

**This is an electronic reprint of the original article.
This reprint *may differ* from the original in pagination and typographic detail.**

Author(s): Halonen, Mia

Title: Person reference as a device for constructing experiences as typical in group therapy.

Year: 2008

Version:

Please cite the original version:

Halonen, M. (2008). Person reference as a device for constructing experiences as typical in group therapy.. In A. Peräkylä, C. Antaki, S. Vehviläinen, & I. Leudar (Eds.), *Conversation analysis and psychotherapy* (pp. 139–151). Cambridge University Press.
<https://doi.org/10.1017/cbo9780511490002.009>

All material supplied via JYX is protected by copyright and other intellectual property rights, and duplication or sale of all or part of any of the repository collections is not permitted, except that material may be duplicated by you for your research use or educational purposes in electronic or print form. You must obtain permission for any other use. Electronic or print copies may not be offered, whether for sale or otherwise to anyone who is not an authorised user.

8 Person reference as a device for constructing experiences as typical in group therapy

Mia Halonen

Sharing one's experiences is a crucial activity in group therapies. In such therapies, groups can be either constituted around one problem or goal common to all the clients, or the group can work as a place in which clients can learn from one another and share experiences whether their individual problems are similar or not. Almost all (psycho)therapy types have a group application, and groups are assumed to be rather efficient in psychological progressing (see, e.g. Corey, 1986; Wootton, 1977).

In this article I will concentrate on one type of group therapy, namely the Minnesota model group therapy for addicts, and examine how the clients share experiences and, especially, how they construct their experiences as typical or identifiable. First, I will briefly introduce the ideology, therapeutic goal, and practices of Minnesota model group therapy. Then I will show that the dynamics of talking in a group seem to direct the participants to orient towards each others' stories as a template in which to fit their own experiences. The core of this article is a detailed analysis of how therapists use variation of person reference terms as a linguistic device to construct the experiences of the participants as typical of addicts.

The therapeutic goal of identifying with each other

The theory of Minnesota model therapy, also called 12-step treatment, is based on the ideology of Alcoholics Anonymous (see, e.g., Mäkelä *et al.*, 1996, pp. 194–196). The cornerstones of the theory are: (1) addiction is a disease from which one can recover only by choosing complete abstinence and joining AA, and (2) the disease has to be recognized and accepted by the clients themselves. (For the AA ideology, see Mäkelä *et al.*, 1996, pp. 117–132.) These two views are to be taught to the clients in four weeks, which is the time of clinical treatment. Unlike in AA, the clients in the clinic are usually not voluntary but are sent there, for instance, by their employer. Clients often resist the diagnosis of addiction, which is why confronting the clients with the facts of their lives and ways of speaking is seen as being crucial in this therapy (see, e.g., Johnson, 1973, pp. 24–31, 43–55;

Laudergan, 1982, pp. 32–33, 38–41; Vehviläinen, Chapter 7, this volume). A major device for both recognizing addiction and joining AA is identifying with each other, that is, other addicts. The treatment was developed for alcoholics but nowadays drug users are also treated together with alcoholics. The setting differs in many ways from more canonical (psycho)therapies. The therapists describe themselves as addicts (even after decades of abstinence). They do not normally have any kind of formal education for being therapists. All the clients have the same problem, and the treatment is relatively short.

The ideology of the therapy is clearly stated. Elsewhere I have deconstructed the ideal and the practice of the treatment (Halonen, 2002; 2006). Close analysis of the interaction can reveal practices that work towards the therapeutical ends without that being their purpose, and practices that do not work in a way they were supposed to. For instance, “talking in circles” (each participant taking an extended turn) is supposed to guarantee everyone space to talk about just their own feelings, but conversation analysis shows that it actually creates a series of stories all in some way related to the first turn. The dynamics of talking in circles does serve the ideal of clients identifying with each other but makes it difficult to talk about a whole new topic unrelated to the ones in the previous turns. Professional ideology and actual interaction might lie quite far from each other. (For a more detailed discussion of this kind of relationship, see Peräkylä & Vehviläinen, 2003).

The dynamics of talking in a group

The data analysed in this chapter consists of nineteen hours of group therapy sessions from two therapists (referred to as Th1 and Th2) from an in-patient clinic in Southern Finland. The therapy is done in groups with a therapist and six to ten clients. The sessions are based on talking about own experiences. Every morning the group starts with the so-called morning or feeling circle during which each client talks about her or his present feelings. The clients also tell the story of their addiction once, the so-called “drunkalog,” in which they tell others how their addiction developed. The clients’ own stories can offer material for the therapists to confront clients with.

Sharing is exclusively an activity of talking in groups but what counts as sharing is a more complex issue (see Wootton, 1977). What is typical for talking in groups in Minnesota model group therapy is that participants talk mostly in circles, that is, taking a turn is expected of everyone, and refusal to talk is treated as an accountable issue. What the participants also have in common is the in-clinic environment where everyone has basically the same routines. Furthermore, addiction and experiences related to it are familiar to everyone. The first one to speak often creates a kind of first story

(see Sacks, 1992b, pp. 249–263), and everybody rehearses their own, second, stories in their minds. Second stories are used as a therapeutical device also in AA-meetings where each participant in a group has a turn. Arminen (1998, pp. 179–80) has studied AA meetings and showed how telling stories is a means to give and gain mutual help: one's own experiences are fitted into others' stories. This does not mean that the experiences are similar but that the participants orient to show that their stories occasion from others' stories.

In everyday conversations people do collect different kinds of happenings, like “Remember this, so that you can tell about them to somebody else” (Sacks, 1992b, pp. 258–260). What psychotherapists have to learn is to listen to their clients without a second, interpretative story in their mind. Sacks refers to Fromm-Reichman's work (1967) *Principles of psychotherapy*, where she states that the most important ability of the therapist is to learn to listen without their own lives in mind. Second stories are not central and relevant means of interpretation or problem solving in psychotherapies, but in Minnesota model group therapy also they are one therapeutic device.

In Minnesota model group therapy, the most straightforward, and the most frequently used, way to indicate that a feeling or experience is similar, is for the speaker to explicitly assert the similarity. Direct reference to each other is also the way the participants in AA meetings share their experiences (Arminen, 1998, pp. 113–140). In the morning circles and after the clients' drunkalogs, clients refer to each other's turns; for instance, *niinkun Tarjaki sano* “just like Tarja said too” and then talk about their own experience, showing that the experience talked about is shared. Talking in circles particularly creates dynamics in which especially the first but also all the previous turns constitute a template for the forthcoming turns. The clients compare their feelings to each other's feelings and express their similarity or dissimilarity. The similarity or dissimilarity of the experiences is thus treated as a fundamental issue in the group.

It thus seems as if the participants are constantly constructing and orienting to mutuality through all of their devices. We will look briefly at two extracts that will show this. In the first one, Hanna, a female client (all names are fictitious), has just ended her drunkalog and at the beginning of the extract the therapist opens up a space for others to pose questions to Hanna (line 1). However, what happens first is not clients posing questions, but another female client, Tarja, relating her experience of the time of constructing their own house to Hanna's previous story (line 3). She even calls her action “saying,” not questioning or asking.

Unlike in other chapters using non-English data in this book, in this one the original transcripts are also shown. This is because I will discuss the

142 Mia Halonen

kind of linguistic devices that do not all belong to repertoire of English. The extracts are, however, somewhat simplified in order to bring up the most significant devices used. The focus items in the extracts are in bold.

Extract 1 Similar situation [TN/PR2].

- 01 Th2: °oisko°, (1.2) *h*alukkaita kysyjä,
°are there°, (1.2) any questions,
02 (5.0)
03 Tarja: minä **sanon** vaikka heti että **aekalailla**,
I'll say let's say right away that pretty much,
04 (0.4) **samallaista** et niiku tuo rakennusvaihekkii et
(0.4) similar to that constructing stage too like
05 sit ku talo ol valamis ni
when the house was finished then

Tarja asserts the similarity of the experiences by saying her life has been *aekalailla samallaista* “pretty much the same” and using clitic particle *-kin*, in this context best paraphrased as “too” or “as well” (lines 3–4).

Extract 1 is an example of a client explicitly asserting that her experience is similar to that of another. The next case is an example of an orientation to comparing experiences and discussing them also when they differ from each other. Here, a morning circle has just ended. The first turn after the circle comes from Aija, a female client who starts by asking for permission to still add something. After getting permission she explains how she is different from the others in the sense that they are homesick but she is not (lines 3–7). In the extract there is a “0” mark (lines 1 and 6) which refers to so-called zero-person construction. We will get back to this construction later in this article; it is not relevant in the following analysis.

Extract 2 Not homesick [TN/PR1].

- 01 Aija: ↑saaks 0 viel #y-# #semmosen yhden asian sanoo#;
↑may 0 still #y:# #say something
02 Th2: ↑mm
03 Aija: .hhh että:< #e# et ku näistä< et teil on, (.)
like:,< #e# when these< like you have (.)
04 ↑nytkin on **kaikilla muilla** .hhh on nyt (.)
even ↑now too **everybody else** .hhh has now (.)
05 mielessäh,(.) kotiasiat tai ↑sillä lailla
in their in mind, (.) things at home or ↑like that
06 kun:< (.) 0 on yksinnään ↑niin ↑semmonen huoli on
when< (.) 0 is alone ↑then ↑that kind of worry is
07 kokonaan pois.
totally absent.

Aija had started the whole circle at this session and since her turn five more clients had spoken. Being the first one had put her in a situation where she had not heard about others before her own turn. The orientation to talk

about same things seems to drive Aija to declare that she, unlike the others, is not homesick and she even asks for an “extra” turn to do so. Even though the purpose of the circle is that each client talks about their own feelings, the others’ turns seem to create that strong a template that the others also report feelings they do not or did not have.

Here I have discussed two cases in which it was shown how the clients make their experiences and stories fit to each other’s. Next, I will turn to analyse a device used by therapists to construct experiences as identifiable or typical to addicts, namely person references.

Variation in person references as a device for constructing experiences as identifiable

Therapists in Minnesota model group therapy have many experiences similar to their clients since they are (former) addicts themselves. It may happen that therapists in other sorts of psychotherapy have experiences similar to their clients but this fact is not made manifest or known to the clients. In Minnesota model group therapy only people with the same kind of background are present.

The main aim of the therapist is to make clients see themselves as addicts and to accept that they need the help of AA. Some clients are very compliant, seemingly willing to admit their addiction and join AA. Some are far more resistant. The ideal of the therapy is then to confront these clients by making them see the patterns of addiction in their behaviour. A major device for doing this is to bring up experiences of other clients and the therapist and construct them as identifiable. Therapists can make clients relate a typical occasion in an addict’s life by directing the story using questions. They can also make direct use of their own experiences by talking about them. Even though everybody in the therapy group shares something which is typical of addicts, clients are naturally otherwise different from each other, and facing the fact that they are addicts might be very difficult for some of them. The issue is delicate and even though in this therapeutic model confrontation is both accepted and encouraged, the therapists still orient to that delicacy by constructing many experiences as something they all presumably share. An important linguistic device for doing this is the person references the therapists use.

In Finnish, in addition to six person references, there are grammatical constructions that refer to an indefinite group of people, in which anyone can interpret themselves as included. (For the Finnish person reference system, see e.g. Hakulinen, 1987; Helasvuo & Laitinen, 2006.) One of these constructions is the so-called passive or indefinite person (Shore 1988), also called the “fourth” person (Hakulinen & Karlsson, 1979, p. 255; Tuomikoski, 1971,

p. 149). For example, the phrase *siellä juotiin* literally means “there was drunk” and more idiomatically something like “there were people who drank.” What is missing in the Finnish construction is the subject or the agent – the “person” of the idiomatic translation. Still, this kind of construction always refers to some personal actor so that, in some contexts, hearers can perceive themselves as the agent. The passive form has also been grammaticalized into the verb form for the first-person *we*, but in these cases the personal pronoun is typically stated as well. Because of this, phrases without the personal pronoun might in certain contexts also convey a strong implication of the speaker including him- or herself as the referent. (For more about the Finnish passive, see Hakulinen *et al.*, 2004, pp. 1253–1281; Helasvuo, 2006.)

Another indefinite person reference type is the so-called zero-person construction. In this construction the verb form is the third-person singular *menee* “goes” but there is no stated subject or object, or agent. The missing part can be marked by “0” (zero) into a transcription in order to make the construction more accessible and understandable, e.g., *jos 0 menee* “if 0 goes.” The zero can also appear in positions other than subject or object but in therapy examples these are the most typical positions. (For zero-person construction see Hakulinen *et al.*, 2004, pp. 1283–1299; Laitinen, 2006.) Also the second-person forms and especially the second-person singular and plural pronouns *sä* or *sinä* or *te* “you” can also be used in the same generic way as singular and plural *you* in English (see Helasvuo & Laitinen, 2006; Laitinen, 2006; Seppänen, 2000). In the extracts we are going to examine, I have put in bold the zero-person constructions and inserted 0 in place of missing subject or object.

The variation of possible personal reference terms enables the therapists (and the clients) to create a very complex and dynamic picture of alcoholism and addiction. The richness of reference variation can function as a face-saving strategy by not explicating who belongs to the frame of reference, that is, the participants can talk about delicate addiction-related issues without taking full responsibility or showing who should take it. The dynamics enable talking about difficult issues without pointing a finger at anyone specific.

In the next extract the therapist has asked a question that makes it possible and even relevant for the client to admit that his behaviour has been addict-like for quite some time. He has not, however, explicitly admitted this. The therapist now starts to produce a story about the client’s hangover relying strictly on what the client has already said. As we can see, the story starts with a zero-person construction *0 o juonu* “0 has drunk” (line 1) which leaves the reference open. This construction here, in the story preface, frames the whole story as something that typifies addicts and thus is possible for

anyone in the group the identify with. Immediately after the preface she changes to addressing the client, Juha, by changing to the second-person verb form *heräät* “you wake” and *lähdet* “you go” (lines 3 and 4). In the omitted part of the story she continues to describe the hypothetical day and confronts the client by asking if he has ever thought that there might be something wrong with his behaviour. The client does not concede this, justifying himself by claiming that he does not always start drinking before evening. Later (from line 17 on), however, he admits that he often drinks in the morning. This is where the therapist once again intervenes with a question that dramatizes the client’s situation (lines 20–23).

Extract 3 Urge to drink [TN/PR10].

01 Th2: no entäs aamulla ku:, sanotaa että **0 o**
well how about in the morning when let’s say 0 has
 02 **juonu** enemmän illalla ja aamulla ku
***drunk** more in the evening and in the morning when*
 03 **heräät** nii, nii ku on kankkunen ja,
***you wake up** so, like when there is a hangover and,*
 04 ja tota **lähdet**
*like **you go***

((12 lines omitted. The therapist describes the patient buying beer; the patient has himself talked about drinking beer as a chaser. A little later, the therapist asks whether the patient thought that there might be something wrong with his behaviour. He admits this, but also starts to tell how he could wait until noon or even evening *despite having no specific reason for staying sober that day.*)

17 Cl: mut useesti ku on aikaa ni kyl se,
but often when there is time then really it,
 18 tai useammi, ni sillo, sit **0 tulee otettu**,
or more often, so then, then 0 happens to have,
 19 joskus aamusta.
have something, sometimes from morning on.
 20 Th2: no onks **sul** semmone tunne
*well do **you** have that kind of feeling then*
 21 sit aamulla että, pakko
in the morning that, there is an urge
 22 saada. **mä e** niinku, **mä en selvii**
*to get something. **I won’t** like, **I won’t get***
 23 täst päiväst jos **en mä saa**.
*through this day if **I don’t get something.***
 24 Juha: no se- se, se harvemmin kyl sillä tapaa
well it- it, it’s actually rarely that way

The therapist does the dramatizing by fictional reported speech using the first-person singular *mä* “I” (lines 22 and 23). It is obvious that in this context this “I” is a generic reference. It is thought important that the therapist

chooses the first-person pronoun which is most often used to refer to a speaker exclusively. Knowing her background it is also possible that she is talking her own experiences in mind and that she is highlighting this possible interpretation by the choice of the reference term. She could also have used some more “conventional” generic reference term, e.g. the zero-person construction, but did not. By choosing the first-person pronoun the therapist makes it possible to hear her question as one that also brings her own experiences up. By alluding that she is talking also about her own experience, the therapist may encourage the client to reciprocally see and admit his problems. In any case, it is clear that the therapist uses the generic first-person pronoun after trying for quite some time to get the client to admit to his addictive habits. As we can see from the beginning of the client’s answer (line 24), this is not working since he claims not to recognize this pattern: *harvemmin kyl sillä tapaa* “actually rarely that way.”

In line 18 also, the client uses the zero-person construction. The construction is thus also a device for a client to talk about his or her own delicate problem as something that others can also recognize and identify with, and not something specific to the speaker alone. Kurri and Wahlström (2007) have studied client’s “agentless talk” in Finnish psychotherapy sessions. In their data the clients use the very same constructions of avoiding personal reference as in my data. It is of certain interest also that the problems of the client in Kurri’s and Wahlström’s study are strongly alcohol related.

Avoiding personal reference is of course not solely a Finnish phenomenon but in Finnish there are probably more linguistic devices to avoid talking directly about oneself than, for example, in English. In English-speaking data, clients seem to use generic *you* in therapy contexts when talking about delicate issues, e.g. in AIDS counselling when talking about a child living with HIV-infected person (Peräkylä, 1995, see e.g. p. 132) or in motivational interviewing when talking about prostitution connected to drug abuse (Miller & Rollnick, 1991, pp. 286–287). *You* does not, however, seem to be frequent even when talking about topics as delicate as the ones mentioned.

The same kind of dramatization with the first-person singular as in Extract 3 appears in Extract 4), in which the therapist has made direct use of his own experiences by talking about his life as both a therapist and an alcoholic. He has revealed that he got irritated with a client and could not figure out why until he began to think about his own drinking career: he had been a similar drinker to the client, and the irritation probably arose from that. In the extract he explains (line 1) that he told the story for therapeutic ends (lines 1–3). By explaining he also shows orientation to the norm that therapists do not usually talk about themselves – and not this extensively even in Minnesota model group therapy. At the very end of the story, he

explains the general point that when irritated one should use the feeling to examine oneself. When making this point, the therapist changes to the generic zero-person construction *0 kannattaa kattoo* “it is worth for 0 to look at” (line 4) and then dramatizes the “looking” by referring to it by the generic singular, the first-person pronoun (line 5).

Extract 4 Defence mechanisms [TM/PR16].

01 Th1: **mä puhun** tän vaan sen takia et et ku **te** tässä
I am saying this just because when you [pl.] here
 02 näette miten **toiset, joku** potilas esimerkiksi
see how others, some patient for example
 03 aiheuttaa **teissä** ärsytyksiä
causes irritation in you [pl.]
 04 ni yleensä **0 kannattaa kattoo** et mikähän kohta se
then usually it is worth 0 looking at what the
 05 on=mitä se kertoo **musta**.
point is=what it says about me.

In this case the therapist is talking about himself but refers to himself in an intricate way. While the first first-person reference (line 1) refers exclusively to the therapist, the last reference *musta* “about me” (line 5) is a generic first-person reference term. The therapist has brought up a typical pattern through his own history but changed it into a more general picture by altering the reference terms first from the first-person singular to the indefinite reference terms *toiset* “others” and *joku* “some” to second-person plural (lines 1 and 3) and finely “back” to the first-person singular – now presenting a generic reference.

In the next case, the therapist has been trying to offer AA as a solution for a rather resistant client, Sari, for some time. Just before this extract, the therapist has made the clients describe a typical pattern of getting angry with someone without a reason by asking them questions. At the beginning of this extract, the therapist addresses Sari by asking her a question (lines 1–2) with second-person pronoun *sä* “you.” Now, at this point Sari is involved, since she has answered and thus shown that she recognizes this imaginary situation.

Extract 5 What to do? [TM/PR2].

01 Th1: no mitä sitten ku **sä** oot pyytäny joltain
and what then when you have
 02 antees ni minkäslainen olo
apologized to somebody then what (+s)¹ kind of a
 03 olo **sul** on tullu.
feeling have you got.

¹ “What(+s)” is a sign that, in Finnish grammar, implies the questioner knows the answer; see text for explanation.

148 Mia Halonen

- 04 Sari: no< ky:l tietysti< (.) helpottunu
well< really relieved of course
- 05 no mitäs sitte **on tehty**=ku on ollu hyvä olo.
*well and **what(+s)** have [we] **done** when the feeling has
 been good.*
- 06 Matti: **menty** huikal[le].
*[we have] **gone** for a drink.*
 [(joint laughter)]
- 07 Th1: [näin on. taas sopii huikka erinomaisesti.
that's right. again a drink suits perfectly.
 [(laughter)]
- 08 sopii joko hirveen pahaan oloon ja hyvää
it suits either a terribly bad feeling or a good
- 09 oloon ja valitettavasti siltä
feeling and unfortunately all the feelings
- 10 väliltäkin oleviin.
in between, too.
- 11 okei. nyt **sä** oot pyytäny anteeksi tulee taas
*okay. now **you** have apologized need for a drink*
- 12 huikan tarve nin mitäs **0 sit vois tehdä**.
*comes again so **what(+s)** could 0 do.*
- 13 Pasi: sillo 0 vois mennä AAha.
then 0 could go to AA.
- 14 Th1: niin sää keksit. se on ihan totta. täällä
yes you found it. that is absolutely true. in here
- 15 olis nyt se puhdas AA mitä **me tarvitaan** et
*there would now be the pure AA which **we need** like*
- 16 **menisin** AA:han ja **kertoisin** tämän kokemuksen.
*I would go to AA and **share** this experience.*

What the therapist does next is change the person reference in the next question into the passive form, the “fourth” person (line 5), which enables and furthermore invites anyone to identify with what is described and in that sense also become an addressee of the question. The passive form can here also be heard as referring to the first-person plural “we” which would include the questioner, that is, the therapist, himself. In addition to the generic forms the therapist uses he does not exclude others by gazing only at Sari. As we can also see, here Sari is not the one who answers, since another client, Matti (line 6), does, producing a grammatically fitting answer in the passive form. The therapist confirms that this is exactly the answer he was after.

After summing up the importance of alcohol for relieving feelings, the therapist again gets back to the imaginary story (line 11) and now the person reference is again singular the second-person *sä* “you.” This could be again referring to Sari, trying to possibly draw her back into the conversation and make her the addressee. The therapist also gazes at her. In this

context, however, after just having changed from the address term “you” to a “generic” passive form, the “you” here is quite possible to understand as a generic reference. Furthermore, the therapist again changes the person reference imposing a new question (line 12). Now it is a zero-person construction, again a deictic device that does not show who the description includes but can invite anyone to respond. Yet another client, this time Pasi, produces the answer (line 13) and, just as Matti did, he uses the zero, the same construction as the therapist. The therapist explains that it was exactly the answer he was after.

As we see, every question the therapist asks contains the marker *-s* (bold in the original and the translation) in the question word. The *-s* is a clitic particle which indicates that the questioner knows the answers, or, more precisely, that she or he is after a particular answer. Without the particle the questions could be heard as simply seeking information about specifically Sari’s experiences. The particle adds an implication that the anticipated answer is common knowledge. It also has a patronizing tone; it is frequently used by teachers in Finnish elementary schools (Halonen, 2002, pp. 182–204).

Last, the therapist sums up the point of the whole story he has built with the clients, which is that attending AA meetings is the means of staying sober. In this summary, he once again changes the person reference, first to the first-person plural *me tarvitaan* “we need” (line 15) and again also to the generic first-person reference which we saw in the previous extracts: *menisin* “I would go” and *kertoisin* “I would say” (line 16). Here it is obvious that the reference is a generic one since it would be absurd if it referred only to him.

In this extract the therapist addresses the issue of joining AA as a solution for the future. The whole sequence building the picture of addictive behaviour arises from Sari’s resistance to AA. The therapist draws Sari into the “the realm of reality” of the narrative by addressing a question only to her and then asking more generally, using the passive and zero-person constructions, about the patterns the clients choose or used to choose. The outcome is thus a jointly constructed story about a problem and a solution to it; and importantly, a story about the world to which Sari, too, belongs. In the summary, the therapist once again shows that this is a problem for all of them, including himself, in the group needing AA and uses the first-person reference to dramatize the solution.

The richness of the person system enables avoiding personal reference, constructing the experiences as shared, and inviting participants to identify with the “missing” person. When speakers use the passive and zero-person constructions, neither they nor their hearers can exclude themselves from the group of reference. The speaker leaves the group of reference open, thus inviting others to identify with the description, along with the speaker

him- or herself. At least, the speaker shows that the issues described are not exclusively his or her experiences but are presumably more general.

Therapists can use almost all the singular variants of the Finnish person reference system in a generic way. They have the passive form – which can be described as somewhere between singular and plural (see Helasvuo & Laitinen 2006, p. 176) – as an option for making generic reference. They use zero-person construction to construct the experience as something that anyone can identify with. They can do exactly the same thing with the second-person singular forms and even with the first-person singular. The second-person singular *sinä* or more colloquial *sä* can also be used as a generic reference. In dramatizing the fictional but typical stories of addictive behaviour, they can use the first-person singular as a generic form. What is of importance is that the first-person singular is not a conventionally used generic reference term, but a term most often used to refer to the speaker exclusively. This conventional usage may convey an implication of a stronger self experience of the speaker than other generic reference terms. This device can thus imply that even the therapist has had similar experiences. Dramatizing with the first-person even when one has not “been there” is perfectly possible and “grammatical,” but so far its use in other therapeutic contexts has not been reported.

Conclusions

In Minnesota model group therapy it is crucial to get the clients both to recognize and admit to being an addict and join others in the same situation (that is, by signing up to the AA) very quickly. This aim is itself quite abstract, and the question I posed was: what does it mean in practice, and how do the clients show that they are now spontaneously identifying with each other or that the therapist is pushing them to do so? In this chapter I have examined dynamic person reference devices used to construct experiences as shared or identifiable.

I have shown how the choice of the person reference can be used in constructing experiences as shared. I discussed how some features of the person reference system in Finnish, especially the passive and the zero-person constructions, enable clients not to talk exclusively about their experiences, but to construct them as something general, which anyone could identify with. Therapists use the same constructions to show that the pattern they are describing is typical and general to all addicts. The therapists also seem to use a great variety of the other person references available to construct experiences as shared. Using the second-person singular, which is the unmarked, normal term of address, they can both address a particular client or make a generic reference. With the first-person singular

they can dramatize an event. It seems to be the case that the therapists choose this means of reference when the client has long been resistant to AA or to anything that suggests that she or he is an addict. A non-typical generic reference term may here serve as a device by which the therapists can highlight that they are included in the frame of reference. In this context, this device can at the same time remind clients about the fact that the therapists have similar experiences to their clients.

In the variation of person references the therapist uses in Minnesota model group therapy in order to achieve the therapeutic goals we can see the relation of grammar and interaction as Schegloff, Ochs and Thompson put it:

Grammar is not only a resource for interaction and not only an outcome of interaction, it is part of the essence of interaction itself. . . . As an utterance proceeds, its lexical and grammatical structuring may open up, narrow down, or otherwise transform the roles of different participants to the interaction (1996, pp. 38–39).

We have seen that the work of constructing one's experiences as identifiable can be done through the dynamics of person reference. The therapists vary the person reference devices in order to invite, or push, the clients to recognize that they share many experiences. For a successful outcome, it is probably even more crucial for the client to identify with the others than merely to confess aloud to being an addict.