

The Evolution of the Therapeutic Language

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Abstract

The main goal of this paper is to underline the importance of language as a means to promote change. How we manage the words, make a difference. Everybody knows that language has always been an important factor in bringing about change, but the latest breakthrough is that accurate language seems to be directly responsible in increasing the efficacy and the efficiency of therapeutic practice.

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A man staring at a picture figuring another man, says: "I have no brothers and the father of this man is the son of my father." What type of relationship exists between the man who is looking at the picture and the man of the picture? Experience teaches us that almost everyone renounces to answer to this apparently simple question. How come? The answer should be simple, if only the order of the words in the sentence were put inversely: "my father's son is the father of this man". Suddenly, everything is clear. The order of the words induces the order of the comprehension and transforms the difficulty in an obvious thing. HOW we speak IS important.

Whoever approaches strategic therapy knows that the goal of a good therapist is to change the way the patient perceives and /or constructs his or her own reality.

The problem the patient brings to therapy is a product of the interaction between him and his reality, which is perceived and/or constructed upon the assumed personal perspective, the epistemological instruments, as well as the type of the language employed. In this work, I would like to underline the importance of the language in brief therapies. Almost everyone can get hold of the books and learn about the therapeutic protocols, but *how* to carry it out, the way of communicating is a whole pragmatic art, a technique that should be learned individually, by looking and imitating and this is practically an endless learning process as endless as the evolution of every language.

Nobody could deny the primary importance of the language in human interactions (the language, as Heidegger used to say, is the home of being). This is particularly important in psychotherapy. Languages have a specific power to generate experiences and emotions and are both, unavoidable. Whatever we perceive is transformed in words. The whole perception process is entirely masked by words and jointed to thoughts.

Now, the things are a little bit more complicated by the fact that the languages employed are not the innocent transmission channels, they change depend on the situations and evolve endlessly. Moreover the human communication occurs on two levels: the verbal and the non-verbal level. The verbal languages are not sufficiently refined and are co-audited by non-verbal languages, which are so composed and huge that we still have no singular theory about it. The two levels together form an incredibly rich human communication. So, the basic considerations are:

a – we cannot avoid the language as long as we work with words;

b – we must learn the functions and the effects of the language for specific features (as the psychotherapy is) and the reason is that the language, verbal and non-verbal, creates the perspectives on which the experiences are built upon; different experiences build different meanings as Watzlawick said (1976): our opinions on the world change by mean of experiences (Constructivism considers it a 2nd order reality).

That's why we have to pay attention on how we use the language.

In brief, the therapist should guide the patient through experiences that will "discover" the reality constructed by the therapeutic language. Please allow me to underline this fact, I did not say "to re-discover" the reality, that would mean discovering the reality that already exists, but discover a new one , a new product of a different perception, constructed and

accepted since it is presented using the person's own language. This is how language becomes the main road to acquire therapeutic goals.

The whole history of the psychotherapy is, in fact, the story of progressive learning in different aspects of the language. We don't know how Antifonte of Ramnunte worked, but he was the first therapist "working with words", what we know is that he gave up this profession after a while, so we can assume that it was probably a tough job. Milton Erickson, the famous hypnotherapist, experimented and explored for more than 40 years of his career all possible aspects of the hypnotic language (the speculatively, the suggestion, the redundancy, the gestures, the avoiding of negative forms, the truisms, etc). Jay Haley has a very directive language, Watzlawick is the master of reframing, De Shazer used minimal language etc. Every one extended some specific aspect of the language but all of them have the same rule: an absolute necessity to master the rhetoric underlying communication.

The strategic therapists utilize two main forms of rhetoric:

- a – the Cartesian rhetoric (*l'esprit de géométrie*)
- b – the Pascalian rhetoric (*l'esprit de finesse*).

The first one is typical of rational and cognitive therapies, based on ordinary logics and linear thoughts. They anticipate the cognition to the therapeutic action since they have to discover the reality existing 'a-priori' they have to explore the past. Their language is heuristic; it has to discover the cognitive dominium of the patient. Von Foerster named it: a *language of appearance*. It explains slowly and gradually increases the self-knowledge. Every word holds "the truth", a language is denotative, syntactic, descriptive, categorizing and a part from the world.

The Pascalian rhetoric is common to suggestive, hypnotic and brief therapies, based on circular thought and non-ordinary logic; they anticipate the therapeutic action to cognition because they must construct the reality, an absolutely new and better functioning one. So the language assumes a constructivist role, looking at the future and not into the past, as in the Constructivistic epistemology, it is the future that influences the present and not the past. Von Foerster named it *a language of function*: it figures out, suggests, it has the function to destroy the rigid perceptive system. Its aim is to first draw on attention, then on emotions and finally on action. The word is a part of the world, emotive, dialogic, shared, it constructs and creates; the language is semantic and involving.

In strategic therapy, some protocols are built up on Cartesian rhetoric, for example, when working with patients with invalidating problems, while others are based on Pascalian rhetoric, such as in the case of delirium. Often, these two rhetorics are alternated within the same protocol (starting with suggestive Pascalian language and ending up with explicative Cartesian language).

The relevant choice depends on more factors.

At first, we must pay attention on the structure of the problem: for example, the anorexic person is treated in a soft and seductive language; on the contrary, the bulimic is treated using a more injunctive, hard tone.

The second consideration: the personal and contextual resources. For example it's possible to work with an old depressed patient, either directly with him if he holds personal autonomy or with his family when the patient is unable to cooperate. Whatever the resources, they should be utilized. Even resistance should be used.

The third factor considers the resistance to change: different categories (complying patient, complying but incapable patient, opposing patient, non-complying and incapable patient) require the use of very different types of languages. For example, the psychotic patient will be treated with very particular language. The therapist 'enters' the delirium and adds some small elements that from *the inside* changes the meanings and in fact, destroys the delirium. On the contrary, the type of language used with the over-rational patient is intended to complicate the thinking process in a very elaborated logical form.

The fourth factor takes in consideration the therapeutic processing: in strategic therapy there are 4 phases: in the first phase the therapist must capture the patient's attention. Here we come to the first specific feature of the strategic therapy, capturing is not carried out via actions such as mirroring (Rogers), re-tracing (Bandler, Grinder), speculative verbal and non-verbal language (Erickson), it's a step ahead: it's a tuning process. To tune onto the patient's logic means to anticipate the patient's action and adapt his way of functioning. For example, we can not start the session with the rigid obsessive, serious person with joyful words and smiles. In this case we should act in the same serious, rigid way. That's exactly what the patient wants to see from us. After that start off, we shall slowly change to a more flexible attitude. *The tuning is the first evolution of the language used in the strategic therapy* compared with other psychotherapies.

All these factors, together with the traps of the language that acts as a channel/medium, construct the bases of the decision, which is definitely complicated, in spite of the apparent simplicity of the therapy. The therapist evaluates moment by moment, the components of the situation and decides upon the next step, which should be the most efficient and possibly the most valid. There is one more factor that influences the therapeutic change: the relationship where the change is collocated (the interaction system works on 3 levels: with himself/herself, with others and with the ideas).

There are two possible changes: a direct one and an indirect one.

1 – A direct change uses the relationship between therapist- patient where the therapist guides, leads and promotes the therapeutic action. So it is up to the action and its consequences to break the patient's rigid perception. This event is called a *planned casual action* and introduces the patient to the *corrective emotional experience*. Its main feature is that it offers to the patient *after* having been captured (the capture and therapeutic action are separated and on the row) in a very spectacular, suggestive, composed, injunctive way. That means the various types of languages are channels of primary importance and they are all addressed to create and render efficient the action.

That is typical of the classical strategic therapy.

2 – the second change takes the indirect way: the therapist manipulates the situation in order to push the patient's perceptive system and the relationship he/she holds with him/herself. Acting through the individual perception, a self trap is created, it will act on emotions which conduct to actions *from the inside*, being his own decision. This is perfectly coherent with the latest findings in neurobiology (Gazzaniga, 1997). The way of acting is more complicated but definitively briefer and more efficient. The elegance of the rhetoric process is in what happens inside the patient's perceptive system, everything is moved by patient himself, using his own language and following the structure of his personal reality and moving it from the inside towards a brand new perception. In this way,

the capture and the therapeutic action are *overlapped* thus avoiding resistance and rendering the therapy very brief. The language used promotes the change in a very subtle way.

That is typical of the Evolved Strategic Therapy. We consider this, the *second evolution of the strategic language*.

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