

THE HEALING POWER OF TALK THERAPY

Manuel Gurpegui¹

¹ Professor of Psychiatry and Medical Psychology

Granada Center for Psychiatric Studies

Av. Andaluces, 2 – 18014 Granada, Spain

Tel. +34 958 29 46 96

email: gurpegui@outlook.com

Key words. Healing ingredients; healing power; healing ritual; psychotherapy.

The Word (λόγος or logos in Greek, *verbum* in Latin) is an exclusive attribute of a rational animal such as the human, who shares non-verbal language with other animal species. The Word documents and confers meaning to things and actions. *In the beginning was the Word, and the Word was with God, and the Word was God* is the first statement of the John's Gospel.¹ As Aristotle says in his *Nicomachean Ethics*, *man does not come to live as a man, but insofar as he has in himself something divine.*^{2(p.329)} And it is not by chance that the personification of the psychological and social efficacy of the Word reached a divine condition among the Greeks, with the name of *Peithó*, Persuasion, goddess of *amorous seduction and persuasive speech.*^{2(p.98)}

As I started writing this brief essay, I immediately thought of *The therapy of the word in classical antiquity*, the title of one of Pedro Laín Entralgo's most famous works,² from which I will allow myself the liberty of choosing some expressive quotations. In the oldest documents of ancient Greece there is evidence of the use of the Word with a healing intention, in the form of an *incantation* –of an imperative nature in the face of what is to be repaired or avoided– or of a *spell* –as a supplication, in which case the efficacy depends not only on the formula used and the power of who pronounces it but also on the divine potencies who listen to it.^{2(p.40)}

A second use of the Word is a healing *persuasion*: frequently the characters of Plato's dialogues call *epódé* to the *psychologically effective word, the verbal expression which is virtually or really persuasive.*^{2(p.160)} It goes on to point out to an approach that we would now call psychotherapeutic: *under the action of the "enchanted" word, the soul of the listener –and consequently his body, insofar as this is possible– are serenified, clarified and ordered [...] And all this in a strictly "natural" way, by the virtue of what is said and by the personal disposition of whoever hears*

what is being said.^{2(pp.171-2)} Laín interprets Plato by pointing out two conditions for therapeutic efficacy, the quality of the words and the disposition of the patient: *an epódé will be philosophically acceptable and medically effective when it reaches the condition of lógos kalós, "beautiful speech", and when the patient receives it having previously "offered", "delivered" or "presented" his soul.*^{2(pp.175)}

Laín points out that the *Corpus Hippocraticum* recognizes the important role played in the therapeutic outcome by the person of the patient and that of the physician.^{2(pp.225-8)} It gives recommendations on the physical appearance, attire and manners of the physicians; and their way of speaking, it says, should be: *serious without being overbearing [...], difficult in contradiction, penetrating and conversational in the concordances, moderate towards all, silent in the face of confusion, resolute and firm in the face of silence, well disposed to take advantage of the opportunity...; and they will speak declaring with their statements, as far as possible, everything that has been demonstrated, using good speech... and fortified by the good reputation that results from it.*

Some of these ancient notions span centuries. A recent study³ describes this journey and identifies them in Don Quixote: spells, stories, representations and the use of irony with therapeutic intention. Jerome Frank^{4(pp.3-6)} gathers the three historical traditions of the art of healing: magical, rhetoric (and its close hermeneutics) and empirical or naturalistic; the latter, present also in Hippocrates also to deal with mental illnesses, is the most prominent today, under the garb of neurosciences and psychological sciences.

Modern psychotherapies^{4(pp.3-6)} have their precedents in the 18th and 19th centuries with the concepts of suggestion and hypnosis. This was followed by psychoanalysis and its derivations, which understand symptoms as symbolic expressions of early unconscious conflicts, alleviated by increasing the patient's increased awareness brought through the hermeneutic or interpretative activity of the therapist. Almost simultaneously, therapies based on learning theories were developed, from "behavior modification" to cognitive-behavioral therapies, the most widely used at the beginning of the 21st century. A third approach consists of the so-called existential therapies, which emphasize the human persons' unique spiritual dimension, those who experience distress before the meaninglessness of life and whom the therapist helps to put into practice the ability to find meaning in their lives, which will then reduce the psychopathological manifestations and make self-fulfillment possible (*purpose in life* is already empirically recognized as a relevant variable in physical health).^{5(pp.17-21)}

Six common characteristics have been identified in the multiple modalities of psychotherapy:^{6(pp.355-7)} 1) an emotionally intense relationship of trust; 2) an underlying theory or explanation; 3) provision of new information; 4) strengthening the expectations of receiving help; 5) provision of success experiences; and 6) facilitation of emotional arousal, necessary for changing. In addition to the facilitating elements, hindering elements have also been pointed out, both on the side of the patient and on the therapist's;⁷ the latter's difficult task *requires a great deal of training and personal maturity.*^{7(p.255)}

Whether psychotherapy is understood as medical treatment, psychological treatment or education, it has two elements that are never lacking: creating an atmosphere of trust –with more difficulty when dealing with suspicious individuals– and providing opportunities for learning (or unlearning).⁸ Psychotherapeutic influence has two main components: "nonspecific" interpersonal factors from both, therapist and patient, and "specific" procedural factors; both types of factors are aimed at achieving the goal, a much desired therapeutic outcome, almost inevitably associated with a value system such as well-being, autonomy or conformity to culturally transmitted norms.⁸

After more than 50 years studying the healing ingredients of psychotherapies, Frank asserts that, regardless of its modality, the effectiveness of psychotherapy depends largely on magical and rhetorical components (the healing ritual), in addition to readjusting expectations, fostering emotional activation, increasing a sense of mastery and reducing demoralization. In short, the effectiveness of psychotherapy depends on the cultivation of hope, a powerful ingredient the every patient brings, consciously or unconsciously, to the therapeutic encounter as a primary objective, that ultimately results from the personal qualities of the therapist (warm and persuasive talent), the personality of the patient and the cohesive coupling of both.^{4(pp.5, 299-300)}

Inspired by Frank's work, other authors have undertaken empirical research on the determinants of the effectiveness of psychotherapies.^{9,10} These studies confirm that the characteristics of the voice, with which the words are expressed, have an impact on the communication,^{9(p.82-83)} as they show certain attributes of the therapist's personality and emotional state that can facilitate therapeutic success. However, the rhythm and volume of the voice do not have the same effect on all patients: a soft and warm tone is facilitating for those who show a trusting attitude, whereas for defensive people, a formal tone is preferable. Thirty years earlier, Sullivan¹¹ argued that the psychiatric interview is, more than anything else, *a situation of primarily vocal communication –not verbal communication alone;* and that to understand the patient well, close attention must

be paid to such indicators as *intonation, rapidity of speech, difficulty in enunciation, and so on.*

Other elements common to the various psychotherapies have to do with the content of the words.^{9(p.84-85)} It has been proven that questions are more persuasive than affirmative statements; repetition and interpretation increase the persuasive power of a message; a moderate level of emotional activation, provoked by the words, has more communicative power than a very high or a very low level; moreover, it is preferable to provoke this emotional activation in the first part of the therapeutic encounter and leave the second part to integrate and assimilate the content, always adapting the performance to the characteristics of the patient. Even in brief psychotherapy modalities, besides creating an appropriate emotional climate, therapeutic help is provided by favoring catharsis and insight, which are facilitated by *remarks, clarifications, confrontations and interpretations.*¹²

Recent research helps to focus the goal of therapy –on insight or on symptoms– as a function and on the basis of stable patient traits;¹³ and points to certain therapist's characteristics, especially empathy and the ability to establish alliances, as determinants of greater efficacy.¹⁴

In all epochs, the physician, when making the diagnosis, gives a name –words– to the morbid process and thus dominates reality, at least in part; the patient, then, feels relieved in his uncertainty. With words, the physician points out the path to follow, the treatment to apply, and, in that way, mobilizes the patient into the therapeutic endeavor. In psychological therapy, behavioral changes are promoted to reduce symptoms or patients are led to broaden their self-understanding –each "becoming aware" is a new impulse to improve the individual personality functioning.

REFERENCES:

1. John 1: 1. En: *The New Testament – Revised Standard Version of the Bible, Catholic Edition.* New York: Guild Press, 1965; p. 154.
2. Lain Entralgo P. *La curación por la palabra en la antigüedad clásica.* Madrid: Revista de Occidente S.A., 1958. [First edition in English: *The therapy of the word in classical antiquity.* New Haven, Connecticut: Yale University Press, 1970].
3. Fraguas Herráez D. *La curación por la palabra en el "Quijote" [The therapy of the word in "Don Quixote"]* – Doctoral dissertation. Madrid: Universidad Complutense, 2014; pp. 28, 31, 446-50. <https://eprints.ucm.es/id/eprint/28297/1/T35719.pdf>

4. Frank JD, Frank JB. *Persuasion and healing: a comparative study of psychotherapy*, ed. 3. Baltimore: The Johns Hopkins University Press, 1991 [previous editions in 1961 and 1973, without his daughter Julia].
5. Ryff CD. Psychological well-being revisited: advances in the science and practice of eudaimonia. *Psychotherapy and Psychosomatics* 2014; 83:10-28. DOI: 10.1159/000353263
6. Frank JD. Eleventh Emil A. Gutheil memorial conference. Therapeutic changes in psychotherapy. *American Journal of Psychotherapy* 1971; 25:350-61. DOI: 10.1176/appi.psychotherapy.1971.25.3.350.
7. Ruiz Ogara C. Problemas y aspectos esenciales de la psicoterapia [in Spanish; Problems and essential aspects of psychotherapy]. *Folia Neuropsiquiátrica* 1987; 22:250-5.
8. Strupp HH. Psychotherapy: research, practice and public policy (how to avoid dead ends). *American Psychologist* 1986; 41:120-30. DOI: 10.1037//0003-066x.41.2.120.
9. Beutler LE. *Eclectic psychotherapy: a systematic approach*. New York: Pergamon Press, 1983.
10. Jamison KR. Healing through words: Jerome Frank and psychotherapy at Johns Hopkins – The Phipps Centennial Lectures: The Jerome Frank Lecture. *The Journal of Nervous and Mental Disease* 2017; 205:273-4. DOI: 10.1097/NMD.0000000000000643
11. Sullivan HS. *The psychiatric interview*. New York: W.W. Norton & Company, 1970; p. 5 [book with material partly from two articles: Sullivan HS. The psychiatric interview. *Psychiatry* 1951; 14:361-73 + *Psychiatry* 1952; 15:127-41].
12. Castelnuovo-Tedesco P. *The twenty-minute hour: a guide to brief psychotherapy for the physician*. Washington, D.C.: American Psychiatric Press, 1986; pp. 141-3 [original from Boston: Little, Brown and Company, 1965].
13. Beutler LE, Kimpura S, Edwards CJ, Mill KD. Fitting psychotherapy to patient coping style: A meta-analysis. *Journal of Clinical Psychology* 2018;74:1980-95. DOI: 10.1002/jclp.22684
14. Heinonen E, Nissen-Lie HA. The professional and personal characteristics of effective psychotherapists: a systematic review. *Psychotherapy Research* 2020; 30: 417-32. DOI: 10.1080/10503307.2019.1620366