being derived from their

own frame, as opposed to necessarily aligning with the meaning of what the client has said. By using a hedge to speak and ask a question in such a tentative way, the therapists invite the clients to add their own perspective by responding to their question. The use of a hedged question may also be used by the therapist to avoid embarrassing the client as what is being said (about being 'odd' or 'strange' – lines 138 - 139) risks causing the client offence. By considering the clients' feelings and maintaining their esteem by not embarrassing them, the therapists use hedged questions to contribute toward their empathic communication. The use of questions and hedging in combination by the therapists, when it encourages the client to elaborate upon their own position, may also be empowering for the client.

The use of hedging by the therapists for empathy and empowering was also effective when used in combination with closed questions (see section 6.4 concerning how open questions were generally more effective for empathy and empowerment). The use of a closed question and a hedge in combination by the therapist encouraged a longer response by the client, suggesting that the use of closed questions may not be entirely problematic for empathy and empowerment should they be used in addition to other individual linguistic features, like hedging. Combining linguistic features may therefore ensure that the potential problems for their individual use in relation to empowerment and empathy in person-centred therapy becomes offset. This is a major benefit of hedging when other strategies, like the use of closed questions, might prove problematic for empathy and empowerment.

The therapists also sometimes used hedging following a question following a reformulation to encourage the client response to extend beyond minimal confirmation or disconfirmation. For example,

Dyad 1, Session 17

T 400 Okay, well**, I guess** what is missing for me right now is **I am not sure**...I **hear**

401 that it has some impact on you in terms of**, I don't know**, what you think about your life in

402 general but what I'm groping for is: **what is that?** That's why I keep saying, **"Does it scare**

403 **you? Does it depress you? Does it do such and such to you?"**

Apparently, I think it does

404 **something but I am not sure what.**

The extract above includes a reformulation about the therapeutic 'work' taking place (throughout the extract) and hedging at the beginning (for example, 'I guess,' 'I am not sure' – line 400) and end of the therapist's turn ('something…' – line 404), which should also help inform the therapist's following responses by inviting the client to expand with autobiographical information which provide empathic 'hints'. The response by the client to the quotation above, for illustrative purposes, is,

Dyad 1, Session 17

C 405 Well, like, right now I feel waiting is a waste of time. I should either do

406 something in the meantime or I shouldn't have to wait. It is my

incompleteness that puts

407 me in that situation. I just don't know what else to do or what I should

be doing instead.

408 That was the same thing that went in two different directions. It is like

you go through

409 life and there are points. Very occasionally, they seem to make so much

time worthwhile.

410 It has been quite a while since I have had one of those.

T 411 Yeah.

C 412 I can have a good day at work or it can be a pretty day outside.

T 413 I **suppose it is like**, "What the hell does that mean?" Those are like **almost**

T 414 isolated, random events that don't do anything for you - or in the core of you.

C 415 Right, it is like trying to base a day on somebody smiling: there

really isn't that

416 much in it for me. I hate to be...I won't say I hate it...I realize every bit that a person goes

417 through life with themselves number one - and that is the way I feel...

The client's response above provides further information (throughout the extract) which aids the therapist to reformulate in their later turns, so contributes towards the development of empathic processes. The therapist, again, hedges in their response ('suppose it is like,' 'almost' - line 413) which encourages the client's extensive response in their next turn (from line 415 above, and which is a short extract of the whole turn as this is very long). This demonstrates how combining reformulations with linguistic features which communicate uncertainty, like hedging, and with questions which invite client expertise, can work simultaneously, and across turns, to ensure the success of empathic and empowering processes. The findings outlined above also demonstrate how empathy and empowerment built via combined linguistic features, including hedging by the therapist, occurs across interactions between therapists and clients.

Overall, this chapter has indicated that:

- Hedging may be used strategically by therapists to appear uncertain or tentative hence, to encourage client empowerment by placing clients in an

'expert' position. This finding adds information about how client empowerment happens 'in practice' in person-centred therapeutic interactions

- Hedging can be used by therapists to demonstrate to clients that interpretations made by therapists are subjective, so necessitating an expansive response by the client which takes ownership of the therapeutic content. The expansive response by the client can be used by the therapists for an empathic check, and to guide their subsequent empathic turns. This finding demonstrates how the use of hedging by therapists contributes both to empathy and empowerment in person-centred therapeutic interactions
- Therapists can use hedging to broach emotional or embarrassing content without being directive and while avoiding offence. This finding provides an insight into how therapists are simultaneously empathic (by discussing feelings in a manner preferred by the client) and empowering (by avoiding directivity and power over the client)
- Hedging positioned at the beginning of the therapist's turn 'sets the tone' for the remainder of the turn, and the client expertise implied by the therapists' uses of hedging is usually reiterated by using additional hedging during the end of the therapists' turn. Hence, the bookended hedge provides a structure for therapists to contribute toward client empowerment and empathy
- Client responses to hedging provide evidence about the position of power in the therapeutic relationship. Client responses to hedging tend to be expansive and authoritative, so demonstrating the value of therapist hedging for client empowerment
- Hedging can be used to mitigate the problematic aspects of other linguistic features, like closed questions, for empathy and empowerment when used in combination. This demonstrates the importance of considering hedging as it is combined with other linguistic features for empathy and empowerment in person-centred therapeutic practice.

To conclude, this chapter has shown how five linguistic features may be fruitfully used, including in combination with one another, to communicate empathy and empowerment in the context of person-centred therapeutic interactions. To recap, the five features used for these purposes are reformulations, metaphors, personal pronouns, questions, and hedging. The utility of different 'types' of reformulations has been shown to relate to power, with reformulations by upshot only being acceptable for use by clients in person-centred therapeutic interactions. Further, the

examination of reformulations has demonstrated nuances about how responses to reformulations might be considered as illustrative regarding conversational power and empathy. The findings concerning metaphors have demonstrated their use for empathy and empowerment, particularly their utility for placing blame and responsibility whilst encouraging client egalitarianism. The use of personal pronouns has also been shown to encourage client agency, and emotional speech, making personal pronouns especially valuable for empathy and empowerment. A method of asking questions without comprising power, so being problematical for client empowerment, has also been provided for therapists. Further new findings about question use have included adding information about how client questions additionally contribute to empathy and empowerment in therapeutic interactions. Finally, the use of hedging has been found to be, for the therapist, crucial in avoiding disempowerment, whilst the use of hedging by the client has been shown to be demonstrative of their own empowerment.

The thesis now moves to outline these findings with relation to the overarching conclusions which can be drawn from them.

7. Discussion

As a reminder, the purpose of this study has been to answer the following research questions (RQs):

RQ1: How do therapists and clients utilise communicative features to convey and achieve empathy during person-centred therapeutic interactions?

RQ2: How do therapists and clients utilise communicative features to convey and achieve empowerment during person-centred therapeutic interactions?

RQ3: How are the communicative features used by the therapists and clients to empathise and empower used in combination during person-centred therapeutic interactions?

The discussion begins by considering the limitations of the study overall before a discussion of the main findings takes place, and the implications for research and practice are outlined.

7.1 Discussion about main findings

7.1.1 Informing debates and controversies about power in therapy

Person-centred therapists are sometimes advised to avoid the use of certain linguistic features in their practice, (for example, Davis (1986) writes about avoiding reformulations, and Renger (2021) writes about avoiding questions) in case their use might constitute them assuming power over their client, so contradict their aims for egalitarianism. By analysing authentic person-centred therapeutic interactions by use of a linguistic methodology, the findings in this research project have added empirical data which can be used to contribute toward the theoretical debates about language use and power in the context of person-centred therapeutic practice.

The first contribution about language use and power made by the project findings concerns choice of language. Suggestions by authors previously (for example, see Davis, 1986; and Renger, 2021) have included that therapists should altogether

avoid using reformulations and questions. A subtler picture emerged when linguistic features for empathy and empowerment were analysed in this study. Rather than avoiding their use in their totality, the linguistic features which were theorised to cause blocks to client empowerment were skilfully combined with other linguistic features by the therapists in contribution towards client empowerment. For example, hedged questions (a combination of hedging and questions) were frequently used whereby the hedging mitigated the potential overpowering implications of the question that was being asked. What this finding indicates, more broadly, is that theory about power and the use of linguistic features in person-centred therapy necessitates empirical evidence, such as that provided in the findings of this study, to support its claims.

The finding that therapists might utilise linguistic features in combination to mitigate the implications relating to power in their interactions may also be used to inform knowledge about power in person-centred therapy overall (for a reminder about the debates about power, see chapter 2). Firstly, person-centred therapists can skilfully mitigate holding power over the clients and encourage egalitarianism, hence encourage client empowerment, by use of combined linguistic features for empathic and empowering purposes. In other words, it is too blunt a suggestion that therapists should avoid certain linguistic uses altogether. Indeed, this suggestion also disregards how empowerment is built in interactions, meaning that the client also has an active role in co-creating power (further discussion about this topic follows in section 7.1.2).

Secondly, therapists can choose to use linguistic features which encourage empowerment by dampening the overpowering implications of another linguistic feature. This finding further demonstrates how therapeutic techniques can be developed and improved, so foregrounds the need for educational material about linguistic choices for empathy and empowerment in interactions in person-centred therapeutic training (the case for this is further outlined in section 7.4, which follows).

Thirdly, the finding that therapists must choose the linguistic features they use cautiously to ensure client empowerment can be contrasted with clients who, of course, do not need to make similar choices. Of course, clients will make linguistic choices based on contextual and situational factors. However, the different aims of therapists and clients in person-centred therapy obviously guides their linguistic

choices. In terms of where power is situated, this is suggestive that suggestions by Proctor (2017) concerning a one-dimensional view of power (you either have it or you do not) being simplistic in the person-centred therapeutic context is accurate. In fact, the need for the person-centred therapist to mitigate their own power indicates that they do hold power over the client. However, the relative freedom of the client concerning their language use in contrast with the therapists' restrictions on their own language use indicates that the client holds power via their ability to speak more freely (in other words, they do not have to be concerned about the power implications of their talk). Previous theory which only regards power from the perspective of the therapist has therefore been limited by its disregard for considering how empowerment is built in interactions which, clearly, includes the client actively contributing to power.

Question use by the therapists was one of the features which person-centred therapy theorists considered might cause a power imbalance in favour of the therapist (see discussion by Renger, 2021). In fact, suggestions about the broader power implications of therapist questions have been so contentious that authors who have attempted to discover more about their use, like Renger (2021), often actively choose to avoid entering the debate about power and question use altogether (see section 6.4 for a reminder about this topic), instead choosing a content analysis approach. Whilst content analyses indicate that yes, therapists *do* ask questions in person-centred therapy, the linguistic approach taken in this research is additive as it can also be used to contribute to the debate about question use and power.

A further finding was that clients asking less questions overall was not indicative that they held less power, per suggestions by Peräkylä et al. (2008). The conclusion that the quantity of questions asked is indicative of power held is over-simplistic in this context, and likely due to the research which regards it so far only utilising a conversation analytic approach which disregards broader factors like context and power, which have been regarded by inclusion of a discourse pragmatic approach in this research (see chapter 3 for a reminder about why these methodologies were included in the framework for this project). Rather, per suggestions made by authors in other contexts like Silverman (1997) who wrote in a healthcare context, the content, and type of questions, were stronger indicators of power, including client empowerment, in the person-centred therapeutic context.

A further finding in this project suggests that clients have less restrictions on the types of questions they can ask. The most common types of client questions regarded how their therapy was working, and about the therapist as a person. Therapists would not, of course, need to ask about how the therapy worked in practice which demonstrates their power by expertise (Proctor, 2017). However, therapists should also not ask any question they wish out of curiosity about the client's personal life, hence clients hold more power concerning the freedom of the questions they may ask in this regard.

Client empowerment was also boosted by the answers given by therapists to the client's questions. By educating clients about their therapeutic treatment, the therapists aided client empowerment by knowledge sharing. In addition, answering client questions demonstrated to the client that they were acceptable to ask, and that they deserved an answer. When the answer involved aspects of their own personal lives, the therapists were also empowering the client by demonstrating to them that they were in a relationship with an equal, rather than a professional 'at a distance'. The therapist's answers therefore implicitly and explicitly aided client empowerment. In implicit terms, that they answered at all was indicative of the nature of power in the relationship. In explicit terms, the educational content of the questions helped the client be empowered by improving their knowledge about their own therapeutic treatment. The findings in this research are therefore supportive of claims by Proctor (2017), that power in person-centred therapy is multi-layered and complex, and of Natiello (2001), that therapists and clients can both simultaneously experience positive aspects of power (the therapist by knowledge, the client by being empowered).

A further contentious debate about the use of a specific linguistic feature and its implications for client empowerment concerns reformulations (for example, Davis, 1986, stated that their use should be avoided altogether). The linguistic analysis undertaken in this study indicated that the use of reformulations was commonplace, and that therapeutic reformulations could be used for the purposes of client empowerment. On a broad note, this shows the value of evidencing debates about power in person-centred therapy by use of an interdisciplinary perspective (person-centred therapy theory, and linguistics theory, in this instance).

The value of analysing multiple linguistic features to understand the power implications of an individual linguistic feature, like reformulations, has also been shown by this project. The therapists used other linguistic features, like hedging, personal pronouns, and metaphors, in combination with their reformulations to downplay the potential for a reformulation to be perceived as directive. This was also due to the combined linguistic features the therapists used demonstrating that they were distanced from what was being said. For example, the therapists used first-person pronouns to speak as though they were the client to demonstrate that the client had power over what was being said (see chapter 6 which outlines these findings in more depth). Combining linguistic features in this manner also led clients to give responses which were extensive and autobiographical. This finding was only clear when interactions were analysed across multiple turns. For instance, the therapist would continue to utilise such combinations of linguistic features until the client gave a response which was indicative of their ownership of content by being extensive and autobiographical. The implications for power in person-centred therapy here are that it cannot be understood by analysing a single turn, nor a single linguistic feature. This finding is supportive that power is built in co-constructions in person-centred therapy, which is the topic of section 7.1.2, which follows.

7.1.2 Evidencing client agency by examining co-constructions of therapeutic processes

The research literature about empathy and empowerment has often been limited because of its tendency to place focus on client empowerment either just from the perspective of the therapist blocking client empowerment (Margolin, 2020), or on quantitative 'snapshots' in study follow-up periods about whether clients had felt empowered during their therapy (Cooper, Watson, and Holldampf, 2010). Literature about empathy in person-centred therapy has been equally limited by the tendency for authors to assert the cruciality of person-centred therapists communicating empathically without stating how exactly they might do so. And studies that do consider empathic and empowering communication in terms of their linguistic realisations, and which are from the perspective of both therapist and client, are near non-existent despite theoretical claims having been made in support

of the utility of such research. The findings here have been intended to contribute to these gaps by demonstrating the importance of considering empathy and empowerment in communicative terms as being co-constructed by therapists and clients.

A first implication of this study relates to how person-centred therapeutic clients should be represented in literature and research about person-centred therapy. By analysing linguistic features for empathy and empowerment in terms of their interactional use (their use by the therapist and client, including in response to one another, and across sequences), it has been possible to offer evidence of how the client is also active in ensuring empathy and empowerment are viable and functioning in the person-centred therapeutic relationship. Johnstone's (2018) suggestions that person-centred therapeutic theory has been so far limited by assuming that the client is passive are therefore supported. Much of the research focus so far, particularly about power in person-centred therapy, has maintained its focus on the client becoming 'injured' by the therapist assuming power over them, hence not offering them an egalitarian relationship which encourages client empowerment. Client harm is, of course, an important topic to research. However, it is also important that assumptions made about the power held by the therapist are not overblown. The findings in this project are suggestive that it would be more helpful to consider how the client also contributes toward therapeutic processes. This does not, of course, mean that clients are to blame should therapeutic processes not function as they should, including if it is due to the therapist asserting power over the client or otherwise being abusive (blame is treated as a separate topic in the next section, 7.1.3). The implication made here is, in fact, intended to have positive applications. In particular, the finding that clients actively co-construct empathic and empowering communication shows that they should be given equal regard and respect, including during practice and research.

Empathic communication has also been shown to be co-constructed by clients in this research. For example, metaphors introduced by the therapists were altered by the clients in their responses in contribution towards empathy by offering feedback (or an 'empathic check') about the therapists' empathic understanding of the client. Previous research about metaphor uses in person-centred therapy (Lietaer and Gundrum, 2018) has only considered how metaphors were used for empathy in

terms of the therapists' uses of metaphors. The prevailing idea has been that therapists communicate their empathic understanding of the client's frame of reference by introducing a metaphor which demonstrates their understanding of the client's feelings. Hence, a metaphor introduced by the therapist could be incorrect, the client would possibly indicate this (although there was no discussion about how the client would do so), and the interaction would continue, for better or worse. This perspective risks the client being considered a passive recipient of the therapist's metaphor use. Metaphors introduced by the therapists were (sometimes) indicative of empathy but this was not as sensitive a matter as researchers sometimes assumed. Rather metaphors introduced by the therapists were, nearly always, adjusted to provide a 'best fit' by clients in their subsequent turns. In terms of person-centred therapeutic practice, this is suggestive that a therapist's 'misuse' of a metaphor for empathy may not be as damaging as it has sometimes been anticipated and, in fact, may be therapeutically useful when considered across turns. These findings are indicative, firstly, that metaphors for empathy and empowerment must be understood in interactional terms in this context and, secondly, that this naturally requires the active contribution of clients be regarded in equivalent terms.

The discussion above focused on metaphors for illustrative purposes. But the findings about client co-constructions also relate to the four other linguistic features analysed in this study that were found to communicate empathy and empowerment in therapist-client interactions. In terms of questions asked, reformulations, hedging, and personal pronouns used by the therapist for empathy and empowerment, the clients' responses contributed to whether these features were made successful. The clients also asked questions themselves, and possibly used reformulations (although this remains questionable, as described in section 6.1), and by doing so, and by also considering the therapist's response to clients doing so, the clients also contributed to the effective functioning of empathy and empowerment. The overarching implication of this section is that, by undertaking linguistic research into therapeutic interactions, theoretical suggestions about the co-construction of empathic and empowering processes in person-centred therapy become supported. Hence, so too does the regard for clients as having a more active role in their therapy than has often been assumed.

The conclusion made here about co-constructions and client power might also be utilised to respond to suggestions by Furedi (2003) who have regarded that

therapeutic talk, by its nature, constitutes a narrative of institutionalisation that 'puts the client in their place'. Whilst it has only been possible to regard what has been said in the transcripts (for example, because the research design has meant there has not been access to the therapist and client, which is discussed in the limitations section in the present chapter), it is tentatively suggested that ideas about the institutionalisation of clients being a natural outcome of therapeutic talk may not altogether be supported by the findings here, which show that clients also contribute to therapeutic processes. In addition, these findings have also demonstrated how clients often disagree with what has been said by the therapist. Furthermore, the therapists have also been shown to use linguistic features themselves which encourage client dissent against the therapeutic context and, indeed, their own practice (see chapter 6 for further discussion about these findings). These points also relate to critiques about the placement of blame and responsibility in the person-centred therapeutic relationship, which is the subject of the following section (section 7.1.3).

7.1.3 Managing matters of blame and responsibility when practicing non-directivity

Waterhouse (1993) has been critical of person-centred therapeutic practice because, they argue, it places the burden of blame and responsibility with the client. In other words, contextual factors, like societal inequality the client may be experiencing, in their view, are 'let off' and underestimated in terms of the contribution they make toward causing client distress. So, social factors cause individual distress which person-centred therapeutic practice has been accused of redirecting to being the fault of the client seeking help for such distress, its critics state. Hence, ideas about empathy and empowerment in person-centred therapy are a misnomer, in this view, because the practice of person-centred therapy is decidedly unempathic (it disregards and, potentially, overrides the feelings of the client) and disempowering (it leads the client to blame themselves).

The findings in this project indicate that person-centred therapists do indeed contribute to placing blame and responsibility about the matters the clients are discussing during their therapy. However, blame and responsibility for client distress is positioned with broader forces (like social determinants) by person-

centred therapists in a more nuanced manner. Indeed, it is crucial that the positioning of blame and responsibility occurs in a more subtle manner in person-centred therapeutic practice because, by placing blame in an explicit manner, the therapist might draw the client to make a conclusion based on the frame of the therapist rather than by reference to their own internalised locus of control. A note of caution feels necessary to include here – placing blame and responsibility in a subtle manner may not be advisable in every instance. For example, a client who enters therapy in an especially disempowered state who, for example, believes they are in the wrong for being abused, might benefit from being explicitly told that this is not the case or, at least, perhaps heavily guided toward this conclusion. In other words, the conclusions drawn here relate to the data which has been analysed which did not include such examples so is beyond the scope of this project to fully discuss but is briefly considered here to indicate that these suggestions may not be applicable in every instance. This could form a useful future study, and suggestions for extending the research by responding to these limitations by incorporating analyses of individual characteristics, like presenting complaint, are made in section 7.2.

Linguistic features which were found to be used most by therapists to communicate empathically and empoweringly in a non-directive manner have a key role in assigning blame and responsibility in a more subtle manner. For example, metaphors were often used by the therapists to assign blame and responsibility in a more subtle manner by using abstract language to imply that external factors might in fact be to blame (one example, outlined in chapter 6, regarded the client's imagined control of a vehicle being compromised because of the condition of the road). A further example was the therapists' uses of first-person pronouns to speak as though they were the client who is considering who is to blame for the situation which brought them to therapy, whether it was themselves, or a peer, or some broader cause (see chapter 6 for a reminder about this). As these were indirect strategies, they allowed the person-centred therapist to retain their aims to empower the client by avoiding power over them, whilst they also presented potential avenues of blame and responsibility to the client in a subtle manner which the client was free to accept or reject in a manner best suited to their internal frame of reference.

To conclude this section, the overarching implication has been that critics have been correct to understand that person-centred therapists have some part in assigning blame and responsibility. However, rather than concluding that the lack of directivity implicit in the linguistic features used by person-centred therapists should inevitably require them to disregard how external factors may be responsible or should be blamed, the use of a linguistic methodology here has highlighted how nondirective talk used by the therapists allowed the clients to consider and, crucially, draw their own conclusions about blame and responsibility in relation to their own situation. This enabled blame and responsibility to be positioned in a manner which did not disempower the client by directing their view. Furthermore, it was simultaneously empathic because using these nondirective linguistic features meant that sensitivity for the feelings of the client was also communicated, by encouraging the client to draw their own conclusions by presentation of open-ended options about blame and responsibility.

7.1.4 Retaining a person-centred therapeutic outlook when dealing with sensitive matters

A central principle underlying person-centred therapeutic practice is that therapists must not be directive, including that they must not offer a diagnosis should this risk externalising the client's locus of control. However, research findings (for example, outlined by Spong, 2009) have demonstrated how some circumstances which bring clients to therapy may be benefitted by a direct communicative approach, which could include a diagnosis being made. One such example is when a client appears to be, or openly discloses that they are, experiencing suicidal ideation (Spong, 2009). The directive approach which is recommended for such a situation therefore appears to contradict classical person-centred therapeutic aims to be nondirective for client empowerment. This therefore presents a problem about how person-centred therapists retain the underlying ethos of their practice whilst appropriately dealing with sensitive matters being experienced by their clients. Note that, while suicidal ideation and self-harm may, of course, be distinct from other 'sensitive issues,' examples concerning suicidal thoughts and the potential for self-harm are included below because these were present in the data. Furthermore, these examples provide good illustrative content of how empathic and empowering

language may be used in compliance with person-centred therapeutic theory during particularly sensitive therapeutic discussions.

There were two examples in the therapeutic transcripts used in this project where clients appeared to be suggesting that they had suicidal ideation or that they were experiencing other acute crises, such as wanting to self-harm. A warning is necessary to issue here about extrapolating findings relating to the discussion which occurs in this chapter for use in practice. In sum, it is unclear whether the findings about to be discussed are altogether generalisable considering it refers only to two examples in the transcripts. Therefore, further research is required about whether what is about to be outlined would be applicable in every instance (for a related discussion, see the limitations section which regards using data in future which also allows access to the therapist and client, and which examines individual characteristics, section 7.2). Hence, the suggestions that follow are being made tentatively. Furthermore, of note is that the character of this section differs to the points of discussion made in this overarching chapter above as individual examples are described whereas this section, overall, will tend to describe other matters in more general terms.

An indicative example (to illustrate the point made about nondirective language in relation to discussing sensitive matters in person-centred therapy) concerns a client who is discussing having suicidal thoughts and is fantasising about taking an overdose of prescription pills to end their life. The therapist manages to avoid power over the client and to be empathic by continuing a topic the client has introduced in a sensitive manner by combining a reformulation with a metaphor (see pages 142 – 143). The response by the client is expansive and contains further information about their intentions. So, it is cautiously suggested that this suggests a way for the therapist to be empathic (by showing talk about such sensitive topics is allowable and being sensitive by encouraging the client to continue disclosing their feelings) which also allows them to avoid power over the client, so contributes to client empowerment by encouraging their ownership of the issue being discussed while avoiding demanding that further information be offered by them. Furthermore, this strategy enables the therapist to (subtly) check whether the client needs urgent or emergency help (although it is, of course, impossible to ascertain whether this was the intention of the therapist using the hedged question). A further

benefit of responding to the client in this manner, which relates to client empowerment, is that it does not stigmatise speaking about suicidal ideation, so implicitly communicates that further discussion about these feelings is acceptable, and that what has been said has been understood and may be progressed if the client wishes this to be the case.

As stated above, this is an area which requires further investigation before it is applied in practice. In other words, the discussion here might be considered to refer to findings which are generative rather than being immediately applicable to practice, per the broader findings about the linguistic features used for empathic and empowering purposes.

The overarching conclusion of this section is that research by use of a linguistic methodology has allowed more nuanced conclusions to be made about how empathy and empowerment function in person-centred therapeutic interactions than those previously offered in theoretical terms. In the example about using hedged questions to respond to suicidality expressed by the client above, the therapist communicates empathy for the client and avoids disempowering them. However, the therapist may also use the indirect linguistic strategy to draw conclusions about the intent of the client, which could potentially also be diagnostic. Theoretical suggestions concerning person-centred therapy have tended to draw blunt conclusions, and this is a problem because it causes inferences to be made which have not been based on evidence. By analysing empathy and empowerment in terms of its linguistic realisations, it has been possible to suggest how seeming contradictions (like hints about being suicidal being best approached directly but person-centred therapy not using a directive approach) are managed in practice. This means that linguistic findings can be used to contribute to theoretical debates and even, when appropriate and thoroughly researched, used to direct practice and research.

7.2 Limitations of study

A first limitation of this study relates to the character of the transcripts used for data purposes in this project. Pre-transcribed therapeutic sessions were used for data purposes in this project because the analysis concerned the discourse pragmatic

aspects of interactions, meaning that depictions of talk in text such as those provided by the transcripts was appropriate. However, the transcriptions were made by an external company, and no access was provided to the recordings of the therapeutic sessions detailed in the transcripts, either by audio or visual means. The transcriptions of the sessions did not regard every aspect of speech. For example, conversation analysis has been used in other projects to analyse aspects of speech like pauses and intonation, but the transcripts only included verbatim accounts of the talk itself, meaning that it was not possible to analyse these extra communicative aspects of speech. While not problematic for analysing the verbal realisations of speech, researchers in future who are able to access recordings or transcribe recordings (for example, should they be the therapist in the transcripts themselves) should also consider incorporating the analysis of other features of naturally occurring talk, like pauses, so that they can analyse these aspects in relation to empathy and empowerment, as this is a topic which has so far also been little regarded. The ability to hear and see the therapeutic sessions by accessing audio and video recordings might potentially also offer the researcher a closer connection with the data by allowing them the ability to visualise and transcribe what has been said (McLeod, 2015). The present research has indicated that the analysis of transcripts alone is sufficient and that it can also offer applications for practice (see section 7.4 for discussion about this). However, by analysing additional components of interactions like body language, and by approaching the analysis of the data in an alternate manner such as by having access to recordings, researchers may find they have been given additional opportunities to add insights about empathic and empowering communication in person-centred therapeutic interactions.

A second limitation relates to data collection and, more specifically, to there having been no access to the research 'participants'. Accessing complete series of person-centred therapeutic transcripts, including transcripts detailing research which has taken place in recent years, is notoriously difficult (see section 5.2 for a reminder about why this is the case, and why the use of older documentary data is still valid for current research study). For this study, it was possible to answer the research questions using the therapeutic transcripts from an existing database for data purposes. However, the use of these transcripts meant that there was no access to

the therapists or clients whose interactions were detailed in the transcripts which were used for analysis.

Accessing the therapists and clients could be useful for researchers undertaking similar work in future. For example, the therapists and clients might assume the role of interraters (see discussion about interrater reliability in relation to qualitative rigour in section 5.8). In addition, the therapists and clients could add autobiographical information which may aid a future study to add to the knowledge produced during this study by incorporating further analyses of individual characteristics in relation to empathic and empowering communication. For example, considerations about power which are not necessarily possible to broach by linguistic analyses alone (for example, see the discussion about the historic type of power by Proctor, 2017) might also be analysed should researchers gain access to the therapists and clients in the transcripts, and this additional knowledge could have implications for understanding empathy and client empowerment.

Therapists and clients, whether having undertaken and practised therapy relatively recently, or several years ago may, of course, be averse to partaking in a research project which concerns the analysis of their own therapeutic interactions. While therapists might benefit from the chance to partake in close analyses of their own practice, therapists may also be concerned that their practice will be critiqued or that any mistakes they had made would be highlighted, meaning they may only provide insights which are favourable of their practice. Likewise, clients may benefit, and be empowered, by the chance to better understand what has happened in their therapy, and by being put into the role of expert about their own therapy. Alternatively, clients may experience negative outcomes from reviewing therapeutic material which might be painful, for example should the interactions being analysed relate to a matter which they do not wish to revisit (McLeod, 2015). The suggestion for accessing therapists and clients, either to ascertain further knowledge about their individual characteristics, or for interrater purposes therefore comes with some caveats. It would be important for future researchers to regard any potential for harm to be caused to the client who may be revisiting distressing material. Furthermore, subjective elements of analysing one's own therapy should be considered, including the possibility of 'human error,' like misremembering what was felt during a transcribed therapeutic session. Methods must also be

sensitive to the potential that therapists may wish to emphasise positive aspects of their practice, for example by concluding that empathy and empowerment were taking place when they were not at a certain point in the transcript. In cases where a researcher is also a therapist and is using their own transcripts for data purposes, researchers should be especially cautious about the subjective and ethical aspects of doing so, including the effect on the client and any potential effects on their own practice.

In sum, the use of transcripts from a database provided the best fit for answering the research questions in this project, considering the therapeutic transcripts which were commercially available for use as data for research purposes. However, future researchers might also consider the benefits of involving the therapists and clients whose talk is outlined in the transcripts they are analysing in their research design, should they have contact with them, although they would also need to consider how including therapists and clients in their research design could influence their analyses.

7.3 Implications of this study for future research

This section begins on a broad note. The discussion previously undertaken in this chapter demonstrated how person-centred therapeutic practice can benefit from academic research which best fits its nature, meaning by providing an approach capable of analysing talk as it happens, and which is flexible enough to regard interactions, and often complex therapeutic processes. The linguistic approach undertaken in this research has been of benefit for capturing empathic and empowering processes as they happen, including in combination with one another, in therapeutic interactions. Researchers undertaking similar work in future might therefore also consider using a linguistic method and analysing interactions 'as they happen'.

As this is a relatively new area of research, the research questions and aims of this study were purposefully broad. The findings in this research can be understood to have generated several areas of potential future study. Firstly, the use of each of the five linguistic features found to be used in therapeutic interactions for empathy and empowerment could be individually progressed. Focusing on any of the five

linguistic features independently could enable researchers to analyse each linguistic feature in more depth than has been given in this study. For example, researchers with the same constraints of resources like time who are studying question use independently to the other features could research question use from differing perspectives, such as about the frequency or location of question use (or any of the other features). This would enrich findings of empathic and empowering communication by offering further details about each linguistic feature as it may be used independently. A research focus might also be given to empathic or empowering communication independently, although the findings in this research suggest they are difficult to separate.

The research aims and findings focussed only on examples where the linguistic features had been successfully used for empathic and empowering purposes. Less attention was given, except for brief reference, to examples whereby the communication of empathy and empowerment were less successful. Future researchers could focus on examples where the five linguistic features were used yet the communication of empathy and empowerment was not successful or had limited success. Including examples of less successful uses of the same linguistic features for empathy and empowerment would help to provide nuance to the findings.

Additional therapeutic processes (like unconditional positive regard, Rogers, 1951) which have been suggested to relate to functioning person-centred therapeutic relationships, could also be considered in their linguistic terms. Furthermore, the consideration of the linguistic features of any other therapeutic processes could be made in relation to the findings about empathy and empowerment in this work as it has proved useful to consider therapeutic processes in relation to each other. Such future projects would involve researchers undertaking additional literature reviews to ascertain how person-centred theory regards other useful person-centred therapeutic processes. Furthermore, previous linguistic research into these alternative processes, while sparse, would need to be mined to inform researchers about how other processes might be conceptualised in linguistic terms. The first few chapters of this thesis could be used to guide how such enquiry might be undertaken by researchers interested in extending the research findings in this work.

Researchers undertaking further related study might progress the research aims of this study to also give focus to how all the linguistic features interact for empathic and empowering purposes. For example, an extension to this research could be made by researchers who have access to the therapists and clients who are participating in the transcripts. Researchers could create further levels of examination to this study by, firstly, analysing their transcripts for the five features for empathy and empowerment identified in this study and, secondly, involving therapists and clients by use of an alternate methodology (like a questionnaire or interview) to understand how the therapists and clients themselves experienced empathic and empowering communication (but see also the discussion in the limitations chapter concerning including therapists and clients in the research project, section 7.1). There are, of course, other variations to extensions to this project that could be suggested here. For example, researchers might also consider whether additional determinants have an influence on empathic and empowering communication, like the personal background of each interlocutor. However, this recommendation may necessitate that an alternate, or extended, methodology be considered.

The framework produced in this study, including the overarching methodologies of discourse analysis, pragmatics, and conversation analysis, could be adapted for use by researchers undertaking an extension to this research. Because the overarching hybrid methodology has been flexible, researchers could foreground alternative aspects of each methodology which were not foregrounded in this project. For example, a researcher might wish to study empathy and empowerment in relation to its vocal intonations to add further depth to the findings presented in this thesis. In such an instance, researchers could utilise aspects of conversation analysis which enable such analyses, and this might necessitate the other methodologies in the framework be altered, as well as the data which is used. It seems important to also highlight here that the ability to alter the framework due to its flexibility is not indicative that the findings of this project are invalid or subject to change. Rather, it demonstrates how the method for reaching the findings is flexible, and extendable.

The flexibility of the framework produced in this research could also be tested by researchers who have a methodological bent in future to check how viable altering,

or including additional, methodologies may be. For example, for researchers hoping to extend the findings by also incorporating considerations of individual characteristics, the utility of including a methodology like sociolinguistics (which concerns itself with power in relation to broader social determinants) could be tested. This would necessitate additional methodological reviews being undertaken, and further piloting periods which could be informed by section 5.10 of this thesis. Furthermore, researchers might need to consider alternate data sources.

Although the suggestions for researchers above have sometimes suggested the use of alternative data sources, the same transcripts used for data in this study could be utilised in additional research studies. The analysis in this study could be extended to include some quantitative and content-related aspects, like the number or location of times each feature is present to add research recommendations concerning frequency. Alternatively, researchers could use the transcripts to include person-centred therapists and clients in their research design (probably not those whose talk is included in the transcripts), for example, by asking them how they would rate empathy and empowerment in each transcript. This could be an exercise undertaken for validity purposes or, alternately, research in this vein could comprise a study into the differences between client and therapist views of empathic and empowering communication and be contrasted with what linguistic evidence has shown. Should researchers undertake such research, there would also be a need to consider the utility of mixed method studies of person-centred therapeutic interactions. Furthermore, undertaking such a study could provide information about how well empathic and empowering communication is currently understood and, potentially, underscore bids and applications to extend the present research findings into training.

Another research avenue which might be undertaken regards extending the research to include insights from other fields. For example, section 7.4 will outline how the findings in this research project might have utility for therapeutic applications (apps). Researchers who wish to extend this research might consider undertaking an interdisciplinary variation to this work by including researchers of new technologies, like artificial intelligence (AI). Another example of a further interdisciplinary study could involve linguistics researchers working alongside

person-centred therapists or, even, training as a person-centred therapist themselves.

As the findings in this project have shown which linguistic features are used for empathic and empowering interactions in person-centred therapy, these findings could be used to inform a computerised study. For example, an automated programme could be created to check how possible it is to locate each instance of each linguistic feature in transcripts. Where possible, software could undertake an analysis of the presence of each feature. It would, of course, still be vital that a linguist was involved in such a project to analyse the broader meaning of empathy and empowerment, and to analyse which of the features identified has utility for understanding empathy and empowerment, including by considering responses in sequences, which may be complex. In other words, this suggestion is included to aid the speed of analysis, which can be slow and require a lot of focus. However, this suggestion is not made as a 'cure all,' but as a potential way to facilitate similar research projects.

Further, researchers could study the best method to train person-centred therapists to incorporate the five linguistic features for empathy and empowerment into their own practice. This could include by researching how person-centred therapists might adapt or modify the practice approach they are currently undertaking. This suggestion relates to conducting research into therapeutic practice, while the following section (7.4) begins by outlining suggestions for training in relation to practice.

7.4 Practice applications of the study findings

The findings from this research project add empirical information about the linguistic features which are used for empathic and empowering person-centred therapeutic interactions. This section suggests that the project findings have multiple uses in practice contexts. For example, the findings could be utilised to inform training programmes for person-centred therapists, in online support contexts, or in therapeutic applications.

Levitt et al. (2022) found that recent graduates of person-centred therapy training suggested that they would have preferred more explicit and formal training into

how therapeutic processes, like empathy and empowerment, happen in practice during interactions. The findings of this research project could therefore contribute toward training curricula for trainee person-centred therapists. A training programme which incorporated the linguistic features of empathy and empowerment would be relatively easy to adapt from the findings of this project. As the five linguistic features for empathy and empowerment have been identified in this research, training materials utilising imagined vignettes could be created which include the five linguistic features in transcripts of imagined person-centred therapeutic interactions. Whilst imagined vignettes were not appropriate for analysing empathic and empowering communication in this project (as they are not based on empirical evidence, rather fabricated therapeutic material), their use would be appropriate and, furthermore, relatively easy to produce for use as person-centred therapy training materials. Furthermore, the findings from this research could themselves be used as the basis for creating imagined vignettes for use as a training resource (providing alterations to 'surface material,' like concerning the specific details outlined in the case studies were made). This suggestion is made in a similar fashion to the use of Pounds' (2012) framework for empathic communication in physician consultations which has been used to train students of medicine undertaking a university course. Furthermore, trainee person-centred therapists who record their sessions for educational purposes could be assessed concerning how they have incorporated the linguistic features for empathy and empowerment in their practice once they have been taught about these, meaning knowledge of the framework produced in this work could form an assignment or be the topic of feedback group discussions and trainee supervisory sessions.

Chapter 2 included consideration about the similarities between this research project and Pounds' (2012) work concerning a linguistic framework for empathic communication in physician consultations. Her findings were extended, in collaboration with colleagues, to analyse empathic communication in other contexts, like social media (Facebook) peer-to-peer messages in virtual support groups (Pounds, Hunt and Koteyko, 2018). The findings from this project could be similarly applied to train peer-to-peer supporters or practitioners in practice contexts which utilise, or may benefit from utilising, person-centred therapeutic communicative principles to offer support. This could include using the findings from this project to guide empathic and empowering communications in online support programmes provided by mental health organisations, including by social

media or by email (an illustrative example may be the Samaritans, who offer non-judgemental and non-directive support to anybody who requires this, including by use of electronic communication and text messaging, Samaritans, 2022). Practitioners who offer support based on person-centred therapeutic principles, including during face-to-face consultations, might also utilise the findings should their communicative aims also be to empathise and empower. For example, healthcare services in the UK, including the National Health Service (NHS) and charities, have based their communication on person-centred therapeutic recommendations (for example, NHS Health Education, 2022) so they could use the findings in this project to guide and motivate their interactions.

A contemporary area of development of psychotherapeutic practice regards therapeutic technologies. As a representative example, Sharma et al. (2022) report that they are developing an automated artificial intelligence (AI) application (app) for offering text-based peer-to-peer support. Their app aims to make textual responses made by peer supporters made in response to texts crafted by service users more empathic by offering automated suggestions for boosting empathy in their message. It would, of course, be a potential concern that an automated app which utilised the findings of this research project to boost empathy and empowerment in communications might disregard the 'human touch'. As the findings of this research project concern the linguistic expression of empathy and empowerment have very much been based on contextual factors, it is also a concern that an automated app might not itself be sensitive to these factors which may cause errors when it offers suggestions. However, the proposed app outlined by Sharma et al. (2022) is controlled by trained peer supporters who may disregard and override any suggestions which they deem inappropriate. A similar app could therefore be created in a similar vein, but which specifically regards empathic and empowering communication from a person-centred therapeutic perspective, such as by being informed by the findings in this project. Further, people who had previously been clients of person-centred therapy themselves may wish to become peer supporters, which could potentially boost their own empowerment by demystifying the therapy they had undertaken and situating them in the role of expert. The ability to overrule suggestions made by such an app for empathic and empowering purposes, should they not be appropriate for any reason, would also ensure that the support offered would retain a person-centred therapeutic focus.

Research about such an app for making empathic corrections is, at the time of writing, in its preliminary stages, making it difficult to offer practical suggestions about how the findings from this project might be progressed to inform a support app and, indeed, how much commercial demand there may be for such an app. However, the findings from this research could feasibly be used toward making advisements about how empathic and empowering communication in person-centred therapy should be communicated in textual format should such an app prove marketable. More broadly, Sharma et al. (2022) defined the benefits of their app-in-development as offering scalability for mental health support which is presently required in increased quantities owing to a surge in demand (they are based in the United Kingdom (UK)). Further, such an app would apparently be relatively cheap to produce and might be used by any person who has been trained in its use.

Although they do not make this their primary focus, a further benefit of such an app would presumably be for service users who prefer textual support, for example because they wish to retain their anonymity or because they have a disorder which precludes them from making or maintaining social contact in-person. Of course, there are a whole raft of practical considerations which would need to be made from multiple perspectives, such as by considering the legal, technical, and ethical aspects of such an app, but these are beyond the scope of the present study to discuss. However, what this research can claim to offer such a project is knowledge about which linguistic features are used for empathic and empowering interactions in person-centred therapy.

8. Conclusion

Empathy and empowerment form the bedrock of person-centred therapeutic practice. The importance of ensuring that empathy and empowerment are verbally communicated, rather than just felt, has been stressed since the inception of person-centred therapy (for example, by its founder, Rogers, 1951). More recently, researchers like Sanders (2006), have explained that person-centred therapy is fundamentally a linguistic practice. The application of linguistic research, such as in this project, therefore, comprises a logical fit for analysing the verbal communication of empathy and empowerment in person-centred therapy. Yet surprisingly few other studies into person-centred therapy have taken a linguistic approach to research the verbal expression of empathy and empowerment. Most of the conclusions drawn about the expression of empathic and empowering communication in person-centred therapy have been made from a theoretical perspective. Such theoretical contributions might have utility but the claims they make about empathy and empowerment are difficult to support without also offering evidence to show how empathic and empowering communications happen in practice. This project used a linguistic methodology so its findings can be used to demonstrate how empathy and empowerment happen by contributing evidence about which linguistic features are used for these purposes. Hence, this study has aimed to contribute toward demystifying empathy and empowerment in person-centred therapeutic interactions in practice.

The lack of empirical evidence into the communication of empathy and empowerment has led to some disputes and confusion amongst person-centred therapists and researchers. In research terms, debates of this ilk have included whether some linguistic features, like reformulations and questions, should be used at all in case they breach the necessary communicative conditions for client empowerment and empathy. In practice terms, studies such as undertaken by Levitt et al. (2022) have shown how newly qualified person-centred therapists have left their training feeling uncertain about how exactly they might communicate empathy and empowerment in their practice. In theoretical terms, the connection between empathy and empowerment has been theorised but there have been few attempts to clarify exactly how they might be connected in terms of their practice.

A linguistic study has been undertaken in this project to provide evidence of how empathy and empowerment are communicated, including in relation to one another, in practice. Some researchers (for example, Strong and Smoliak, 2018) had already applied linguistics methods to analyse person-centred therapeutic processes. However, their focus had only gone so far and tended to only consider empathy, usually only from the perspective of the therapist, and normally only by utilising conversation analysis. Part of the confusion about communication in person-centred therapy is that therapeutic talk is, by nature, so complex, so it requires a methodology which can address it at its various 'levels,' such as the 'micro' (grammatical), and the 'macro' (concerning broader aspects which influence talk).

Further, a linguistic methodology has been developed which regards both therapist and client contributions, in interactions with one another, to provide a 'full picture' concerning how empathy and empowerment are made viable in person-centred therapeutic practice. A contributing cause for person-centred therapy research, usually into empathy, only considering the perspective of the therapist has also been the difficulty gaining therapeutic transcripts for research purposes. As clients can also be difficult to access, or it may be unethical to have clients be research participants (for example should this interrupt their therapy, McLeod, 2015), person-centred therapists alone have tended to be utilised for research purposes. This study has overcome these challenges by using older authentic 'documentary' data for data purposes, as recommended by McLeod (2015). This meant that it was possible to analyse empathic and empowering communication as it happened, including by considering how both processes were related to one another during therapist-client interactions.

To repeat, linguistics research, usually into empathic communication, in person-centred therapy so far has tended to use a single methodological approach. This study was additive as it used a hybrid methodology which enabled an analysis which regarded the complexity of empathic and empowering communication in person-centred therapist-client interactions. It has been essential that the methodologies included in the hybrid frame were flexible, capable of being merged with one another, and that they also provided a good fit with person-centred therapeutic conceptualisations of empathy and empowerment. The approach used in this study is overarchingly titled a 'discourse pragmatic' approach. By

incorporating (positive) discourse analysis, pragmatics, and conversation analysis, the intricacies of empathic and empowering communication, including how they are used in combination with one another, and within the context of person-centred therapeutic interactions have been possible to analyse. As this research has been generative and has concerned a relatively unexplored topic, the findings of this project have concerned which linguistic features are used by therapists and clients in their interactions for empathy and empowerment, as well as how they are managed for these ends.

To recap, the features found to be used by therapists and clients in person-centred therapeutic interactions for empathy and empowerment are reformulations, metaphors, personal pronouns, questions, and hedging. The linguistic analysis undertaken in this project enabled a more nuanced understanding of what is known about the use of reformulations. It showed that reformulations do not need to be altogether avoided by person-centred therapists. The analysis of metaphors in interactional terms also demonstrated that person-centred therapists should be less cautious about introducing a metaphor because the 'misuse' of metaphors is unlikely to be damaging to the client. Meanwhile, only first-person pronoun uses by the therapists to speak as though they are the client were found to be useful for empathic purposes. Additionally, first-person pronouns used by therapists also contributed towards empowerment. Regarding questions, the analysis demonstrated that question use is not necessarily detrimental to client empowerment, including how clients ask questions themselves. Questions asked by therapists, and answers given by therapists to client questions, can also be used for empathic purposes. Concerning hedging, its use by the therapists allowed the clients to be positioned as powerful, so contributed to client empowerment. The use of hedging by the therapist was also fundamentally empathic as it enabled an indirect way to approach discussions about client feelings, which could often be very sensitive. The five linguistic features were also combined to contribute toward client empowerment and empathy.

In addition to identifying how each linguistic feature was used for empathic and empowering communication in person-centred therapist-client interactions, the knowledge gained from analysing the use of each linguistic feature contributed toward theoretical uncertainties and debates about empathy and empowerment in

person-centred therapy. Suggestions have been made in this thesis for overcoming the issue of avoiding directivity whilst broaching topics that typically benefit from a direct communicative approach. Further, by analysing interactions, knowledge has been added about the role of the client in relation to empathy and empowerment in the therapeutic relationship. In sum, the client has a more active role than has often been assumed, and this includes by their contribution to co-creating empathic and empowering processes. It has also been strongly suggested that person-centred therapy theorists and researchers regard the complexity of the character of power, including how its existence may be described in multiple ways, and that power exists in various guises between therapists and clients, which may also be foregrounded at different points of therapy.

Finally, the utility of a hybrid linguistic method for analysing empathic and empowering communication in person-centred therapy cannot be emphasised enough.

As this research has aimed to be generative, its contribution is relatively broad. Practitioners could consider using the findings to train future person-centred therapists. The linguistic findings could be utilised in services which provide therapeutic support by text, which might include by use of newer technological applications. Researchers might alter the framework to incorporate other therapeutic processes, or to meet related research aims concerning empathic and empowering communication in person-centred therapy. All these suggestions require further research and additional expertise but demonstrate the utility of this study and of potential extensions which result from it.

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Appendices

Appendix one

Protocol publication in Person-Centered and Experiential Psychotherapies journal

Dawe, J., Elder, C., & Sanderson, K. (2022). 'Protocol: A qualitative linguistic framework for analysing empathic and empowering communications in classical person-centered therapeutic interactions'. *Person-Centered and Experiential Psychotherapies* (published online ahead of print 22 July). Available at: https://doi.org/10.1080/14779757.2022.2100816

(See 'declaration of originality' at the beginning of this thesis for further information regarding the overlap between this publication and the present thesis).

Protocol: A qualitative linguistic framework for analysing empathic and empowering communications in classical person-centered therapeutic interactions

Empathy and empowerment are crucial person-centered therapeutic processes that are interrelated and co-constructed in discourse by therapist-client dyads. Recently, research recommendations have been made for linguistic analyses of therapeutic processes. The interrelatedness of processes has often been overlooked when these recommendations have been progressed. Research so far has also tended to favor therapist discourse instead of focusing on the co-construction of processes. The publication of protocols enables researchers and therapists to access information about emerging research. Protocol publication can reduce dissemination bias and promotes credibility and trustworthiness of qualitative methodologies. The proposed development and application of a linguistic framework for analyzing empathic and empowering communications by therapist-client dyads in person-centered therapy is described in this protocol. The present status of the study is given, including why and how hybrid linguistic features identified in discourse analysis, pragmatics, and conversation analytic approaches are included. Information about the therapeutic transcripts used as data for framework development is also given for illustrative purposes. The anticipated theoretical and

methodological contributions of this research are summarized. Suggested applications of the research outcomes for practice are also described, including their usefulness for trainee person-centered therapists, or for person-centered therapists or researchers who are interested in linguistic methodologies.

L'empathieet l'*empowerment* sont des processus thérapeutiques centrés sur lapersonne déterminants qui sont interdépendants et co-construits dans lediscours par des dyades thérapeute-client. Des recommandations de recherche ontété récemment émises pour l'analyse linguistique des processus thérapeutiques. L'interdépendance des processus est un élément qui a souvent été négligé depuisque la prise en compte de ces recommandations a progressé. Jusqu'à présent, larecherche a par ailleurs eu tendance à privilégier le discours du thérapeuteplutôt que de se concentrer sur la co-construction des processus. Lapublication de protocoles permet aux chercheurs et aux thérapeutes d'accéder àl'information sur la recherche émergente. La publication d'un protocole peutréduire les biais de dissémination et favoriser la crédibilité et la fiabilitédes méthodologies qualitatives. Le développement proposé et l'application d'uncadre linguistique pour analyser les communications empathiques etresponsabilisantes par les dyades thérapeute-client dans la thérapie centréesur la personne sont décrits dans ce protocole. L'étude est décrite en son étatd'avancement actuel, y compris en faisant état du pourquoi et de comment sontincluses les caractéristiques linguistiques hybrides identifiées dans l'analysedu discours, la pragmatique et les approches analytiques de la conversation.Des informations sur les transcriptions thérapeutiques utilisées comme donnéespour le développement du cadre sont également données à titre illustratif. Lesapports théoriques et méthodologiques escomptés de cette recherche sontrésumés. Des applications suggérées des résultats de la recherche pour lapratique sont également mentionnés, y compris leur utilité pour les thérapeutescentrés sur la personne encore en cours de formation, ou pour les thérapeutescentrés sur la personne ou les chercheurs qui s'intéressent aux méthodologieslinguistiques.

ZUSAMMENFASSUNG

Empathie und Ermächtigen sind entscheidende Personzentrierte therapeutischeProzesse, die im Diskurs von Therapeuten-Klienten-Dyaden miteinander verbundensind und gemeinsam konstruiert werden. Neuestens gibt es Forschungsempfehlungenfür linguistische Analysen therapeutischer Prozesse. Oft

wurden bei derAusarbeitung dieser Empfehlungen allerdings die wechselseitige Beziehungzwischen den Prozessen außer Acht gelassen. Die bisherige Forschung neigte auchdazu, den Therapeutendiskurs zu bevorzugen, anstatt sich auf dieKo-Konstruktion von Prozessen zu konzentrieren. Die Veröffentlichung solcherProtokolle ermöglicht Forschenden und therapeutischen Fachpersonen den Zugangzu Informationen über neue Forschungsergebnisse. Die Veröffentlichung vonProtokollen kann die Voreingenommenheit bei der Verbreitung verringern undfördert die Glaubwürdigkeit und Vertrauenswürdigkeit qualitativer Methoden. Indiesem Protokoll wird ein linguistischer Rahmen sowie dessen Anwendungvorgestellt, um empathische und ermächtigende Kommunikation vonTherapeuten-Klienten-Dyaden in der Personzentrierten Therapie zu analysieren. Der gegenwärtige Stand der Studie wird dargelegt, einschließlich der Frage,warum und wie hybride linguistische Merkmale einbezogen werden, die in derDiskursanalyse, in der Pragmatik und in konversationsanalytischen Ansätzenidentifiziert wurden. Informationen über die therapeutischen Transkripteveranschaulichen, welche Daten die Entwicklung des Rahmens gestalteten. Dieerwarteten theoretischen und methodologischen Beiträge dieser Forschung fassenwir zusammen. Wir schlagen auch mögliche Anwendungen der Forschungsergebnissefür die Praxis vor, auch inwiefern sie dienlich sind für angehende oder bereitsausgebildete Personzentrierte therapeutische Fachpersonen oder für Forschende,die an linguistischen Methoden interessiert sind.

RESUMEN

La empatía y el empoderamiento son procesos terapéuticos cruciales centrados enla persona que están interrelacionados y co-construidos en el discurso pordíadas terapeuta-cliente. Recientemente, se han hecho recomendaciones deinvestigación para los análisis lingüísticos de los procesos terapéuticos. Lainterrelación de los procesos a menudo se ha pasado por alto cuando se haavanzado en estas recomendaciones. La investigación hasta ahora también hatendido a favorecer el discurso del terapeuta en lugar de centrarse en laco-construcción de procesos. La publicación de protocolos permite a losinvestigadores y terapeutas acceder a información sobre investigacionesemergentes. La publicación del protocolo puede reducir el sesgo de difusión ypromueve la credibilidad y confiabilidad de las metodologías cualitativas. Eneste protocolo se describe el desarrollo propuesto y la aplicación de un marcolingüístico para analizar las comunicaciones empáticas y

empoderadoras de lasdíadas terapeuta-cliente en la terapia centrada en la persona. Se da el estadoactual del estudio, incluido por qué y cómo se incluyen las característicaslingüísticas híbridas identificadas en el análisis del discurso, la pragmáticay los enfoques analíticos de la conversación. También se proporcionan, confines ilustrativos, la información sobre las transcripciones terapéuticasutilizadas como datos para el desarrollo del marco. Se resumen lascontribuciones teóricas y metodológicas anticipadas de esta investigación.También se describen las aplicaciones sugeridas de los resultados de lainvestigación para la práctica, incluida su utilidad para los terapeutascentrados en la persona en formación, o para terapeutas centrados en la personao investigadores interesados en metodologías lingüísticas.

Aempatia e o empoderamento são processos terapêuticos centrados na pessoa cruciais, que são interrelacionados e co-construídos no discurso por díades terapeuta-cliente. Recentemente, foram feitas recomendações de investigação para análises linguísticas de processos terapêuticos. A interrelação dos processos tem sido muitas vezes negligenciada, apesar de estas recomendações serem avançadas. Até agora, a investigação também tem tendido a favorecer o discurso dos terapeutas em vez de se concentrar na co-construção de processos. A publicação de protocolos permite que investigadores e terapeutas acedam a informações sobre pesquisas emergentes. A publicação do protocolo pode reduzir o enviesamento da divulgação e promover a credibilidade e a fiabilidade das metodologias qualitativas. O desenvolvimento e aplicação propostos de um quadro linguístico para analisar comunicações empáticas e potenciadoras por díades terapeuta-cliente em terapia centrada na pessoa é descrito neste protocolo. É apresentado o estado presente do estudo, incluindo porquê e como as características linguísticas híbridas identificadas na análise de discursos, abordagens pragmáticas e analíticas da conversação são incluídas. A informação sobre as transcrições terapêuticas utilizadas como dados para o desenvolvimento do quadro também é dada para fins ilustrativos. Resumem-se as contribuições teóricas e metodológicas previstas desta investigação. São também descritas aplicações sugeridas dos resultados da investigação para a prática, incluindo a sua utilidade para terapeutas centrados em pessoas, ou para terapeutas ou investigadores centrados na pessoa que se interessam por metodologias linguísticas.

KEYWORDS:

- Linguistic framework
- Qualitative methods
- Empathy
- Empowerment

Purpose of protocol paper

Protocol publication for clinical research, especially clinical trials, has been promoted since the late 1990s and mandated for clinical trials since 2004 as a way of reducing publication bias and selective presentation of findings (Viergever & Li, 2015). This has extended to trials of psychodynamic and related therapies (Mechler et al., 2020). Protocol papers are published while the study is in progress, before findings are known. The publication of qualitative protocol papers is becoming increasingly commonplace (Haven & Van Grootel, 2019), including papers in psychotherapy such as Montero-Marin et al. (2013), Schofield and Grant (2013) and Brown et al. (2020). Qualitative protocol papers support research to take place as efficiently as possible by offering earlier dialog with the broader research community. This allows qualitative research to develop in a timely manner and offers transparency and accountability.

By describing work in progress, protocol papers can be used to overcome criticisms about credibility in qualitative research. For example, protocol papers can provide a rebuttal to concerns about publication bias in qualitative research by allowing emerging research to be accessible prior to its publication on completion (Haven & Van Grootel, 2019). Haven and Van Grootel outline how the rigor of qualitative research has been questioned owing to the relative subjectivity of qualitative work. Qualitative protocol papers therefore allow for checking research subjectivity at an early stage, for example, of whether the research design is loyal to the underlying philosophy and research 'blueprint'. In turn, such checking enables transparency concerning flexibility in qualitative research by demonstrating how the research has evolved, and so enhances research rigor.

This paper presents the protocol for a study about the communication of empathy and empowerment between therapists and clients in the context of person-centered therapy. The overall study aim is to discover the communicative parameters through which empathy, empowerment, and their interrelationship, are conveyed during

person-centered therapy. It aims to adhere to the benefits of publishing qualitative protocols described above by, describing the background and purpose of the study, including the value the research project adds; orienting the reader to the aims and research questions of the study and how the design has been orchestrated; outlining the methodology, including further information about qualitative issues of subjectivity and the present status of the project; and concluding by summarizing the intended contribution of the research and outlining the planned next steps.

Linguistic analysis of empathy and empowerment in person-centered therapy: what is already known

The importance of the presence, and communication, of empathy in the person-centered therapeutic relationship has been emphasized since the inception of person-centered therapy (Rogers, 1951). Empathy is a core condition of person-centered therapy that enables a functioning therapeutic relationship by allowing the therapist to understand the experience of the client as if they were the client (Rogers, 1975). Rogers explained that the efficacy of empathy is dependent upon the therapist skilfully communicating empathically with the client. This means that it is not enough for the therapist to simply *feel* empathic but that the client must also be aware that the therapist is feeling empathic *for* them.

The importance of empowerment in the person-centered therapeutic relationship has also been known since the inception of person-centered therapy. For example, Rogers (1951) described the importance of the therapist–client relationship being egalitarian, meaning the therapist should avoid holding power over the client. The experience of the equalized power relationship should enable the client to develop an internalized locus of control. By having an internalized locus of control, the client can take mastery over their own life, and hence become empowered. The ideal person-centered therapeutic therapy-client interaction is therefore characterized by being both empathic and empowering.

The ability to describe empathy using hybrid linguistic methods (meaning by combined linguistic research methods) has been demonstrated in research in other institutional contexts. For example, Pounds (2012) created a discourse pragmatic linguistic framework by combining linguistic features from different schools of linguistic thought to analyse the communication of empathy in a physician-patient context.

Empowerment here is defined using person-centered therapeutic theory, meaning it relates to the client holding personal power from within (Rogers, 1978). While there are fewer examples of linguistic research into communication of empowerment in institutional contexts, as suggested by researchers like Hughes (2017), methodologies that are typically used to analyse power (like discourse analysis) can, and should, incorporate positive aspects of power, such as how language has been used to empower. A move in this direction can be seen in Thorne and Sanders (2013), who found that Rogers used personal pronouns to empathize and empower. Rogers' use of 'I' to speak as though he were the client indicated that he was in the client's frame of reference, while moving from using first-person pronouns to second-person pronouns toward the end of therapy to indicate client empowerment. Nevertheless, there is much more scope for linguistic methodologies to be used to analyse how positive, progressive communications occur, including the use of empathy and empowerment.

Rogers (1978) suggested that empathy and empowerment should be examined at varied levels of realization, as empowerment, which relates to relational empathy, may be transferable to the client's relationships beyond therapy. More recently, the value of combining insights from a range of areas of linguistics to describe person-centered therapeutic communications has been emphasized by researchers like Spong (2009). Spong recommended combining discourse and conversation analytic approaches owing to their capability to describe precise linguistic communications whilst also accounting for the context in which they occur. Furthermore, Simpson, Mayr and Statham (2019) describe how combining linguistic methodologies can help to bolster the positive aspects of each individual method by offsetting their relative weaknesses. For example, discourse analytic and pragmatic approaches can be used to offset criticisms against the attention to 'micro' structural linguistics of conversation analytic approaches by simultaneously drawing attention to the contextual factors in which the communication has occurred. Researchers like Tsileou (2018) have also highlighted the utility of combining flexible and robust linguistic methodologies to describe person-centered therapeutic processes, including empathy and empowerment, which are, by nature, complex and fluctuating.

Background and study justification

The practice of therapy, including person-centered therapy, principally comprises verbal communication (Velasquez & Montiel, 2018). For therapy to be effective, the therapist's 'work', including their feelings of empathy, must be communicated to the client (Rogers, 1975). This implies that person-centered therapeutic processes, like empathy, are observable in communication. The use of linguistic methodologies makes the analyses of communications viable, thereby their use provides a good fit for the analysis of therapeutic discourse. The suggestion that linguistic methodologies should be employed to analyse therapeutic communications has been made for the last few decades (for example, McLeod & Machin, 1998), and interest in linguistic approaches has increased since the 1980s (Smoliak & Strong, 2018). While there has been some progress in this regard, including Tay (2021) metaphor research, Peräkylä (2012) research about questions, and Wynn and Wynn (2006) reformulations research, research using linguistic methods to analyse therapy remains relatively uncommon.

Writing recently, McLeod (2015) found that only 10–20% of therapeutic research (of all types) utilizes qualitative methodologies, despite their suitability for analyzing potentially complex therapeutic data. Researchers of therapy have instead tended toward using quantitative methodologies. For example, questionnaires comprising quantitative measures are frequently issued to therapists and clients following the conclusion of a series of therapeutic treatment (McLeod, 2015).

The prioritization of quantitative research methods in this context may not be particularly surprising considering, firstly, their general dominance and, secondly, the emphasis on researching the outcomes of therapeutic treatment. As such, quantitative methodologies may be favored because of their prominence, relative speed of issue and analysis, and cost-effectiveness. However, writing recently, McLeod (2015) and Tsileou (2018) have outlined the utility of qualitative research into therapeutic contexts. Qualitative research may be especially useful for its relative ease of application to therapeutic data that can, by its character, be complex.

The emphasis on prioritizing the analysis of outcomes has also been questioned for example, by Sanders (2006). Sanders argues that the analysis of therapeutic processes is also important as it describes what happens during therapy. Moreover, in the person-centered therapeutic context, it may be difficult to define what a 'good' therapeutic outcome should 'look like'. Client outcomes may not follow a linear or predictable path, meaning they may be difficult to analyze using

quantitative methods alone. For example, quantitative methods like questionnaires may not be able to capture the experiences of a client who appears to be improving but who then regresses before they, once again, appear to be improving. The reliance on methods that describe outcomes may also contrast with the ethos of non-directivity in person-centered therapy, as therapists are trained to avoid aiming for specific outcomes. Clients may also not explicitly know, or be able to verbalize, the outcomes they are anticipating.

In recent years, researchers like Tseilou (2018) have suggested that qualitative linguistic methodologies can provide a good fit for analyzing processes as they occur in therapeutic communications. Methodologies that have been encouraged, or utilized, so far have included discourse and conversation analytic approaches. Spong (2009) summarized that the use of discourse and conversation analytic methodologies can enable analyses that are flexible, robust, and sensitive, meaning that they can be effectively applied to complex person-centered therapeutic data. Meanwhile, Tseilou suggested that qualitative linguistic analyses of processes in therapeutic communication should include a plurality of approaches to account for what is being communicated at various levels, including the 'micro' (the immediately observable utterances as they occur between therapist and client and their meanings), and the 'macro' (the broader meaning of the discourse in which such utterances occur, including incorporation of the context).

The usefulness of therapeutic transcripts for data purposes in qualitative linguistic research (initially encouraged by Rogers, 1951) has been reiterated more recently by Scarvaglieri (2019). Scarvaglieri explains that therapy researchers have tended toward focusing on analyzing how participants of therapy speak about what has happened previously in therapy, as opposed to analyzing the communications that have occurred as they occur during therapy. The use of therapeutic transcripts for data purposes will therefore enable a focus on how processes are communicated during therapy, so also make it possible to simultaneously analyze contributions made by both therapists and clients.

To summarize, there is a need for research that incorporates multiple, appropriate qualitative linguistic methodologies that provide capability for analyzing complex and fluctuating therapeutic communications within and across therapy sessions, and which provide a good fit with person-centered therapeutic principles by enabling the analysis of both therapist and client contributions.

The remainder of this protocol outlines the development of a hybrid qualitative linguistic methodology that is both theory- and data-led. This means that theory about empathy and empowerment in person-centered therapy, alongside methodological theory about linguistic features of empathy and empowerment, are both being used to craft the framework. It also proposes that the development of the framework, including its refinement, is done by testing it on authentic person-centered therapeutic data (meaning transcripts that detail real therapeutic communication). The therapeutic transcripts comprise classical person-centered therapeutic practice, meaning the type founded by Carl Rogers in the 1940s, which remains the most practised 'type' in current person-centered therapy worldwide (Sanders et al., 2017). The framework is being developed in iterations, meaning that it will be refined and finalized based on the results of testing the developing framework on the therapeutic transcript data.

The protocol therefore defines a study that aims to provide novel findings in several ways: firstly, by its inclusion of hybrid qualitative linguistic methodological approaches (positive discourse analysis, conversation analysis, and pragmatics) which use linguistic features capable of generating new insights into empathic and empowering processes, as well as their interrelationship, and secondly, by using these approaches to analyze authentic therapist-client therapeutic communications. The insights provided by the creation of the framework can be utilized by other person-centered therapists and researchers intending to use linguistic methodologies and authentic therapeutic transcripts for research or practice purposes.

The research questions (RQ) are:

RQ1:

How do therapists and clients utilise communicative features to convey and achieve empathy during person-centered therapeutic interactions?

RQ2:

How do therapists and clients utilise communicative features to convey and achieve empowerment during person-centered therapeutic interactions?

RQ3:

How are the communicative features used by therapists and clients to empathise and empower used in combination during person-centered therapeutic interactions?

Design

Summary of pilot work, methodological approach, and status of study

The hybrid qualitative linguistic framework described in this protocol is derived from both theory and data. At the time of writing, further iterations are being made to the framework following an initial piloting period, and based on findings from the pilot, further analysis of five sets of transcripts of a complete series of therapeutic sessions.

The choice of methodologies adopted was based on their fit with person-centered therapeutic practice, and on their epistemological compatibility. This methodological approach follows the rise of qualitative methodological pluralism to generate complementarity between findings (Clarke et al., 2014). It also responds to calls for counseling research to be methodologically pluralistic (McLeod, 1999) to enable richer research findings. A review of the theoretical literature indicated that positive discourse analysis, conversation analysis and pragmatic approaches formed a good fit with the data owing to their ability to analyze empathic and empowering interactions whilst also regarding the broader context in which the therapeutic interactions occur. These methodologies are epistemologically compatible, meaning they can be successfully combined to overcome their relative weaknesses. For example, Simpson, Mayr and Statham (2019) describe a study that utilized these three overarching methodologies to overcome common criticisms aimed at conversation analysis for disregarding broader contextual details. Furthermore, the inclusion of conversation analytic approaches helped overcome criticisms aimed at pragmatic and discourse analytic approaches for example, about power being pre-ordained in any given context. Therefore, combining these three approaches allows the analytical strength of conversation analysis to meet the critical stances of pragmatics and critical discourse analysis whilst all approaches also allow the focus on the data to be maintained.

A broad range of linguistic features from different theoretical domains were then shortlisted for potential inclusion in the framework. Person-centered therapeutic theory was simultaneously searched to clarify theoretical conceptualizations of

empathy and empowerment. This search was expanded to include research that considered empathic and empowering communications in related contexts, such as person-centered health. Literature from linguistics and person-centered therapy (and related institutional domains) was also used to clarify the verbal dimensions of empathy and empowerment.

Findings from the review were then used to develop the prototype framework. The framework was piloted on a subset of data that will be later used for full analysis. The aim of piloting the framework was to test the utility of the methods identified during the literature review and to check how effectively each method could be integrated. This was done by analyzing the co-occurrence of each linguistic measure. Project reflections in memo form were also kept. A write up of the piloting period also took place to check whether the methods could be effectively integrated. This included considering both the literature that had been surveyed and broader epistemological issues, showing how analysis was both theory- and data- driven.

The linguistic features shortlisted for piloting were taken from several sources based on their utility for analyzing empathic and empowering communications and interactions in person-centered therapy. As a representative example, categories from Pounds' (2012) empathic speech act were used in piloting as follows: showing feelings are valid, expressing concern about causing discomfort, facilitating minimal comments, using backchannel noise, inviting confirmation or elaboration by referring to a third party, showing understanding, using expressing lack of certainty in an exploratory mode, using modifiers, and using softeners in form of verbs and modal expressions. Appraisal and evaluation, and referring to potential feelings were rejected following piloting as other categories were either not present in the data or were merged more successfully with other linguistic features. For example, self-disclosure was merged with questions as it was better organized as being a response to questions. The subsequent retainment of the linguistic features included in the pilot framework was therefore contingent on how effectively they could be used to analyze empathic and empowering communications across the entire sets of transcripts. The lack of inclusion of the linguistic features of empathy and empowerment in the transcripts used for piloting was judged to be typical, meaning that they were unlikely to be present in other transcripts.

The next stage of the development of the framework was to review the literature to ascertain whether the benefits of retaining the features outweighed the findings

from the pilot analysis that suggest they should be rejected. For example, previous findings suggested that self-disclosure may be considered an outcome of therapeutic communication (Velasquez & Montiel, 2018), meaning its rejection as an overarching linguistic feature was justifiable.

All rejected measures remained rejected following this subsequent literature review, and analysis was then undertaken on all five complete series of transcripts. NVivo was used to code the data, and to keep memos about the development of the analysis.

The data and theory are currently being revisited to explain the findings, especially to find out more about the potential interaction between empathic and empowering communications. Further iterations are likely to be made to the framework and will be considered complete once saturation of analysis has been achieved, following Patton's (1990) guidance. This means that the framework has described what it has intended to describe and that use of the framework to analyze the dataset no longer yields new analytic insights.

Data collection

Materials

For illustrative purposes, this section details the authentic therapeutic transcripts that are being used to develop and test the framework. The framework will be developed and tested by use of case studies of person-centered therapy sessions, which include a therapist-client dyad, and which incorporate a complete and intact (first to final) series of therapeutic sessions. This follows Patton's (1990) definition of purposive qualitative homogenous sampling as it enables a focused analysis of a subgroup of participants.

The transcripts are published in the 'Volume I' section of the Alexander Street (2019) website, which is a publisher that curates content for use in research. All transcripts meet the American Psychological Association's (APA) (2017) ethical guidance for use in research projects. This means that all participating therapists and clients have given their permission for transcription of their session and for its use in research.

All transcripts used for piloting purposes in the creation of the linguistic framework have been taken from classical person-centered therapeutic sessions that took place in the early 1970s in the United States of America. This was, in part, a practical decision as recent therapeutic transcripts are difficult to access (McLeod, 2015). The use of therapeutic transcripts from the 1970s still provides a good fit with the aims of the present research. Empathic and empowering speech will not have altered significantly since the 1970s. Additionally, classical person-centered therapy is still practised and is relatively unchanged since its inception. Whilst some talk in the transcripts details cultural details, these details do not affect the analysis of interactional patterns of empathic and empowering speech. The use of therapeutic data from the 1970s is therefore sufficient to meet the aims of the present research and will not curtail analysis. The choice of data also follows McLeod (2015) suggestion that documentary data (including older therapeutic transcripts) has merit for use in research into contemporary therapy.

The individual characteristics of either the therapist or client detailed below are those provided by the Alexander Street (2019) website but are not considered for analysis purposes in this research project. This is in line with work in linguistic pragmatics (as opposed to sociolinguistics) that aims to provide generalizations of language use, and not on language use due to individual characteristics. This has directed methodological choices, meaning that individual characteristics shall only be referred to in future publications if mentioned explicitly in the transcripts and relevant to the study aims.

Sample

Transcripts selected for data purposes detail classical person-centered therapy and comprise five case studies that include all sessions of a complete series of therapeutic sessions. All individual case studies comprise a therapist-client dyad. The characteristics of each dyad have been provided by the Alexander Street (2019) publishers who obtained this information from the therapists who submitted the transcripts. This includes information regarding the presenting problem of the client however does not include diagnostic information as classical person-centered therapists do not record such information. Information provided by the publishers is included below. However, the research project detailed here aims to understand general empathic and empowering modes of communication by therapists and clients so does not concern their individual characteristics.

Dyad one comprises a female therapist and a male client. The therapist has a PhD and under ten years of professional experience. The client is aged between 21 and 30 years old, is single, and heterosexual. The Alexander Street website describes that the client 'abuses substances', has problems with sleep, relationship problems, and experiences a range of negative mood states.

Dyad two comprises a female therapist and a female client. The therapist has a PhD and under 10 years of professional experience. The client is aged between 20 and 25 years old, is single, and heterosexual. The Alexander Street website describes the client as experiencing several negative affective states. The client describes her relationship problems, attempts at suicide, and her difficulties undertaking therapy.

Dyad three comprises a female therapist and female client. The therapist has a PhD and under ten years of professional experience. The client is aged between 21 and 30 years old, is single, and heterosexual. The Alexander Street website describes the client experiencing a range of negative emotions. The client discusses her romantic relationship, disliking her jobs, and having poor body image.

Dyad four comprises a male therapist and a female client. The therapist has a PhD and under 10 years of professional experience. The client is aged between 21 and 30 years old, is engaged, and heterosexual. The Alexander Street website describes the client describing a range of negative feelings. The client discusses her abortion, the quality of her relationships and her feelings about attending therapy.

Dyad five comprises a male therapist and a male client. The therapist has a PhD and under 10 years of professional experience. The client is aged between 21 and 30 years old, is single, and bisexual. The Alexander Street website describes that the sessions involve the client discussing his negative emotions, sexuality, and feelings about undertaking therapy

The five series of case studies comprise over a thousand pages of interactions. This is estimated to provide enough data to fulfil the research aims, so data use follows Patton's (1990) recommendation that data collection be based on the researcher's assumptions about how much data is required to produce sufficient findings. Following Saunders et al. (2018), analysis will continue on this dataset until saturation occurs, which will be assumed once analysis of the data set yields no further conceptualizations of empathy, empowerment, or of its relatedness. However, further sampling will take place should saturation not be achieved. This

means that the final number of case studies that will be analyzed may extend beyond the five case studies that comprise the current dataset. Any further sampling will follow the inclusion and exclusion criteria outlined within this paper that follows.

Inclusion and exclusion criteria for data source use by website

The Alexander Street (2019) publishers detail no specific inclusion criteria for the submission of therapeutic transcripts for potential publication in their database. No personal or contact details are provided for either the participating therapist or client in the transcripts so it is not possible to ascertain what has motivated submission. However, the Alexander Street (2019) publishers hired external expert editors to validate the presence of classical person-centered therapy in the transcripts. The transcripts were also submitted by the therapists who partook in the transcripts, and all have confirmed that they are qualified in person-centered therapy to doctoral level.

The case studies were selected for data purposes because of the possibilities they offer for analyzing interactions made by therapist-client dyads across multiple person-centered therapeutic interactions. The selection of these five case studies was based on the availability of data from the complete dataset offered by the Alexander Street (2019) website. The five case studies were the only complete and intact sets of transcripts on the Alexander Street (2019) website that detailed classical person-centered therapy. These five series of transcripts provided a good fit with the research aims of this project as they include complete series of person-centered therapy between a single therapist-client pairing

The five sets of complete transcripts taken from the website for this research are assumed to be typical cases (where ‘typical cases’ comprises a course of therapy that is successfully completed). This follows McLeod (1999) recommendation that theory-oriented case studies utilize ‘typical cases’ (even where this is later found not to be the case). Although it is not possible to track client ‘outcomes’, this is not significant as this research project concerns processes rather than outcomes.

Inclusion and exclusion criteria for data source use by study

To observe any fluctuations in language use over therapeutic sessions, it is required that all series of transcripts must be complete, meaning that the first, final, and all

in-between sessions must be intact. Therapeutic transcripts comprising only a single session of therapy are therefore excluded from this study.

Each series of transcripts must include the same therapist-client dyad throughout its sessions as analysis concerns the effect that empathic and empowering communications have on the dyad. Therapeutic sessions involving anything other than a single therapist-client dyad (for example, comprising family therapy) are excluded.

Transcripts must detail classical person-centered therapy (as validated by the external expert editorial team hired by the Alexander Street (2019) publishers). Transcripts which detail other types of therapy (including pluralistic therapies) are excluded. This is because theoretical conceptions regarding empathy and empowerment have been derived from person-centered therapeutic theory. Expressions of empathy and empowerment will potentially differ in alternate types of therapies, including those which combine variations of therapeutic types.

There were no inclusion or exclusion criteria concerning the individual characteristics of the therapist or client, as the research questions and aims regard general patterns of empathic and empowering communications rather than how these may be expressed based on individual linguistic choices or characteristics (should this be the case). This includes language use relating to 'presenting concerns' as this relates to individual characteristics and could potentially contravene the non-diagnostic ethos of person-centered therapeutic practice. The commonality of 'participants' is that they are therapists (who are qualified in person-centered therapy and are undertaking person-centered practice in the transcripts), and clients in person-centered therapeutic dyads, and the unit of analysis is empathic and empowering communications that occur within their interactions. Information regarding the individual characteristics of the 'participants' is therefore not required or included in this paper.

Ethical considerations – approval and consent

Ethical permission was sought at university level but deemed not necessary to formally apply for by the ethics committee because the data (the transcripts) used for piloting are de-identified and available in the public domain (by institutional access to the Alexander Street, 2019, website).

The therapists who participated in the sessions detailed in the transcripts submitted either session recordings or transcripts to the Alexander Street (2019) website, meaning they have given full permission for use of the transcripts in research. The Alexander Street (2019) website, which is based in the United States of America, confirms that client participants detailed in the transcripts have also given permission for the use of transcriptions for research purposes per ethical guidelines issued by the APA (2017). Guidance regarding anonymity, informed consent, privacy and confidentiality, data protection, right to withdraw, and knowledge of publication is therefore confirmed to have been adhered to.

There is no anticipated risk of harm to members of the research team.

Rigor

O'Brien et al.'s (2014) standards for qualitative research have and will be followed throughout all stages of research design and analysis. Per O'Brien et al.'s (2014) requirements, the research design has incorporated considerations about researcher reflexivity in consideration of researcher subjectivity in qualitative work. A reflexive diary has been kept and comments that helped develop analysis or which enhanced the reporting of findings will be included in subsequent publications. This means that reflexive considerations will be made by the researcher for this study and considered in relation to potential subjectivity and influence on findings. For the purposes of transparency, reflexive comments will also be included in any publications for this study. Considerations about the applicability of the findings in other institutional contexts will also be included.

Inter-rater reliability is being utilized to overcome concerns about subjectivity per O'Brien et al.'s (2014) guidance. This will occur by comparing how the data has been coded between the lead researcher and the co-authors.

O'Brien et al.'s (2014) guidance for ensuring trustworthiness by maintaining detailed notes (an 'audit trail') has and will be followed. The function of the audit trail in this study is to demonstrate how synthesis has occurred by providing documentation that illustrates the analysis process. This will be included in reports and publications regarding this research project.

Transcript sampling of cases for inquiry

Patton's (1990) guidance regarding purposive sampling in qualitative research is being followed. The transcripts that are being used to develop and test the framework have been selected for the richness of their content and fit with the research questions. Homogenous sampling is used, meaning a focused analysis of a subgroup of participants (i.e. a therapist–client dyad in the context of classical person-centered therapy) will be undertaken.

Data analysis

The completed framework is intended to be applied to authentic transcripts for the analysis of empathic and empowering communications between therapist–client dyads within classical person-centered therapy. The framework is being developed by testing it in multiple iterations on complete and intact sessions of classical person-centered therapy until saturation has been achieved. Initially, the first, middle and final transcript from one series of transcripts has been piloted. The subsequent retainment of the linguistic features was based on their potential for exemplifying empathic and empowering communications across entire sets of transcripts. Presently, linguistic features have been shortlisted to questions, reformulations, personal pronouns, hedging, and metaphors. Five complete transcripts have and will continue to be analyzed for the presence of these features, and further data will be sought should saturation not be achieved. Further transcripts will be sought from the same website should saturation not be achieved by analysis of the five sets of transcripts. Future researchers and therapists may then consider the applicability of the completed framework to analyze empathic and empowering communications in their own person-centered therapeutic transcripts.

Other researchers may choose to extend the findings from this research project by incorporating it within a multi-method approach. For example, the framework could be used alongside a method which analyses outcomes so also be applied in process-outcome research. Researchers and therapists with access to participating therapists and clients may also consider the possible influence or impact of the individual characteristics of those partaking in therapy on the findings.

Discussion

Findings from the proposed research are intended to be useful to therapists and researchers who have an interest in how linguistic features can be used to

understand more about how empathy and empowerment occur in practice, and in combination, in person-centered therapy.

The creation of a qualitative linguistic framework and the findings it will produce will add to what is known both theoretically and methodologically about empathic and empowering communications between therapists and clients in person-centered therapy. This has value for therapists who would like to know more about how empathic and empowering communicative processes work in person-centered therapy. The findings from this research could be fed into training programmes for person-centered therapists. Findings also have use for clients who would like to find out more about how their therapy has functioned, or for potential clients who would like to find out more about how communication works in person-centered therapy.

Suggestions to combine the strengths of multiple methodologies by use of a pluralistic approach (for example, Tseilou (2018) to best research the complexities of counseling communications have been followed. Methodologies have been selected which fit the ethos of person-centered therapy, and which have been used to analyze empowerment and empathy in other institutional contexts. The framework has so far undergone an initial piloting period which involved analyzing a sample of the data using findings from person-centered therapy research and linguistic theory. Following this, the framework has been refined by revisiting theory from person-centered counseling and similar fields (like health care), when necessary, for example to justify the removal of linguistic features from the framework.

The research adds to person-centered therapeutic research through its use of authentic therapeutic data, per recommendations for doing so dating back as early as Rogers (1951), and more recently emphasized by researchers like McLeod (2015). This research practice allows therapeutic communications to be understood from the 'inside', so responds to calls for the need for research which analyses therapeutic communication as it naturally occurs, as opposed to considering it retrospectively (Tseilou, 2018).

Finally, the research proposed in this protocol responds to criticisms regarding the tendency for person-centered therapy researchers to prioritize the therapists' perspective (Wilkins, 2010). The linguistic framework outlined here offers a method which can be used to analyze contributions of both therapists and clients

equally and in relation to one another. It is therefore loyal to the ethos of person-centered therapy, as it treats the contributions of therapists and clients equivalently.

Conclusion

This protocol has provided an overview of the emerging creation of a qualitative linguistic framework. It has aimed to provide research transparency by offering early access to the rationale for the study, as well as by describing its present status, methodology, and intended next steps. It is anticipated that this will encourage researchers and therapists alike to engage with this approach.

The novel application of this framework, once developed, has been outlined, demonstrating the potential of the framework for analyzing empathic and empowering therapeutic communications between therapists and clients in classical person-centered therapy.

Findings from the development of this framework will have utility for person-centered researchers and therapists. It is intended that details about the creation of the framework will be informative for other researchers who wish to use linguistic methodologies in their own therapeutic research. The creation of the framework will also contribute to what is already known about how linguistic methodologies can be combined to provide an understanding of the various 'levels' at which therapeutic communication occurs in relation to empathy and empowerment.

The framework is also expected to have application beyond the therapeutic setting, for example in health care organizations where practitioners use person-centered communication as their primary mode of operation.

The findings from the framework will also add to theory about the communication of empathy and empowerment in person-centered therapy. The framework could be used by researchers who wish to analyze empathic and empowering processes as they occur, and interrelate, by application to therapeutic transcripts. This adds to the research which focuses on processes rather than outcomes, though may be extended by future researchers to incorporate linguistic features which also consider outcomes.

Whilst the emphasis is on how processes work as opposed to on outcomes, the findings may potentially be used evaluatively. For example, a therapist might focus

upon the location and proximity of fluctuations of empathic and empowering communications over the course of several of their own therapeutic sessions. This information could feed into further sessions with clients and help therapists 'demystify' their therapy to their clients by providing them with actual therapeutic data as evidence. The framework could also be used by trainee therapists who are learning about person-centered therapeutic processes, for example by providing guidance regarding good practice of empathic and empowering communication. By adding knowledge about the linguistic realizations of empathy and empowerment, therapists will be able to put this into practice as it will allow them to consider how their own contributions may affect their relational empathy and client empowerment. Furthermore, therapists will be able to use the findings from the framework to analyze how clients actively participate in empathic and empowering therapeutic interactions.

The framework will enable the analysis of both therapist and client contributions 'as they occur', which is additive as previous research has frequently prioritized the therapist and involved retrospective accounts.

The findings from the final iteration of the framework will be published when complete. These findings will include details regarding the development of the final form of the framework, and about the findings about empathic and empowering interactions that the framework produced.

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Disclosure statement

The authors report no conflict of interest.

Additional information

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Kristy Sanderson is a Chair in Applied Health Research in the School of Health Sciences. She is a psychiatric epidemiologist and has been a registered psychologist earlier in her career. Her research program explores how to attract and retain a health and social care workforce, through improving the way we support staff and learners in their training and practice. She has a particular focus on promoting mentally healthy workplaces through individual and organizational behavior change.

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Appendix two

Table 2: Individual characteristics of therapists and clients in each case study

Session/therapist/client (dyad) no.	**Total no. transcripts**	**Therapist gender**	**Therapist years of experience in role**	**Therapist highest qualification**	**Client gender**	**Client age range**	**Client marital status**	**Client sexual orientation**
1	20	Female	Under 10 years	PhD	Male	21 – 30 years	Single	Heterosexual
2	20	Female	Under 10 years	PhD	Female	20 – 25 years	Single	Heterosexual
3	11	Female	Under 10 years	PhD	Female	21 – 30 years	Single	Heterosexual
4	20	Male	Under 10 years	PhD	Female	21 – 30 years	Engaged	Heterosexual
5	20	Male	Under 10 years	PhD	Male	21 – 30 years	Single	Bisexual

Appendix three

Table 3: Overview of topics discussed by each dyad

Dyad number	Topics of discussion
1	- Substance abuse - Sleep problems: hypersomnia and insomnia - Relationship problems: friends and romantic partner - Negative mood states: anger, depression, disgust, feeling stuck, numbness, boredom, stress - Draft notice to participate in Vietnamese War - Legal issues: forthcoming court appearance for accusations about manslaughter of child
2	- Negative affective states: feeling tired, depressed, socially impotent, blocked, inadequate, dependent, uncomfortable, suicidal, unenergetic, negative, fearful, overwhelmed, closed off, stressed, nervous - Occasional good mood - Relationship problems: romantically and with peers - Suicide attempts - Effect of aunt's suicide on herself - Self-harming behaviour - Difficulties of doing a PhD - Difficulties undertaking therapy: wanting therapist to guide her more, not knowing what to say, making progress, skipping sessions
3	- Negative emotional states: unhappiness, self-loathing, loneliness, alienation, frustration, upset, embarrassment, heightened emotionality - Romantic relationships - Disliking her job - Wanting to lose weight - Having poor body image
4	- Experiencing negative feelings: fear of rejection, anxiety, dysphoria, confusion, depression, feeling self-centred,

	envious, dramatic, insecure, emotionally 'cold,' underconfident, embarrassed, upset, weak, resentful, guilty, dependent, paranoid - Pregnancy - Abortion - Romantic affair - Need for attention - Quality of relationships: friends, family, fiancée - Feelings about attending therapy
5	- Painful emotions: anxiety, worry, pressure, confusion, feeling misunderstood, nervous, upset, bored - Sexuality - Relationships: girlfriend, colleagues, previous sexual partners, family members - Development and maturation - Feelings about undertaking therapy

Appendix four

Confirmation that additional application for ethical approval is not required from UEA Ethics Committee

Dear Jen

Thank you for the further details, very much appreciated.

The chair of the Ethics Committee has informed me that you do not need to do a formal ethics application as the material has been placed in the public domain with the participants' consent and you have provided the evidence that consent has been collected.

Best wishes,

Rachel

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