

Classic SF Paper

We intend to reproduce key papers from the development of the SF approach. Many of these are now hard to find, even if one knows where to look. We hope that reviewing and reading this work will help to cement the idea that SF is a highly distinctive approach with an internal logic which is both everyday and yet is hard to pin down. This issue we start with a piece by Steve de Shazer from 1997, where he makes a clear call for being wary of muddles in language, and shows how SF can help dismantles these muddles.

Some Thoughts on Language Use in Therapy

Steve de Shazer

Abstract

Drawing on the work of Ludwig Wittgenstein and his own experience as a therapist and educator/trainer, the author describes some of the issues involved in helping therapists to find their way out of various muddles and mazes that are deeply embedded in language.

First published in *Contemporary Family Therapy*, 19(1), March 1997, 133–141, reproduced here with kind permission from Springer Science and Business Media.

Keywords: Language; depression; context; Solution-Focused Brief Therapy.

Over the past 10, 12 years I have spent the majority of my time doing seminars and training therapists. During this

time I have been struck over and over by the issues and concerns of therapists that are expressed in their questions. One of my colleagues once said that I had a very fine muddle-detector and, more and more, my work as a trainer has focused on helping therapists find their way out of various muddles and mazes. Again and again I must admit that I have been bewildered by their puzzlements. Perhaps surprisingly, I have had to learn that nonsense is extremely commonplace and can be very robust.

Throughout these years I have used Ludwig Wittgenstein's work as one of my tools for attempting to dismantle muddles. Recently it dawned on me that Wittgenstein repeatedly dealt with issues and concerns of philosophers that are at least as robust and overdetermined as the issues and concerns of therapists. Furthermore, it struck me that the structure of philosophical muddles is the same as the structure of therapeutic muddles. That is, both are deeply embedded in language, in the way we talk and write about things. As long as language is the way it is—and it will always be this way—these muddles will continue to be commonplace.

Certainly, these muddles and problems on a theoretical level and various issues and concerns on a pragmatic level are embedded in language and made substantially more obscure by jargon, etc., by using “a language that is already deformed as though by shoes that are too tight” (Wittgenstein, 1984, p. 41). Oh well, as Wittgenstein remarked about the language of philosophy—“Who (in the hell) uses words in that way? Would a gardener?”

Even if we were to be successful in clarifying and eliminating a particular, specific muddle, say “x,” another muddle of exactly the same sort, x2, would take its place, or rather, we would soon turn our attention to muddle x2 which had been there all along but had escaped our attention because we were focused on muddle x. Exactly the same “cure” might be applied successfully to x2 but it would not be long before we were struggling with x3. What is going on here? I think Wittgenstein described the situation quite clearly: “Philosophy is a [constant] battle against the bewitchment of our intelligence by means of language” (1968, p. 109). However,

“we need to stay in language in order to cure the bewitchment” (Staten, 1984, p. 91).

I have tried many different tactics over the years and now I turn to using one of Wittgenstein’s techniques—comparing things that are different but appear to be the same—which I hope will add to the tools available for dismantling muddles in this field.

A muddle inherent in the words themselves

As Wittgenstein put it:

Our language has remained the same and keeps seducing us into asking the same questions. As long as there continues to be a verb ‘to be’ that looks as if it functions in the same way as ‘to eat’ and ‘to drink’ . . . people will keep stumbling over the same puzzling difficulties and find themselves staring at something which no explanation seems capable of clearing up (1984, p. 15).

Compare → I am an American. | He is an American.

I am a male. | He is a male.

I am a good cook. | He is a good cook.

The verb “to be”—I can say that “I am a male,” “I am an American,” “I am a good cook,” etc. None of these are problematic; in all three uses the words “I am” lead you to seek verification and there are cues, criteria available. This allows you as an observer to be able to say: “He is a male,” “he is an American.” No problem. My wife and other people I’ve cooked for can (and most do) say “he is a good cook.”

Compare → I am male. | He is a male.

I am an American. | He is an American

I am a schizophrenic. | He is a schizophrenic.

What happens in the third sentence? Remember the DSM (Diagnostic and Statistical Manual of Mental Disorders) and the long tradition of diagnosis in psychiatry. The “is” in all

three sentences using the third-person singular involves the same grammatical form of identity (2 X 2 is 4).

Compare \rightarrow 2 X 2 is 4 | He = schizophrenic.
The rose is red. | Rose = + red

The grammar of the “is” in the second sentence (about a rose) is different. Here the verb is something that bonds two different things together. Our grammar leads us, naturally, to the conclusion that schizophrenia is incurable: once a schizophrenic, always a schizophrenic. We do not need psychiatry or even Theory for this, just grammar.

Compare \rightarrow He is schizophrenic | He is diabetic.

In the latter case, the diagnosis “he is diabetic” does indeed refer to a physical condition that is incurable—as far as I know. Two different diagnostic language-games. While “remissions” in cases of schizophrenia may be more or less frequent, cures are deemed to be impossible.

Interestingly, if a “schizophrenic” is cured, this does not mean “good therapy,” but rather it is seen as an example of a wrong diagnosis! (What if a diabetic is cured?) Clearly, psychiatry has been seduced by the grammar of the verb “to be.”

I am an alcoholic. | He is an alcoholic.

What happens here? Evidently AA (Alcoholics Anonymous), like psychiatry (with schizophrenia), is seduced by the verb “to be” into believing that being an alcoholic is a steady state; something permanent. This leads to the idea that in spite of 30 years without a drink, he is still a (recovering!) alcoholic! The “is” within this mythology is in fact so strong that probably no empirical evidence will influence AA or the diagnostic language-game. Cure is impossible.

(An aside – Both psychiatry and AA might well be called, using Foucault’s (1980) wonderful phrase, “regimes of truth” since in both cases, knowledge and power are blended together.)

I am an anorexic. | She is an anorexic.

And here? Again, White and Epston (1990 and the AntiAnorexic League have been seduced by the grammar of “to be.” From this perspective, the “cure” of anorexia involves a life-long fight against anorexia which “proves” that the “is” does indeed stand for the equal sign: She = anorexic. Thus, while starving herself (suffering from anorexia), anorexia is the problem. After the “cure,” anorexia remains the problem in the form of “anti-anorexia.”

Depression

Inner states → Wittgenstein suggests that the uniform appearance of words which leads us to assume that they always function in the same way accidentally leads us to represent dreams or pain or toothache or depression “as something we can perceive in the sense in which we perceive a matchbox” (1975, p. 65) or a beeper.

Suppose you came upon an unknown tribe whose language you did not know at all and you wished to know what word corresponded to “good,” what would you look for? And a word that corresponded to “depression?” What would you look for?

The uniform appearance of a word (e.g., “is”) frequently leads us to automatically assume it refers to an entity or a common property about which we can generalize, that it carries around a halo of meaning. We take it out of its context, out of its natural place in talking. We mistakenly assume that words always function in the same way and that because “house” refers to one particular kind of object, it follows that “depression” must refer to another, albeit a private one (Trigg, p. 216).

How were we taught this word “depression?” I certainly did not learn it as a child by being shown a “depression.”

But depression is surely a feeling; you surely don't want to

say that you are depressed and don't feel it? And where do you feel it?

That depends on what you call 'feeling it'. If I direct my attention to my bodily feelings, I notice a very slight headache, a slight discomfort in the region of the stomach, perhaps a certain tiredness. But do I mean that, when I say I am severely depressed?—And yet I say again: 'I feel a burden weighing on my soul.' 'Well, I can't express it any differently!'— But how remarkable that I say it that way and cannot express it differently!

My difficulty is altogether like that of a man who is inventing a new calculus and is looking for a symbolism.

Depression is not a bodily feeling; for we do not learn the expression 'I feel depressed' in the circumstances that are characteristic of a particular bodily feeling.

'But depression... is surely a particular feeling!'—What sort of proposition is that? Where is it used? (Wittgenstein, 1988, pp. 133–136).

Only in a therapist's office and in their training sessions and seminars! (Many people with back-pains complain how their bosses and compensation boards misunderstand and downplay their "real" pain.)

I am depressed | he is depressed

How does this word "I am" work in that statement so favored by clients, "I am depressed?" Is this similar to "I am male?" "I am an American?" We would be misleading ourselves to think so. (But look at the DSM!) Clients often use the phrase as if the "I am" functions in the same way in both "I am a male" and "I am depressed," talking as if depression were a steady state or even a permanent one.

If I say "I am depressed," I cannot be mistaken -but I also cannot be right. I can be right only where I can also be making a mistake. I might be lying but I cannot be either mistaken or right. Error, doubt, and conjecture are precluded in the case of the first person singular. Of course (in a "depression languagegame") a client who says "I am depressed" can legitimately say that.

But, what about the switch from “I am depressed” to “he is depressed”? This shift is both grammatical and logical. Now, I am inclined to say that only the client can verify that, I can’t. Wittgenstein would ask: But what would it be like if this were false and I could verify it? Can that mean anything other than that I’d have to feel depressed? But would that be a verification? It seems to me to be nonsense to say that I must feel his depression? Or is it mine? Everything I might say about the other person is chancy. He might appear to me to be depressed—but say that he is not. Based on my observations of him as depressed I might make certain predictions, e.g., claims of lethargy, looking on the dark side of things, etc. My predictions might well turn out wrong; he might do none of the things I predicted.

Let’s say that I have observed my friend Norman for many years, and I know that he usually keeps his pocket knife in his left-front pants pocket, his wallet in the left-rear, a hanky in the right-rear. Tomorrow when I see him, I can be right or wrong about his having his knife in his left-front pocket.

Similarly, I usually keep my keys in my right-front pants pocket, a hanky in the right-rear, coins in the left-front. Of course on any given day I might be wrong and find my keys in the left-front pocket.

However, the statement “I am depressed” is not analogous to statements about my pockets and their contents. It seems rather that the statement “I am depressed” is more similar to my saying “Ouch” when I stub my toe in the dark. “I am depressed” is an expression and not a statement of knowledge or fact about which I can be right or wrong. The statement “he is depressed” is different. There are criteria upon which I can base that statement and I might be either right or wrong.

“If I say I did not dream last night, still I must know where to look for a dream; that is, the proposition ‘I dreamt,’ applied to this actual situation, may be false, but it must not be senseless.”—Does this mean, then, that you did after all feel something, as it were the hint of a dream, which made you aware of the place which a dream would have occupied? (Wittgenstein, 1968, p. 448).

If a client says “I am not depressed” or “I am no longer depressed,” does that mean that he has a shadow of a depression which indicates the place where the depression might be or might have been? Is this absence of a depressed feeling a feeling? Does his present depression-less state contain the possibility of depression? A place which a depression would have occupied? How else could he know he is not depressed?

You might say that he makes a comparison between his current (not depressed) feeling-state and his memory of his depressed feeling state. How? Where does he look for his feeling-states? Is it possible that his memory could deceive him? Of course. But, what is it that he needs to remember to make the comparison? The grammar of “I am not depressed” misleads us into thinking that “not depressed” is something we can perceive in the sense in which we perceive the absence of a beeper or the absence of a hippo from a room.

What about this shift in grammar from “I am not depressed” to “He is not depressed?” How would we verify this? I can neither be right nor wrong when I say “I am not depressed” but I can be either right or wrong in my statement “he is not depressed.” Again, only he can verify it.

What is missing here is context. These “inner processes” of “I am depressed” and “I am not depressed” both stand in need of outward criteria. Inner processes are private; talking about inner processes cannot be. That is not to say, of course, that a description of the context is a description of “depression” as a behaviorist might say. Rather, if we are trying to make a sentence from one language (Deutsch) understandable to a speaker of another language (English), in the last analysis the only thing we can do is present a set of rules for translating from the former to the latter. Interestingly, those translation rules cannot rely on the meaning of words, only symbols. The same holds true for a translation from a “private language” to a public one.

(How does this work with other psychiatric diagnostic categories? Well, as Wittgenstein puts it: “Anything your reader can do for himself leave to him” [1984, p. 77].)

Compare → I am a good cook. | I feel like a good cook.

Although I am a good cook, I only sometimes feel like a good cook. The main times when I feel like a good cook is while I am cooking and while I watch others eating what I have cooked with obvious pleasure. At other times I either do not have or I am not aware of having this feeling; I have some different feeling(s). But, I am still a good cook. Thus the verb “to feel” is attached to and important in certain, specific contexts and it refers to an “inner state” that comes and goes depending on context.

Compare → I am depressed. | I feel depressed.

People sometimes use the verb “to feel” and sometimes use the verb “to be” when making this expression or exclamation to a therapist. Although both point at “depression,” the grammar of the two verbs suggests that each has a different use.

When the verb “to be” is used the person probably will not be able to report that there are times when he or she is aware of not being depressed since the verb “to be” is used to refer to something that is seen as a permanent attribute. Rather, he or she might be able to report being more or less depressed at some times. Solution-focused therapists might well help to create a scale with steps from 0, meaning the most depressed the client remembers in the recent past, to 10, which would mean that the client was not aware of being depressed or even, rarely, not depressed at all. Again, outward criteria or the context could be talked about for the times and situations when the client was least aware or even unaware of being depressed. Concurrently, it would seem pragmatically useful for the therapist to attempt to persuade the client to substitute the verb “to feel” for the verb “to be” through the therapist’s use of the more flexible term, particularly once the client has talked about the variability of his or her depression.

Upon hearing the second, the therapist will probably understand that this is a depiction of a somewhat transitory feeling state and, therefore, that the client will be able to report that he or she sometimes feels differently, i.e., he or

she sometimes does not feel depressed. Furthermore, the use of the verb “to feel” suggests that the client will likely be able to describe the contexts surrounding times when he or she “feels depressed” and other times when he or she feels some other ways. A solution-focused therapist will concentrate on these latter times when the client feels differently and will attempt to help the client describe the contexts surrounding these non-depressed feeling states and will probably refer to these exceptional times as times when the client “feels better” (Figure 1).

Compare → I have a cold. | I have a depression. Instead of either “I am depressed” or “I feel depressed”, German speaking clients frequently will say “I have a depression.” “Have” is clearly more or less a temporary state of affairs, implying that it is possible that a depression, like a cold, will go away.

Figure 1

Compare → I feel better. | I am better.
You feel better. | You are better.
He feels better. | He is better.

As therapy progresses, clients usually report “feeling better” when asked. Because of the transitory nature of the verb “to feel,” a solution-focused therapist will again look at the outward criteria for this exclamation and as the description or depiction becomes richer and fuller, he or she can begin to shift to the verb “to be” in order to take advantage of its grammar. That is, at some point, through the use of scales and descriptions of the various numbers on the scale, the “evidence” will build up to the point that the therapist can say something like: “Wow! It is clear that you are better.” This then logically leads to questions about how the client is going to maintain the improvement.

Conclusion

At times, the way language naturally works in every day life can catch us unaware and lead us into unexpected conundrums. Although puzzling and confusing, these muddles are inevitable and perhaps unavoidable. No matter what, the verb “to be” automatically suggests reference to steady states while the verb “to feel” suggests more transitory states. Interestingly, at the beginning of therapy, a solution-focused therapist will find it useful to try to help the client shift from using the verb “to be” to the verb “to feel” when talking about the problem while at the end of therapy, when talking about solutions, the therapist will find it useful to help the client make the reverse shift in the verb used to describe the situation.

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Contemporary Family Therapy, 19(1), March 1997

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