

The body of the language¹

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The rising interest for corporeity demonstrated by some recent psychotherapeutic approaches seems to accompany a reduced importance attributed to verbal language and conversation in the therapeutic process, to such a degree as to make body language the privileged tool for the understanding of the client's system of personal meanings. Personal construct psychotherapy – and hermeneutic constructivist psychotherapy which represents a development enhancing its affinity with phenomenology and the theory of autopoiesis – espouses a constructivist view of knowledge which allows to transcend the many dualisms characterizing many psychologies and psychotherapies and, among these, also the dualism between an explicit and an implicit channel of communication. The present contribution is aimed at supporting the thesis of the ontological role of language in the creation of personal worlds, and showing, also by means of the synthesis of a psychotherapeutic conversation, the work accomplished with words in a course of hermeneutic constructivist psychotherapy directed to favour the client's understanding of him/herself and the opening of new experiential horizons.

Keywords: language, corporeity, constructivism, personal construct theory, phenomenology, hermeneutic constructivist psychotherapy.

I titled this article "The body of the language"², reversing the terms of the more popular expression "The language of the body", in order to question the idea that what the body can say about a person has a sort of "corporeity", a peculiar "substantiality", as opposed to the evanescence of verbal language. Such an argument goes with the suggestion we have about the language of the body as true or – better – sincere in a peculiar way (words might sometimes be tricky), and representing thus a golden path leading straight to the knowledge of others. Personally I do not have anything against the possibility of knowing a person by improving our ability to grow aware of even the smallest elements his/her body is supposed to communicate. But sometimes I do have the feeling that psychologists and psychotherapists claiming that the language of the body is a straight way to get to know their patients, considering the experience we make through our body as a particularly efficient tool of change, tend to think about verbal language as relative, and eventually to doubt about it. On one hand I agree with the idea that

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² After the presentation of the conference paper I discovered a writing (Siciliano, 2013) with the same title, that advances a somewhat similar thesis within a Lacanian perspective.

“corporeity” plays an important role in personal relationships, but on the other I am totally persuaded that the language holds the record in building our own experience of the world and therefore also in the understanding of others. I would like to discuss about this concept in order to let others understand how I do deal with language in psychotherapy. I shall do so starting from the viewpoint of a way of understanding the activity aimed at facilitating a therapeutic change through the relationship with the other, which I define “Hermeneutic Constructivist Psychotherapy” (Chiari, 2016a; Chiari & Nuzzo, 2010), an elaboration of George A. Kelly’s (1955) personal construct theory.

Personal Construct Theory, Constructivism, Phenomenology and Hermeneutics

In 1955, when Kelly published *The Psychology of Personal Constructs*, the perspective which we know today as psychological constructivism had not been defined yet (Piaget invented the definition of “constructivist” or “dialectical epistemology” only in 1967). Nevertheless, the philosophical basis on which Kelly declares to ground his theory makes of it the first expression of constructivism in personality psychology, clinical psychology and psychotherapy.

It is easy to support with evidence the many similarities that personal construct theory has with phenomenology, and particularly with Husserl – as Armezzani and I recently made on the pages of *Costruttivismi* (Armezzani & Chiari, 2014a, 2014b, 2015) – and account for the rejection Kelly had towards the idea that his theory could be put close to the latter with his poor knowledge of it, as much as to regard it as a sort of extreme idealism.

To begin, Kelly’s theory addresses above all the way the world appears to people, to the persons’ “lived worlds”. Kelly was therefore interested in understanding rather than explaining the phenomena; to be more specific, he was interested in ways of understanding which could lead to a reinterpretation, psychotherapy being the centre of his theory, and reinterpretation being the objective of psychotherapy. The central role given to the process of interpretation and reinterpretation permeates the whole theory, starting from the notion of “personal construct” to be meant as an interpretative process and not as a cognitive entity, as too often wrongly interpreted.

This, together with many other aspects, refer to the phenomenological and hermeneutic reflections in philosophy, apart from crossing the seemingly far horizon of Maturana’s ontology of the observer.

Constructive alternativism, which represents the philosophical assumption of personal construct theory, seems to echo Nietzsche’s (1968) “perspectivism”, which paved the way to the rejection of objective metaphysics and the idea of the existence of an absolute truth: what exists are only interpretations, not facts, and the world does not have a hidden meaning, but countless meanings.

On the other hand, as Husserl (1970) argues, our understanding of the world can trap us, leading us to take our body, our culture, our language for granted; to say it in one word: our knowledge. Phenomenological reduction, guided by the procedure of *epoché* (the suspension of judgement upon the natural world in order to let the experience we make of the world emerge), can set us free from the undisputed idea we have of our daily world. In a similar way, Kelly invites us many times to “transcend the obvious”, to win back our freedom from the domain of the circumstances and rebuild our life.

If one considers the reinterpretation of oneself and the world as the objective of psychotherapy, this can only happen because of a relationship that – defined by Kelly as “role relationship” – refers to Merleau-Ponty’s (1962) notion of “intercorporeity” and, before that, to the

Husserlian one of “intersubjectivity”, that is the basis of empathy meant as the acknowledgement of an “embodied subjectivity” or, in Maturana’s (Maturana & Verden-Zöllner, 1996) terms, as recognition of the “legitimate other in coexistence”: an ethic consideration that in turn refers to the Kellyan notion of “acceptance”.

The hermeneutic development of phenomenology starting from Heidegger highlights the fundamental role of language in the understanding of the world. However, I think it important to point out what “language” could mean.

In actual fact, in addition to verbal language one can speak of body language, of a language of metaphors, a language of “as if”, a language of the symptom, a language of dreams; and one could add the language of mathematics, music, art, and who knows how many others. Why do we regard as languages “things” so different from each other? Because, even in their diversity, one can grasp a network of similarities which overlap and cross each other. To use a concept of Wittgenstein (2001), we perceive a “family resemblance”. But if the family relationship between many of these languages is “collateral” (like the one between siblings or cousins), the relationship between body language and verbal language can be regarded as “generative”, like the one between a parent and a child. Verbal language represents a development of body language, both phylogenetically and ontogenetically: a development that greatly extends the possibilities of interaction between human beings. If one chooses to consider in such a way the relationship between verbal language and body language, any possibility to regard them as distinct and parallel systems disappears. On the contrary, their close and inevitable interdependence emerges, in terms of a derivation of the former from the latter within a developmental process informed by recursiveness. A reference to Maturana can help to clarify this aspect of the question.

Maturana prefers to talk of *linguaging* in order to point out an activity, a process, instead of *language*, a term which refers to a symbolic scheme. Linguaging has its place in the domain of relationships between organisms (therefore, in the social domain) as consensual co-ordination of consensual co-ordinations of actions (Maturana, 2006): one of the many, somewhat cryptic expressions of Maturana, aimed at pointing out the emergence of new possibilities from the recursive development of the processes a human being can carry on in its relationship with the environment. Further levels of recursion will give rise to the possibility of operating discriminations, to the distinction of the observer from what is observed, to the emergence of self-consciousness (Maturana, Mpodozis & Letelier, 1995). Parenthetically, Kelly outlines, even though in a less detailed way, a very similar process (Chiari, 2016b).

“Without language and outside language there are no objects”, and “since we human beings are objects in a domain of objects that we bring forth and handle in language, language is our peculiar domain of existence and peculiar cognitive domain.” (Maturana, 1987, pp. 362-363). But above all, given that interactions in language trigger structural changes in the “bodyhood” of the participants, linguaging becomes part of the environment in which the participating living beings conserve organization and adaptation. “As the body changes linguaging changes, and as linguaging changes the body changes. Here resides the power of words. [...] and it is through this that the world that we bring forth in linguaging becomes part of the domain in which our ontogenic and phylogenic drifts take place.” (1987, p. 363). The adjectives we use in order to characterize the language of a conversation in terms of what happens in our corporeity are evidence of such structural intersection. So we say that “the words were smooth, caressing, hard, sharp, and so on; all words that refer to body touching. Indeed, we can kill or elate with words as body experiences. We kill or elate with words because, as co-ordinations of actions, they take place through body interactions that trigger in us body changes in the domain of physiology.” (Maturana, 1988, p. 48).

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In this way Maturana links the construction of personal worlds, individual changes, and the conservation of identity and life to the conversational domain: a link that can be observed also in Kelly's personal construct theory, as I recently argued (Chiari, 2016b).

To maintain the primacy of verbal language and to make it the privileged tool in the psychotherapeutic process does not at all mean to deny the possibility of non-verbal or pre-verbal forms of knowledge. People who know the bases of personal construct theory know that a personal construct is conceived as a discrimination that, as Kelly (1969/1965) writes, "may take place also at levels which have been called 'physiological' or 'emotional.'" Nor is discrimination necessarily a verbalized process. Man discriminates even at a very primitive and behavioral level." (p. 219). However these different "levels" are not conceived as distinct and independent from each other, but as discriminations placed along a continuum ranging from a low to a high "level of cognitive awareness": a professional construct in which the possibility by people to verbally communicate their personal constructions takes part.

On the other hand, the possibility of a pre-linguistic experience of the world – such as that studied by Piaget (1926) and by more recent infant researchers (Stern, 1985; Trevarthen, 1979) – is not at all excluded even in the field of hermeneutics (Gadamer, 1992; Habermas, 1984-1987), meant as the theory and praxis of interpretation. Here, for obvious reasons, the reflection about language is more sophisticated than in Kelly.

Also in Heidegger (2002), when a person is "thrown" into the world his or her existence is characterized by some pre-understanding of the world itself; only afterwards language, defined as "the house of being", "by naming beings for the first time, first brings beings to word and to appearance" (p. 46). In writing this, Heidegger does not mean that language literally creates things, but that it turns things into objects: objects of a subject, of a subjectivity that language expresses and informs. Language is an inherent part of human subject: there is no language, Heidegger writes, "in the being of stones, plants, or animals" (ibid.). And when a thing is named, it is also changed. It is assimilated to the terms of human subject in the very same moment in which it is opposed to it as an object; an opposition which is necessary for the subject's separation and definition.

Heidegger's ideas have been developed by Gadamer (2004): "*Being that can be understood is language*" (p. 470, italics in the original), since the world is linguistically constituted. His philosophical hermeneutics has been inserted by Ricoeur (2005) in a narrative model of personal identity and understanding, from which I recently drew inspiration to suggest the idea of "forms of uncompleted recognition" (Chiari, 2016a).

Starting from these premises, I do not share the idea that body language is more "sincere" than verbal language. Nor, on the other hand, do I claim the opposite, that is, that verbal language is more "sincere" than body language, for a simple and identical reason: neither the body nor the words, in themselves, communicate anything. In order to "communicate" anything, both the actions of the body and those of verbal language must acquire a meaning: what body "says" and what word "says" are the product of an interpretive act. In other words, sincerity is not in an expression of the face or in a sentence: it is in the relationship between these, the eyes of the one who looks, and the ears of the one who listens. However, both the actions of the body and those of language originate and acquire meaning in a social domain, and the social domain is a linguistic domain. Without language, the expressions of the body would be and would remain movements devoid of any sense.

To sum up, if the aim of a constructivist psychotherapy is to understand people in the whole richness of the meanings which constitute their personal worlds, I find it difficult to imagine how one can put aside the conversation with the person. On the other hand, it is exactly language that allowed him or her to construct that world in relationship with other people, and only language can allow other people to explore it and contribute to its change.

How I work with words in psychotherapy

The psychotherapeutic process in hermeneutic constructivist psychotherapy develops through a continuous conversation with the client, from the moment of reception to farewell. The aim of therapeutic conversation is the attainment of a shared understanding of the subject of the conversation itself, that is, the person of the client in his or her relationship with others, an understanding which can go along with a change: not a simple removal of the problem, but the “psychological reconstruction of life” (This is the definition Kelly gives of psychotherapy).

It is almost inevitable that the conversation begins with the client’s complaint that led him or her to ask for a help. In this first phase the therapist lets the client conduct the conversation, by limiting him- or herself to encourage the narration of the problem having a twofold purpose: to transfer the role of expert from his or her own person to the person of the client, and to understand which aspects the client regards as susceptible of being treated with psychotherapy. The questions the therapist asks him- or herself in this phase – and that can ask the client – concern the type of explanation the client has of the complaint, and the type of prejudices (of expectancies) he or she has towards psychotherapy and the psychotherapist.

The understanding of the above aspects helps the therapist both to take part in the conversation and to structure the relationship in therapeutically oriented ways, defined as such by the theoretical view the therapist has of the person and of the problems of psychological pertinence he or she can have. In a few words, according to a hermeneutic constructivist perspective people are viewed as interpreters of their own experience, and it is particularly from such an interpretation that derives their feeling of being a part more or less integral of a world perceived as external and populated by other people. It is with this self-referentially construed world that people have to conserve an adaptation, by relating with others in a way (a “role”) which allows them to recognize themselves and to feel socially recognized. It is of course a role that has been developed recursively in the course of the history of relational experiences as people have interpreted them beginning from early relationships, but that unfold in the present to project them into the future, even in the kind of relationship clients strive to have with the therapist on the basis of the construction they have of him or her, and in the story of their ways of relating with other people, the way they perceive them. It is this very role that the clients – should they show a “disorder” as it is professionally meant in personal construct psychotherapy – feel vulnerable, so much as to choose to “freeze” it, to avoid further verifications, giving up the threatening possibility to make new experiences, in favour of a reassuring, even though joyless, repetitiveness.

This epistemological and ontological view of the person, in the case of hermeneutic constructivist psychotherapy, is not only a hat such as to let wide margins of freedom in the therapist’s theoretical clothes. It is the ground from which a theory and a therapeutic praxis develop consistently and rigorously. Personal construct theory and psychotherapy represent its fundamentals; phenomenology, hermeneutics and the ontology of the observer are the reference axes, able to favour their further elaboration.

As the client’s narrative develops, the therapist will try to extend the subject of conversation, by turning from “the problem presented by the client” to “the person presenting the problem”. It is a very delicate transition, that has to take place without the client perceives a break, so as to favour an understanding of the problem no longer in terms of symptoms or ego-dystonic aspects, but of processes consistent with his or her personal construction of experience and interpretable as expressions of a choice: perhaps not the most desirable, but for sure that which, given the alternatives the client sees ahead, appears as the lesser evil. In particular, the relational nature of the problem increasingly manifests itself; the client’s “core role”, con-

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stituted by the invariant aspects of the way the client tends to relate with others, becomes the privileged matter of exploration and understanding.

Language, in addition to allowing conversation, also represents a guide for the therapist's participation in it. Conversation, as mentioned, has to favour an understanding of the client oriented to a reinterpretation, but for this to happen, the therapist must subsume his or her understanding of the client under a professional construction. This means that the therapist has to get ahead with the conversation on the basis of a series of hypotheses deriving from the theory keeping pace with his or her understanding of the client.

A first important hypothesis concerns what part of his or her personal interpretation of experience the client refrains from putting to verification, thus renouncing to reconstruct it – that is, to make further experience. As already said, in a clinically significant disorder it is a part concerning the most recurrent aspects of the way in which the client relates with other people, his or her core role.

The clients' choice not to verify the construct dimension implied in the disorder derives from the anticipation of a change in their narrative of self-in-relationship which could jeopardize the conservation of their role and therefore the preservation of their social adaptation. The therapist has to formulate a hypothesis about the type of change the client anticipates: that is, to have a professional construction of the transitions mainly involved in the disorder (threat? guilt? anxiety?). Also, he or she has to formulate hypotheses about the processes the client makes use of in order to avoid such verification (dilation? tightening? loosening? permeabilization? impermeabilization?), or to take cognizance of it (hostility? constriction?).

Sometimes the hypothesis about the prevailing transition is based upon subordinate and peripheral construct dimensions, and precedes the understanding of more superordinate and core parts of the client's interpretation of experience involved in the disorder. Certain propositions of the client can be particularly revealing of his or her more core and superordinate narrative. I give special importance to two aspects:

- what could be called “markers of form”, and
- the use of modal verbs as marker of the constraints and possibilities of the client's construction system.

Markers of form

Before outlining the markers of form I have to explain what I mean by form.

The “narrative forms” I am referring to can be defined as personal narratives of experience that, *in the eyes of an observer trained in hermeneutic constructivist psychotherapy*, different people can share in their more superordinate aspects on the basis of a criterion of commonality. Recently (Chiari, 2016a, 2017) I suggested four narrative forms – which I called “forms of uncompleted recognition” – characterized by the construct dimensions of separateness, lovalness, proficiency, and trustworthiness.

By “markers of form” I mean some specific propositions which, enunciated by the client in the course of conversation, allow the therapist to formulate hypotheses about the client's more superordinate narrative form in so far as they represent more particular expressions of it. For instance, I regard as markers of form having difficulty in saying no, feeling embarrassment in receiving favours, presents or appreciations, arriving always late, finding oneself having to do things always at the last moment, preferring to be creditor rather than in debt, and then some. Of course, both the narrative forms and their markers are the outcome of my experience as psychotherapist. Only the sharing coming from therapists who work on the basis of the same theoretical perspective and of a similar therapeutic praxis could give them a wider validity, but

always and inevitably dependent on the view of a community of therapists over a community of clients, and not on the independent existence of narrative forms.

Modal verbs

The modal verbs are a type of verbs that, being directly connected to an infinitive, give a specific modality to the action expressed by the predicate. Examples include the Italian verbs *dovere* (*must*), *potere* (*can*), and *volere* (*want*), that express, respectively, the modality of *necessity*, *possibility*, and *willingness*. Even the verb *sapere* with the meaning of *to be able to* can be considered a modal verb expressing the modality of *ability*.

The narrative of experience of many people (maybe of many clients in particular) is rich in propositions including the modal verb *must*: “I must always do things as best as I can”, “I must hide my difficulties”, “I must always tell the truth”, “I must fit in with the wishes of others”, and so on. Ellis (1962), the founder of rational emotive therapy, coined the word *musturbation* to refer ironically to the tendency of many people to expect irrationally the observance of certain “commandments” of themselves or of others. The modality of necessity denoted by the use of the verb “must” – as well as the negation of a possibility (“I cannot do things in a superficial way”, “I cannot show my weaknesses”, “I cannot lie”, “I cannot hurt others”, and so on) – is a precious marker of the constraints and possibilities deriving from the core role construction (that is, by the client’s narrative identity). The use of “must” (or of “cannot”) from the client expresses a constraint, his or her perception of having no alternatives. However, the way personal construct theory conceives the personal narrative of experience is based on the notion of construct. A personal construct, due to its dichotomic nature, necessarily implies two hypotheses: as a consequence, always supposes an alternative. The personal criterion of choice between the two alternatives is defined by the “Choice Corollary”: “A person chooses for himself that alternative in a dichotomized construct through which he anticipates the greater possibility for extension and definition of his system” (Kelly, 1955, p. 64). In other words, people choose the pole which they predict can allow them to give more sense to their experience. To realize it, it is enough to ask the client: “what will happen if... (you would make thinks in a superficial way, you would show your weaknesses); what you will come up against if... (you would make a mistake, you would hurt somebody)?” Of course, the answers can vary, but not their meaning: shortly, the clients predict that, if they would not make that “choice”, they would come up against an endangerment of the possibility of conserving a relationship with others and of maintaining an adaptation. This is the worry which dominates the life of all people as social beings. It is the reason why clients do not perceive it as a choice, but as a necessity. In the professional terms of personal construct theory, clients would feel threatened by the possibility of losing their core role: of coming up against a transition of guilt.

Understanding the more superordinate dimensions

The work consisting in “laddering up” can turn out to be the longest, most difficult and most important phase of the whole therapeutic process. However, it is also that which – by revealing a construct dimension with a wider range of convenience (more comprehensive) – allows the clients to find a meaning in many of their behaviours, whether disordered or not, thus increasing the level of their awareness of themselves, and paving the way for the elaboration of alternatives.

The conversation most suitable for favouring the understanding of the more superordinate construct dimensions is similar to the hermeneutic conversation as described in particular by Gadamer (2004).

The willingness to converse

It is important for both Kelly and Gadamer that the participants to the conversation cooperate in order to favour the emergence of something new. However, the clients' willingness is often compromised by the disorder itself that makes them look for a solution that does not imply a personal change. Actually, they chose not to keep making experience in the area of social relationships. If the so-called "resistance to change" is an inevitable characteristic of all human beings, not only of particularly stubborn clients, in those people presenting a disorder, it is an essential condition in order not to plunge into chaos.

Hermeneutic constructivist psychotherapy provides many tools to help clients open themselves to a dialogue. I confine myself to list:

- the adoption of a *credulous approach* as to all that the clients say: "the client is always right", even when what he or she says seems not to conform to the "facts". His or her words have an intrinsic truth that the psychotherapist should not ignore and that should respect, being careful of course not to be misled by his or her "lies", but without falling into the temptation of comparing them with the "truth of the facts";
- the attitude of *acceptance*, consisting in the therapist's willingness to see the world through the client's eyes, to be in the client's shoes: a precondition for the adoption of a role relationship based on the understanding of the other;
- the use of the techniques of *reassurance* and *support* to favour the lowering of threat, by communicating to the client that his or her construction of experience is at least plausible even though not necessarily shareable.

Looking for further meanings

Once the client's willingness to converse has been favoured, the dialogue can turn to the search of further meanings. The techniques at the therapists' disposal consist in *conversational acts*, which are nothing but contributions to conversation that, on the basis of their understanding of the client's narrative structure, they anticipate can favour certain processes.

The conversation follows a path that, as already said, starts from the complaint and directs itself towards the client's core narrative. It is a course that involves coming back again and again to the subjects of conversation, every time adding understanding to understanding, by moving dialectically from the parts to the whole and from the whole to the parts, in a way similar to the description of the hermeneutic circle made by Heidegger and Gadamer.

The best way to describe what I mean consists in giving an example, with all the inevitable simplifications involved in briefly summing up a process which usually demands many sessions.

Paula arrives at the first session expressing her desire to understand and solve her problem of "lack of affectivity". When asked to help me to understand what she meant, Paula tells me of her "inability to express feelings of affection", and of the doubt if she has such feelings being "unable" to express them, or if at all able to have them (here Paula uses the modal verb *sapere* with the meaning of "to be able": I deduce that to have or express feelings of affection needs an ability she does not possess and that she would like to acquire).

When telling me about her sentimental relationships, characterized (and maybe compromised) by this inability, Paula talks about another recurrent difficulty in her couple relationships: that of leaving her partner (an aspect I regard as a marker of form). Though having lost interest for the person, she drags her relationships for months because of this other "inability" of hers; and it is only the partner's decision to end the relationship (she admits to contributing) to relieve her of the problem. In turn, this inability to walk away is explained by Paula with her "dependency".

The category of ability/inability, as well as that of dependency, is clearly of an explanatory value, and replaces a search for understanding. Understanding, according to the kind of theory I adopt, can only derive from a redefinition of inability in terms of choice and anticipation: what makes Paula choose not to express feelings of affection? What makes her choose to remain with the partner even when she would like to break a relationship by now disappointing? Why does she prefer to be left (and works on it for that to occur) instead of leaving?

It is not so difficult to arrive at some answers; it is enough to remember two things. The first, represented by what Kelly called his “first law”: “if there is something you do not understand about your client, try asking him: maybe he can answer you!”. The second consists in the way of asking it: not in terms of “whys”, but of “anticipations” related to the contrast poles of the implied constructs. Let me explain. Instead of asking “why you are not able to leave your partner?” (a question that would probably obtain a tautological answer), I think it is decidedly more useful to ask, “what would happen if it were you to leave your partner? what you would come up against?”. Paula’s answer is not late in coming: “The other would suffer, it would cause him pain.” We now have a first level of understanding, which can begin to substitute the sterile category of inability.

This answer however does not help us to understand the inability to express affection, and anyway in turn asks for further understanding: I ask myself, and ask Paula, if it is inevitable to give up doing what one wishes to avoid being a source of sorrow and/or suffering for another person. I feel allowed to generalize since Paula, in the course of our conversations, spoke also about her tendency to conform to the other’s expectancies, choices, preferences, and likings. Paula accepts the generalization and answers “no, it is not inevitable.” The point is that if she would not do so, the other person would not be pleased with her, would criticize her, disapprove of her, and could arrive to the point of abandoning her. Those are her anticipations. This allows to understand, to a further level, many of her choices. This begins to take the shape of a proper core role.

At this point Paula begins to shift the conversation towards many memories of her childhood, which represent in professional terms “documentary material” of the construction of her role. In particular, she remembers how strong was in her the idea that if she would not have done more than well at school, if she would not have always been very kind, if she would not have refrained from causing troubles in the family, her mother would have suffered a great deal and would not have loved her. On the other hand, her mother was sparing in expressions of love, and she herself never did say to her mother “I love you”, nor ever hugged her. She also remembers the embarrassment she felt whenever she received a present (that were never those she would have liked anyway, and that therefore she had to pretend to appreciate, otherwise her parents would have been disappointed). “Is it still so?” Do you feel still embarrassed when you receive a present?” “Yes, very much!” And here Paula’s hypotheses about the reasons of the embarrassment are several: she thinks not to deserve, is afraid of taking advantage, of being cause of trouble for the other, she would feel “obliged”. She would feel obliged! I formulate a hypothesis I do not suggest to her, and invite her to come back to the issue of the “lack of affectivity” with which she entered therapy, now with a greater understanding of Paula as a person, mine and hers.

I propose again a question I had already asked during one of the first sessions and that remained without answer: “What would change if you were to say to your partner ‘I love you’?” This time Paula has no need to reflect: “There would derive an obligation.” The other person would be more confident of her affection, and this would make her feel still more obliged, since the likelihood of making him suffer by leaving him, of disappointing him, would increase. She prefers to avoid this, in order not to have to choose some day between facing guilt by leaving him, and the endeavour to adapt to a relationship that does not satisfy her anymore and that precludes her from other possibilities, with the only hope that the partner resolves to put an end to it.

The creation of alternative narratives

As long as Paula was explaining her difficulties in terms of lack of affectivity, inability, dependency or disease, she did not see any possibility to overcome them but that of “recover from them” or “being cured”. To be able to give a meaning to one’s difficulties amounts in itself to a change which gives back the person the sense of his or her being a subject “agent” and not “reacting”, which allows hi or her to answer the question “who am I?” instead of “what

kind of person am I?”, and which indicates alternative courses of action to be put to a social experimentation.

In other words, the aim of a therapeutic conversation is not an understanding, nor an increase in the level of awareness as ends in themselves. Conversation should pave the way to a reinterpretation. The dialectics of the questions asked and of the answers given is directed to pursue the numberless implications of the issues dealt with until an alternative narrative arrives to take the place of the older.

Language should be a “productive limit” that makes possible the continuous creation of new words and new worlds. The opening to possibilities different from what appears as perfectly taken for granted can be favoured, Kelly (1969/1964) suggests, by the “language of hypotheses”, that is, by the use of a mood non existing in grammar: the “invitational mood”: for instance, not “the Earth is round”, but “let us suppose to consider the Earth as if it were round”. Understood: things could be seen also in a different way. The invitational mood could reveal itself a tool particularly useful to free the clients (and not only) from their semantic slavery and from the trap of “is”, of the verbs in the indicative mood, also called “mood of reality” since used to indicate a fact, an action, an idea as real, objective, certain. Nothing could be farther from the view of knowledge of a constructivist psychotherapist.

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The body of the language

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