

LANGUAGE AND EXPERIENCE: DEEP STRUCTURES AS LINGUISTIC MODELS FOR LISTENING AND INTERVENING IN PSYCHOTHERAPY

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1. Introduction

Within the study of the relationship between language and experience (phenomenal reality, Erleben), I intend to present a theoretical framework for verbal communication which can be closely related to Gestalt Phenomenology and Theory and which can also be applied by Gestalt therapists as a linguistic pattern (one among the possible others) for listening to clients and intervening in their speech.

As a starting point I will take "The Structure of Magic" by BANDLER and GRINDER (1975), which marked the official beginning of *Neurolinguistic Programming* (NLP), now known and put into practice in Europe too.

To this book I acknowledge two main merits :

(1) in 1975, the year it was published, it was one of the rare attempts to apply a theory of *grammar* to the clinical context, in an *explicit, formal and systematic* way. As BATESON points out in the introduction to the book: "Grinder and Bandler [...] have succeeded in making linguistics into a base for theory and simultaneously into a tool for therapy [...], have succeeded in making explicit the syntax of how people avoid change and, therefore, how to assist them in changing." (BANDLER & GRINDER, 1975 : X);

(2) it is a research which is not only theoretical but above all practical, at least in two ways:

a - it's one of the few occasions in which it is not the therapists to refer about what happens in the psychotherapeutic sessions, but two external observers, who first record with a video-tape, then study the films and eventually draw some constant and regular patterns of psychotherapeutic interventions;

b - it aims to offer "concrete" means for therapy, "ready-made" techniques: this is actually the didactic purpose of the book. The implicit presupposition is that one can learn from famous therapists, by extrapolating and distilling their most effective interventions.

Taking for granted the reader's knowledge of the book, of which I will anyway synthesize the most remarkable concepts, in this paper I propose to *integrate* CHOMSKY's model of deep structure used by the authors with the one I experienced during the last years, first in the analysis of written texts (ZUCZ-

KOWSKI, 1981; ZUCZKOWSKI & NICOLINI, 1981), and then in the educational (ARFELLI GALLI & ZUCZKOWSKI, 1979) and psychotherapeutic (ZUCZKOWSKI, 1991) fields.

I consider this model of mine as a *simplified adaptation* of the *sentence deep structure* proposed by PETOEFI (1973; 1978; 1979) in his *Text Structure - World Structure Theory*.

In particular I bring and comment some examples in favour of the use of *performative and cognitive propositions* as reference systems for the linguistic listening and intervening.

In the whole paper I will try, whenever possible, a Gestalt translation of the main ideas presented by BANDLER and GRINDER.

2. The structure of psychotherapeutic magic, i. e. the magic of linguistic structure

"The Structure of Magic" (BANDLER & GRINDER, 1975) is based on the processing and working out of the results of a research made by the authors themselves: through the use of a video-tape, they observed and analysed the way of doing therapy of some of the most able U.S.A. therapists, in order to understand and document how changes took place in the clients. They noted that in these therapists' verbal and non-verbal interventions, apart from their different theoretical and empirical approaches to psychotherapy, some constant and regular patterns recur: their "magic" has a structure. Then the authors come to the conclusion that "magic is hidden in the language we speak" (BANDLER & GRINDER, 1975: 19), i.e. that the structure of psychotherapeutic magic is nothing but the magic inherent in linguistic structure.

As a matter of fact the authors systematically worked out a psychotherapeutic model of linguistic listening and intervening, mostly based on CHOMSKY's (1957; 1965) *generative-transformational grammar*, adapted to the clinical context. They propose the thesis that in the set of the *well-formed sentences of a language*, there is a subset of *ill-formed sentences in therapy*, which is unacceptable for the therapist. The book intends to teach how to identify these sentences and how to intervene after having identified them.

The verbal techniques presented by BANDLER & GRINDER (1975)³ essentially consist of the following: the therapist listens to the sentence surface structure produced by the client and mentally compares it to the deep structure

1 The *deep structure* of the "atomic text", in accordance with the terminology of PETOEFI, see the following note.

2 Among PETOEFI's several contributions, I limit myself to mention just these three works.

3 The third chapter presents general techniques, the fourth chapter particular techniques, the fifth chapter two transcripts of sessions with a detailed commentary, as an example of application of the techniques.

(= the full syntactic-semantic representation of the sentence) from which the first is derived by transformation; he identifies in the surface structure the possible ill-formed parts (i.e. deleted or generalized or distorted) and asks the appropriate questions in order to obtain a well-formed sentence from the client (i.e. without deletions or generalizations or distortions).

A very simple example of intervention on a deletion: the client says (= surface structure):

"I am *scared*"

On the basis of his own intuitive knowledge of the language (= his linguistic competence) made explicit by the generative-transformational model, the therapist knows that the full representation⁴ of this sentence (= its deep structure) is:

I am scared of somebody/something

and consequently he deduces that one part of the deep structure was deleted in the surface structure; for this reason, if he considers it suitable, he can ask the client for the missing part:

"Who or what are you scared of?"

As the example shows, most of the verbal techniques suggested by the authors are *questions* based on the form (= syntax) of communication and not on the *content* (= semantics): whatever the subject-matter (the "problem") communicated by the client, the intervention is about how it is communicated. This happens because, in accordance with the Chomskian tradition, if it is true that the number of possible sentences of a language is countless, it is also true that the number of the syntactic forms which these sentences can be given is countable, it has a structure, and therefore it can be described through a rule-system, in this case the one of generative-transformational grammar.⁵ For this reason, since they are based on these *formal* rules, the therapist's interventions can be carried out aside from the specific semantic content communicated by the client.⁶

⁴ A very practical definition of completeness is the following: "Native speakers, when presented with a verb of their language, are able to determine how many and what kinds of things between which this verb connects or describes a relationship" (BANDLER & GRINDER, 1975: 26). In our example "to be scared" requires, in order to build a complete structure, both somebody who is scared (= the subject) and somebody or something which one is scared of (= the object).

⁵ This is synthetically what CHOMSKY means by stating that language creativity is governed by rules (rule-governed creativity).

⁶ I agree with the authors if by "semantic content" we mean in general the "problem" communicated by the client. I do not if the same expression is instead referred to the meaning of a sentence. In fact in order to identify for example generalized ("Nobody loves me") and distorted ("You make me happy") sentences an exclusively syntactic criterion is not sufficient, because they are syntactically but not semantically well-formed, at least in therapy. It is well known that it is difficult to clearly distinguish syntax from semantics, sometimes it is impossible, in this case I do not think it neither useful, nor consistent with the authors' general idea (see for example the definition of deep structure as full syntactic-semantic representation of the sentence). Probably this attitude of them is influenced by the syntacticism of CHOMSKY and by the wish to give *formal* instruments to therapists.

The model, according to the authors, has the following main advantages:

- it is based on the linguistic competence that any native speaker intuitively has of his own language, consequently it is easy to put into practice;
- it is explicit, and therefore it can be learned;
- it is formal, that is to say independent from the content of the communication, and therefore it can be universally put into practice;
- it can be integrated with any other verbal and non-verbal technique, and it can be used within any theory. In other words, GRINDER and BANDLER propose this model not as the best or the only one etc., but as one among the possible ones, which the therapist can add to the others he already uses, in order to increase his own ability and effectiveness.

2.1. Poor and rich models

The therapeutic aims of these verbal techniques are comprehensible if they are included in the general theoretical context of the book, of which the main ideas can be synthesized in the following way:

- 1) There is an irreducible difference between the world and the experience we have of it, which can be ascribed to neurological constraints or filters (e.g. the peculiar structure of our perceptual system)⁸, social ones (e.g. the particular language we speak)⁹, and individual ones (everyone's so-called "personal history").
- 2) From the experiences we have of the world, each of us builds his own model (or representation) of the world, more or less different from other people's ones¹⁰, through three universal processes of human modelling (generalization, deletion, distortion).¹¹ By using a cartographical metaphor, we can say that the world model is to the world as a map is to the territory it represents. Between experience and model there is a mutual influence: the model is built on the basis of the experience but it can influence it in its turn.

⁷ For example, as far as I know, many Gestalt and Transactional Analysis therapists integrate some NLP techniques in their own ones.

⁸ See the Gestalt distinction between phenomenal and transphenomenal reality, in particular in the field of visual perception.

⁹ See WHORF and SAPIR's hypothesis of linguistic relativism and determinism.

¹⁰ See the Gestalt concepts of phenomenal microcosm (opposed to the physical-bio-social macrocosm) viewed as an organized whole (endowed of global properties, etc.) of experiences relating to oneself, to the others, to the world, etc. (see GALLI, 1980,1975).

¹¹ These processes, equivalent to our ability to create symbols, are neither positive nor negative in themselves, while the particular conclusions we reach through their use can be, even if not in an absolute way "if I touch the fire, I get burned" can be a generalization useful for survival; 9f I express my anger, the people I love will leave me" on the other hand can be limiting.

3) Language is one of the main representational systems, maybe the most powerful, through which people model their experience; it also works in accordance with the three modelling processes and it is necessary mainly in order to: - represent our experience to ourselves, and thus it takes part in the building of the world model;
- communicate our own model to other people, our own representation of the experience.

Visualizing it in a scheme where arrows indicate the derivations in sequence, we have:

world experience → world model → deep structure → surface structure.

4) People resort to therapy not because their world but their model of the world is poor in possibilities (choices, options, alternatives) about some behaviours, feelings, thoughts etc.¹² The purpose of therapy is then to know and change (enrich, extend, restructure etc.) the world model they have (or some of its parts) and they communicate to the therapists through their language. Therapists have something in common, although they follow different theories and techniques: they have a model, a map, that supports the clients' change, i.e. they have a meta-model for other people's models.

As far as language is specifically concerned, CHOMSKY worked out an explicit meta-model of its structure, aside from the psychological and therapeutic context. If it is adapted to the clinical setting, it enables therapists to ascertain which sentences are well-formed in therapy and which ones are not. The therapist goes back from the surface structures to the deep ones, thus achieving a full linguistic representation of the client's world model. Once the therapist has identified the possible deletions, generalizations or distortions (= the ill-formed sentences in therapy), he can recover the first ones and "confront" ("challenge", "contest") the others, thus re-connecting the client's world model (deep structure) to the specific and particular experiences which took part in its formation and starting the process of change. By inverting the previous scheme we have:
surface structure → deep structure → world model → world experience.

In other words, if the deep structure is the reference system (the "source") for the surface structure, for the world model the reference system is represented by the global set of the experiences from which the representation is derived. This means that the deep structure derives in its turn from a richer and more complete source, the client's original experiences. The last step (re-connecting model and experience) is decisive to the purpose of therapy, which, if successful, has two main features: a change of the client's world model, that enriches it with

¹² These people feel "blocked". The problem is not that they make wrong choices, but that they do not have enough choices. In fact they make the best choices available in their model and sometimes make the mistake to take it for the world, thus reducing one to the other. It is not the world to be limited, but the model they have of it.

more possibilities of experience and behaviour, and correlatively a greater richness in linguistic communication.

3. Performative, cognitive and descriptive propositions

According to the *grammar model*¹³ of CHOMSKY worked out by BANDLER and GRINDER, *sentence deep structures* are composed by the well-formed syntactic-semantic representations of the sentences themselves, i. e. they are complete, simple, affirmative, declarative, active linguistic structures. For this reason, even incomplete, complex, negative, interrogative, passive etc. sentences can be brought back to this model of deep structure, since they are considered as transformed sentences, i.e. as surface structures derived, by transformation, from their corresponding well-formed deep structures (complete, simple, affirmative, declarative, active).

Let's go back to the dialogue between client and therapist we proposed before as an example, and let's suppose that to the therapist's question ("Who or what are you scared of?") the client answered:

"I am scared of my father"

This would be a well-formed (complete, simple, affirmative, declarative, active) sentence; therefore there would not be substantial differences between surface and deep structure.

Yet, in compliance with a simplified adaptation to PETOEFI's formal model, the deep structure of this sentence would be more complex:

Here and now I (speaker) say to you (listener) that (= performative proposition)

Here and now I (speaker) inwardly perceive that (= cognitive proposition)

Here and now I (speaker) am scared of my father (= descriptive proposition)

This means that the surface structure of any sentence can be brought back to a deep structure composed by three hierarchically arranged propositions: performative, cognitive, descriptive.

The *descriptive proposition* represents the part of the sentence that describes a state of affairs (event, action etc.) that can be considered the core, the very topic of communication.

The *cognitive proposition*¹⁴ represents the particular *cognitive modality* through which the speaker accesses the described state of affairs, i.e. the specific ambit of his cognitive experience to which belongs the state of affairs com-

¹³ To simplify, in the following pages I will not use the word "metamodel" but only "model".

¹⁴ PETOEFI names it "world-constitutive proposition", I prefer a more psychological terminology. The main differences between PETOEFI's standard theory and my adaptation concern just this proposition, in particular the units (verbs or verbal expressions) that can take part in it, but I do not mean to talk about this here.

municated by the descriptive proposition (here and now I see, hear, remember, think, believe, know, imagine, am convinced, suppose, perceive, assume, expect etc.).

The *performative proposition* represents the particular *speech act* (AUSTIN, 1962) the speaker carries out *in saying* what he says: he states, denies, asks, suggests, orders, forbids, advises, promises, judges, bets, warn, threatens etc.)

This representation of deep structure is then more articulated in comparison with the one of CHOMSKY used by BANDLER and GRINDER, because:

- it explicitly adds the performative and cognitive aspects of communication;
- it underlines their simultaneity with the time and place in which communication takes place (the "here and now" characterizes both the speech act and the cognitive process);
- it points out the speaker's subjectivity (the "I") in its double and simultaneous cognitive and performative function.¹⁶

Furthermore I believe that this model, in comparison to that of CHOMSKY, is more similar and conforming both (1) to the Gestalt phenomenology, and (2) to GRINDER and BANDLER's theory itself, and thus it can offer interesting starting points to establish productive links between language structures and experience structures, further links if compared to those identified by the authors.

To argue about the first point, I confine myself to mentioning what follows: if we translate in terms of phenomenological psychology the descriptive and cognitive propositions, it follows that when somebody communicates something to somebody else, this something *refers*¹⁷ both 1) to an *experiential content* (speaker's phenomenal reality or Erleben = descriptive proposition) concerning the past, present or future in comparison with the here and now of communication, and 2) to at least one *cognitive system*, the one mainly activated by the speaker while communicating. Everything else remains in the background.

To say that language *refers* to the speaker's experience means that language *is not* experience, just like experience *is not* the world, even though - by improperly using now the same expression - it "refers" to it, like a map to a territory. This statement, apparently evident, obvious, nearly banal, allows us to clear our mind from "naive" approaches, still present in language studies, which tend to identify (not to distinguish) these three realities (linguistic, phenomenal, transpheno-

¹⁵ See the relevance PERLS (1969; 1973) ascribes to the "here and now" in psychotherapy.

¹⁶ Besides the representation of these three propositions, the model I worked out includes the interpretation of *perlocutionary acts* (ZUCZKOWSKI, 1981; ZUCZKOWSKI & NICOLINI, 1981): language is considered as a means used by the speaker in order to obtain changes in the listener's experience and behaviour.

¹⁷ I use the words "to refer" and "referent" in a strictly linguistic sense.

menal) and it enables us to "critically" plan the study of their mutual relationship (ZUCZKOWSKI, 1984).¹⁸

As far as the second point is concerned, BANDLER and GRINDER take into consideration some cognitive and performative aspects of communication, when they talk about "mied reading" and "the lost performative", (BANDLER & GRINDER, 1975: 104-106/106-107).¹⁹

3.1. Deletion of performative and cognitive propositions

In therapy, but also in everyday communication, the client (like any other speaker) does not verbalize the whole triad of information necessary to the listener (in this case also therapist) in order to understand the sentence.²⁰ The only information he cannot omit (= delete) or that he can omit only partially, is the one concerning the descriptive proposition. The other two, on the contrary, in most cases are not verbalized, but communicated through other linguistic and paralinguistic means (syntactic structure, voice tone, co-text and context, gesture etc.) or - in the worst case - they are not communicated at all and therefore they remain ambiguous, vague, and can be differently interpreted.

This informative void involves the listener's continuous interpretive activity, not only of the explicit information but also of the missing one: he has to Interpret the meaning both of what the speaker says and of what is (more or less deliberately) omitted, scarcely mentioned, taken for granted, implied, inferable. He mentally makes assumptions (conjectures, suppositions, inferences etc.) about the not communicated information; on the basis of his linguistic and communicative competence he tends to fill the informative void, i.e. to intuitively and spontaneously complete, with immediacy, the speaker's sentences, adding in his own semantic representation what is lacking in them.

These assumptions are seldom corroborated in an explicit way. The listener can regard them as true without waiting for any verification, or he may discard

¹⁸ I use the words "naive" and "critical" like the Gestalt psychologists when they speak about "realism", i.e. as two different approaches to the relationship between phenomenal and transphenomenal reality.

¹⁹ I will discuss this point in paragraph 4.2.20

²⁰ To keep to BANDLER and GRINDER's terminology, I use "sentence" and not "utterance" as would be more correct.

²¹ For a Gestalt psychologist all this seems analogous to what happens in visual perception about the principles of closure, continuity of direction, "Prägnanz" etc. In particular, the intuitive, spontaneous and immediate completion of a surface structure seems a case of *amodal completion*. From the sentence itself demands, requirements, invites come to complete and close an open Gestalt according to a - so to say - syntactic-semantic continuity of direction and "Prägnanz" in a consistent and regular way. The notions of "lack" and "requiredness" are central in WERTHEIMER's framework of productive thinking. As to the possibility to perceive with immediacy the void, the nothingness, see W. METZGER (1941: first chapter), according to whom they belong to the phenomenal reality of "*das Angetroffene*" (obviously besides that of "*das Vergegenwärtigte*").

some of them in favour of others in the course of the dialogue, or again he can be uncertain between different interpretations, all equally possible.

"The question of therapists projecting onto their clients is not a new one. Also, even if a therapist may from his experience understand more about what a client is saying than the client himself may realize, the ability to distinguish is vital" (BANDLER & GRINDER, 1975: 58),

that is to say to distinguish what is represented by the client with its surface structure from what is the therapist's contribution.

The frequent deletion of performative and cognitive propositions and the consequent interpretive problems seem to me further reasons to organize listening and intervening in accordance with a deep structure model which explicitly includes these basic structures of communication.

4. Integration of BANDLER and GRINDER's model

The integration I suggest is to apply listening and intervening techniques, similar to the ones BANDLER and GRINDER worked out for descriptive propositions,²² also to performative and cognitive propositions, whenever the therapist thinks it suitable, in order to

- elicit them when they are deleted,
- make them clear when they are ambiguous,
- confront them when they *are* ill-formed in therapy.

The *general "listening principle"* is to mentally compare the client's surface structures to the deep structures they derive from, in accordance with the model adopted by the therapist.

The *general "Intervention principle"* can be formulated in the following way: when in the client's sentence the information about performative or cognitive propositions is lacking, ambiguous or ill-formed, the therapist, if he thinks it appropriate, can invite him to verbalize it by asking a question containing his assumptions (intuitions, projections etc.) in order to:

- directly verify them,
- learn if the client is conscious of the speech act he is performing or of the cognitive system he is activating,
- make him aware, in case he is not,
- confront the client's sentence if this is ill-formed in therapy.

²² We can say that BANDLER and GRINDER Limit themselves to analyze what in the model of PETOEFI is represented by descriptive propositions. In my opinion, the main difference between the deep structure theorized by CHOMSKY and BANDLER & GRINDER, and the one theorized by PETOEFI is that in the first one the performative and cognitive aspects are not represented like constitutive units of the deep structure itself, but only if they appear (if they are lexicalized) in the surface structure, while in the second one they are even if they do not appear in it, since they are considered basic units together with the descriptive sentence.

In the example previously mentioned ("I am scared of my father"), it is redundant and superfluous both for the therapist and for the client to elicit the lacking parts: in fact the performative proposition can be inferred from the syntactic structure of the sentence, the cognitive proposition from the knowledge of the fact that we usually come in contact with our own feelings through an inner perception. But in other circumstances it can be relevant for the therapist and therapeutic for the client.

In the next two paragraphs I will give some examples. I believe that the following warning is not useless: whoever, as a client or therapist, has any experience of clinical sessions, knows that one and the same sentence can be assigned different and peculiar meanings depending on the global situation in which it is pronounced; for this reason the following examples are to be considered as *revealing* of an attitude oriented towards listening *and* intervening *solely* on the basis of a deep structure model including the performative and cognitive propositions. This is because the listening and intervening modalities are strictly linked and interdependent. This does not mean anyway that the *interventions* proposed, even though with different shades, are the only possible ones. Listening modality and intervening purposes being equal, each therapist can choose "to take the floor" in different ways, congenial to him and to his client.

4.1. Intervention an performative propositions

I will present only a few examples for a particular set of deleted and ambiguous performatives, composed by the sentences necessary to carry out indirect speech acts (SEARLE, 1975), i.e. in which one speech act is indirectly carried out through another one: the speaker wants to say what he says, but he wants to say something else too. These sentences are complex because their deep structure can be represented at least in two different ways.

Typical cases, frequent in communication, are the interrogative sentences starting with "*Why don't...?*". For example, during a group session in which the "group contract" establishes that participants are free to decide if and when to have a break, at a certain moment a client tells the therapist:

"Why don't we suspend the session?"

At a surface level the sentence looks like a question, a request of information, and its deep structure can be represented in the following way:

- (1) I tell you that
- (2) I expect you that } = I ask you
- (3) you tell (answer) me
- (4) why don't we suspend the session

where (1) = performative proposition, (2) = cognitive proposition, (3) = descriptive proposition, containing a performative verb used in a descriptive way, (4) = proper descriptive proposition. The first three propositions are necessary to semantically decompose a complex performative verb like "to ask", so as to include in its representation also the cognitive proposition, as theorized by the model.

Propositions like this can be communicated by speakers and interpreted by listeners as requests of information, and in this case therapists may answer explaining why the session will not be suspended.

In other cases, more frequently, who asks the question does not expect such an answer at all, does not mean to obtain an explanation at all. In fact the therapist interprets the sentence as if it were:

"I propose/advise/suggest/... (= performative proposition) to suspend the session"

or "I wish/ consider it appropriate/ think it preferable/... (= cognitive proposition) to suspend the session" - and for this reason he may answer, for example, "Let's hear what the others think about this".

By *asking* a question, the client indirectly *makes* a proposal or *expresses* a wish etc. In other circumstances the same proposition may be assigned different performative and cognitive meanings: the client may use it to criticize, complain, or instead to declare himself satisfied etc.

In conformity with the general listening and intervening principles and with the corresponding purposes, formulated in the previous paragraph, the therapist can ask the client a question which makes explicit his own interpretive assumptions about the client's performative and cognitive propositions, for example:

"Are you making a proposal, expressing a wish, or what else?"

The interrogative sentences beginning with "Why don't...?" are systematically used by some clients in unproductive interpersonal communications and relationships (BERNE, 1964). In accordance with the deep structure model and keeping unchanged their descriptive content (in our example "to suspend the session"), the therapist can propose the client, as an antidote or even a "contract", to formulate them again as declarative sentences beginning with "I...": the verb which follows will unavoidably be a performative or cognitive one. In this way the speaker can increase his own consciousness about what he does while speaking, about the involved thinking and feeling structures.

Another example of indirect speech act is this: a client speaks about her painful relationship with her husband. The therapist shows the analogy existing between this relationship and the one she lived with her father. At this moment the client bursts out:

"How many times have I told you not to talk to me about him?"

It would be funny if the therapist answered "Two times" or "This is the third time". It might probably be useful to loosen the tension and find an outlet to the

situation: the client smiles, undramatizes, realizes that the same thing is here and now happening even with the therapist, then she considers the analogy existing between her relationship with these three men.

In this case the therapist would answer the first part of the sentence, the *question* (= *direct speech act*) "*How many times have I told you...?*"

If instead he intervened by saying "All right, as you want", then he would answer the second part of the sentence, the order (= *indirect speech act*) "... not to talk to me about him!", and he would obey. The "...as you *want*" is a sign of the therapist's interpretation of the client's sentence as an indirect expression of her will: I *want* you not to speak to me about him.

4.2. Interventions on cognitive propositions

1) Mind reading

Example: In a group session a client, interrupting his "work" with the therapist, tells him:

"Everybody in the group thinks that I am taking up too much time"

"This class of semantically ill-formed surface structures involves the belief on the part of the speaker that one person can know what another person is thinking and feeling without a direct communication on the part of the second person." (BANDLER & GRINDER, 1975: 104).

If I presume to know, and therefore I have already decided, what other people's thoughts and feelings are, I behave on the basis of these "presumptions" of mine, which can anyway be wrong, groundless. On the contrary, if I am convinced that other people can read my mind and my heart, I can think it redundant to express my thoughts and feelings. These kinds of „cognitive pretensions“ limit my experience and my behaviour: only few opportunities are available in my world model.

"We are not suggesting that it is impossible for one human being to come to know what another is thinking and feeling but that we want to know exactly by what process this occurs." (BANDLER & GRINDER, 1975: 105).

For this purpose the authors suggest that the therapist should ask in which way specifically it happens, i.e. he should ask for an explicit explanation of the process, implicit in the client's proposition:

"How do you know that everybody thinks that you are taking up too much time?"

I think that such a question presupposes that for the therapist the deep structure of the client's sentence is:

I know that the others are thinking that...

and therefore, in accordance with my integrated model, it is a question in which the therapist communicates his own interpretation of the speaker's cognitive proposition. Even though the authors do not say it explicitly, in practice as we

can see, they implicitly follow, at least in these kinds of cases, the model I proposed as an extension of theirs.

The cognitive proposition (well-formed in therapy) of the client's sentence could be one of these:

I imagine/have the impression/ fancy/ think/ believe/ assume/ suspect/fear/...²³

2) Symbiosis

With this expression some therapists (GOULDING, M. & R., 1978; 1979) refer to a peculiar case of mind reading, when the client maintains that he knows the therapist's thoughts or feelings, thus secretly trying to establish with (or to transfer on) him a symbiotal relationship.

Two kinds of examples:

a - Explicit cognitive proposition:

I know what you are thinking/what you are about to tell me/what you want from me/..."

The client verbalizes the cognitive proposition (= explicit symbiosis); the descriptive one refers to the *therapist's* experience: it is as if he said "I *know* what is happening in *your* mind in this moment".

- Intervention on the explicit cognitive proposition:

"How do you know what I am thinking?"

b - Implicit cognitive proposition:

"You know what I am thinking/what I am trying to say/what I am feeling..."

The client does *not* express the cognitive proposition (= implicit symbiosis); in the descriptive one he assigns the *therapist* a knowledge concerning *his own* (= the client's) experience: "*(I know that) You know what is happening in my mind in this moment*".

- Intervention on the implicit cognitive proposition (I know that):

"How do you know that I know what you are thinking?"

- Intervention on the cognitive verb assigned to the therapist (You know):

"In your opinion, how do I know what you are thinking?"

- Intervention of denial of the cognitive verb assigned to the therapist:

"No, I do not know."

This "drastic" intervention is the one M. and R. GOULDING (1978; 1979) prefer because it immediately and openly refuses the attempt of symbiotic "hooking".

²³ Sometimes, working on these sentences, the client finds out that they are projections of an inner dialogue: He attributes to the others his own thought about himself (you are taking up too much time).

3) Generalization

Example: *"Women never know what they want."*

It is a generalization because the adverb "never" and the noun phrase "women", which is to be interpreted as "all the women", are universal quantifiers. As such, they have no specific referents; this means, according to GRINDER and BANDLER, that the sentence surface structure (= the generalization present in the world model) is not linked to the client's experience. To re-connect them, the Erst intervention advised by the authors is to ask the client for these referents: *"Who, specifically?"*. In our example it would be:

"What women, specifically, never know...?" or

"Which woman, specifically, never knows...?"

The authors (1975: 80-92) propose many other kinds of intervention in compliance with this principle (specification of the referent).

Personally I believe that also in case of generalizations it is possible to use the cognitive proposition for listening and intervening. In our example, the client, rightly because he does not verbalize the cognitive proposition, seems to communicate an ascertained knowledge, well-documented or able to be proved (I know for sure that...), instead he expresses *a prejudice* (or a *belief*) deeply rooted but lacking in a comparison with reality data or with other experiences of the client himself that may contradict it.

From this point of view generalizations fall within the previous categories (mind reading and symbiosis), because their interpretive difficulty does not only concern the descriptive proposition (lacking in specific referents) but also the cognitive one: its omission does not so much produce ambiguity or vagueness, but instead a proper tendency, both in the speaker and in the listener, to consider the communicated descriptive content (= the descriptive proposition) as belonging to an "objective" or at least "intersubjective" knowledge, a confirmed, shared knowledge acquired by direct experience.

For this reason the intervention is similar to the previous ones:

"How do you know that women...?"

On the basis of these considerations I think it plausible to dare, if not a hypothesis, at least a warning, or to suggest a precaution to the therapist: if the client deletes the cognitive proposition and if this cannot be clearly inferred from the context and/or from the co-text,²⁵ then it tends to be communicated and interpreted like a knowledge taken for granted, ascertained, based on reality data (I know, I am sure that...).

²⁴ M. and R. GOULDING use to combine Gestalt Therapy and Transactional Analysis in their clinical work.

²⁵ For example, if the verb tense of the descriptive proposition is the past, normally the speaker is *reremembering*.

The deep structure instead can unmask this "twisting" (mystification) and, as we have seen, it can offer several subtle cognitive distinctions (I believe / assume / fancy / imagine / suspect / foresee / expect, ...) for one and the same descriptive content.

5. Conclusions

Taking the contributions of BANDLER and GRINDER and those of PE-TOEFI as a starting point, I worked out some techniques of linguistic listening and intervening, in particular relating to deletion, ambiguity and ill-formation of performative and cognitive propositions. In the examples given above I only used these techniques in order to show their functioning. Yet it is evident that they are not the only ones that can be put into practice to achieve the specific therapeutic goals listed in the fourth paragraph, but they are simply some among the possible ones, which the therapist can add to the ones he already uses.

After listening to an ill-formed sentence, for example a deletion, the therapist *interested in its surface structure* can choose between many possibilities, in accordance also with the theory and methods he uses, with the particular client or stage of therapy etc.

According to GRINDER and BANDLER, three are the most frequent choices: to accept the deletion, i.e. the impoverished world model, to try and guess (interpret, intuit, assume) the lacking part or to ask the client for it.

In my opinion, in the last case the positive aspect is that the therapist keeps inside the client's speech, he does not add something external to it, i.e. something of his own, but he tries first of all to understand it clearly, completely and deeply. He can discover that the deleted part in the sentence is lacking in the client's consciousness too, thus starting the recovery of some parts of experience. In substance it is a matter of using in a purposeful way what JAKOBSON (1963) calls the *metalinguistic function* of language.

In the interventions on generalizations and distortions the purpose is different: here it is no longer a matter of understanding the world model but of confronting it; through the question the therapist asks, he tries to make the client aware of the limits and of the contradictions of his world model.

Even though it is true that a deletion or a generalization or a distortion can be more easily identified and confronted at a sentence level, i.e. microstructural, I believe anyway that analogous listening and intervening modalities can be extended and applied, with the appropriate changes, to whole speeches too, i.e. at a textual or macrostructural level, for example to the deletion of feelings, the identification of macroperformative and macrocognitive verbs, the speech style, the texts globally lacking in any individual referents etc.

Whatever the therapist's choices, it is anyway a matter of fact that in his professional activity he has to *do* most of all with the words he and his clients listen

to and utter. He can be considered as a *professional of communication*: It is necessary for him to be conscious and to have a good mastery of his main, daily working instrument, also because, in his job, he inevitably ends up by being a model (= example) to his clients, who, more or less consciously, can model their communication on his.

For this reason, if the model I presented can be accepted by the therapist as a *linguistic system of reference* to listen to and intervene on other people's speech, he can integrate it in his way of communicating, *he himself* not omitting relevant performative and cognitive verbs, not being ambiguous and vague, and so on.

For example as a therapist, first in training and then in supervision, in principle I found it better to tell others and to hear others telling me sentences like "*My impression is that you are angry*" instead of "You are angry", because the first sentence can be felt by clients as more respectful and less threatening.

Since it does not verbalize the cognitive verb, the second sentence can look like a statement of an objective state of affairs (to which both speaker and listener have direct access) and/or like something the therapist *knows* (and in this case it might be a matter of mind-reading); and so it can be felt by the client as an intrusion, an invasion (what do you know about me?).

On the other hand the first sentence distinguishes and keeps separated the speaker's cognitive experience from the listener's emotional experience: the speaker limits himself to state *his* own impression, he has all the right of doing so. Moreover, it is the *only* thing he can do; in fact, can he communicate something apart from *his own* experience? He cannot speak about other people's experience, but only about his own experience of other people.²⁶ And only the client can decide whether this impression corresponds to his feeling of anger, and if he can share it or not.

Summary

Within the study of the relationship between language and experience (phenomenal reality, *Ereben*), I intend to present a theoretical framework for verbal communication which can be closely related to Gestalt Phenomenology and Theory and which can also be applied by Gestalt therapists as a linguistic pattern (one among the possible others) for listening to clients and intervening on their speech. As a starting point I take BANDLER and J.GRINDER's "The Structure of Magic" (1975), which developed a linguistic model of listening and intervening in psychotherapy mostly based on CHOMSKY's generative-transformational grammar, adapted to the clinical content. In this paper I propose to integrate GRINDER and BANDLER's deep structure model with a simplified adaptation of PETOEFI's text theory, according to which the surface structure of any sentence is derived from and therefore can be brought back to a deep structure composed of three hierarchically organized propositions: performative, cognitive, descriptive. The integration I propose is to apply listening and intervening techniques, analogous to the ones BANDLER and GRINDER worked out for descriptive propositions, also to performative and cognitive propositions. Eventually I present

²⁶ These statements have a counterpart in the psychological translation of the cognitive and descriptive proposition (see paragraph 3), according to which the first refers to a cognitive process, the second to an experiential content, both however belonging to the speaker.

and comment on some easy examples of interventions (i) on performative propositions in case of indirect speech acts and (ii) on cognitive propositions in case of generalizations, mind-reading and symbiosis.

Zusammenfassung

Im Rahmen der Forschung über die Beziehungen zwischen Sprache und Erleben schlage ich einen theoretischen Ansatz der verbalen Kommunikation vor, der in enger Verbindung mit der Gestalttheorie steht. Der selbe Ansatz kann als Bezugssystem für Gestalttherapeuten gelten, um im Dialog mit ihren Patienten besser zu handeln. Mein Ausgangspunkt ist "Die Struktur der Magie" von BANDLER und GRINDER, wo ein sprachliches Modell von Zuhören und Befragen in der Psychotherapie entwickelt wurde. Die Autoren haben die "Grammatik" CHOMSKYs für den klinischen Kontext adaptiert. In meinem Aufsatz versuche ich, das Modell von GRINDER und BANDLER mit einigen Ergebnissen der Texttheorie von PETOEFI zu verbinden. Nach dessen Texttheorie besteht die Tiefenstruktur jedes Satzes aus drei rangmäßig organisierten Grundeinheiten: der performativen, der kognitiven und der deskriptiven. Im letzten Teil meiner Arbeit werden klinische Beispiele dargestellt, in denen der Therapeut die Bedeutung der performativen Ausdrücke (im Falle der indirekten Sprechakte) und der kognitiven Ausdrücke (im Falle der Verallgemeinerung, des Gedankenlesens und der Symbiose) zu klären versucht.

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Anschrift des Verfassers

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