

LANGUAGE AND THE MECHANISMS OF HEALING IN PSYCHOTHERAPIES

Dr.Guelai Tsouria Amel

University of Ain Temouchent

Email: amel.guelai@univ-temouchent.edu.dz

Received: 05/12/2025 ; Accepted: 10/04/2026 ; Published: 04/05/2026

Abstract:

This study aims to reveal the fundamental mechanisms involved in using verbal and written language to recover from psychological disorders in different psychotherapies. It will highlight the similarities and differences between these approaches and reveal the limitations of language in clinical practice. An descriptive-analytical approach has been adopted to achieve this, and the study will conclude by drawing attention to the difficulties psychotherapists face, and the mistakes to be avoided when using language in these psychotherapies.

Keywords: Language; healing mechanisms; psychotherapies.

Introduction

Psychotherapy is an important topic in psychology that has been examined from various theoretical and practical perspectives. However, to our knowledge, another aspect has not been widely addressed: the role of language in psychotherapy, and the connection between linguistic theory and the use of language as a tool in clinical psychotherapy practice. This discussion is not concerned with psycholinguistics, which focuses on how humans acquire language and the neural mechanisms responsible for this process. According to Tabbal (1993), psycholinguistics is the science that investigates the mental processes by which the receiver decodes sound symbols to understand their meaning (p.92). But the mechanisms of language use in psychology, which fall within the framework of the various therapeutic schools that have specialised in their use, are the common factor that unites them in multiple forms.

Despite their different foundations, principles and techniques, psychotherapies share one element: the use of language as a primary tool for achieving recovery from psychological disorders and issues affecting individuals. These issues are addressed in ways that correspond to the mission and goals of each psychotherapeutic approach.

Healing from mental disorders is like learning a new language. Here, we do not mean language as a set of words and sentences, but rather as a way of changing and modifying the words with which we address ourselves, and the phrases with which we interpret our reality and the events that happen to us in our lives, or that we have experienced in the past. Saussure (1916) defines language as a system of organised, conventional phonetic (or graphic) signs that enable communication and the expression of thought. (p.23). Therefore, verbal and non-verbal language has a communicative and exploratory aspect that enables us to recognise an individual's intellectual and emotional state, making language an indispensable tool in psychological therapies. Several scientific studies have addressed this subject from various angles. For example, Radwan (2022) sheds light on the analytical aspect of central speech

therapy approaches by examining the effectiveness of therapeutic techniques based on psychotherapy research results, analysing techniques such as catharsis, coding, metaphor, and verbal interventions. Others have approached the topic empirically, examining the impact of language barriers on the quality of psychological care. (Jarvis et al., n.d.). Despite the diversity in the way the topic of language and psychotherapy is addressed, there are several gaps that have not been examined in detail, which we aim to address in this research.

Despite the controversy between different therapeutic approaches regarding the role of language in psychology — with some considering it a tool for identifying what is inside the patient and accessing their subconscious (as in psychoanalysis, for example), and others considering it a tool for change by reformulating and correcting cognitive content (as in cognitive behavioral therapy and narrative therapy, for example) — language is a therapeutic tool that contributes to changing the condition by changing thoughts, feelings and emotions. Therefore, in light of this debate, we can ask the following questions:

In what ways has language been used as a healing mechanism in psychotherapy?

What are the limits of using language in different forms of psychotherapy?

Hypotheses:

There are differences and similarities between therapeutic approaches regarding the use of language in psychotherapy.

There are linguistic limits that do not always allow therapeutic goals to be achieved.

Methodology:

A descriptive-analytical approach was adopted, involving linking theories and psychotherapeutic schools, reviewing literature and conducting a critical comparative analysis. The work of the founders of therapeutic schools and some psychotherapists was also referenced.

1. Language as a healing tool according to the therapeutic approaches:

1-1-Language to build the therapeutic relationship:

As is well known in psychotherapy, the first step is for the therapist to establish a successful therapeutic relationship with the patient. This involves making the patient feel comfortable and gaining their trust so that they can express all their thoughts and feelings freely, transparently and honestly. This cannot be achieved without the therapist choosing the right words with which to communicate with the patient. This is achieved by using precise, empathetic language that does not hurt the patient's feelings, judge them, and make them feel guilty or make them feel misunderstood. It is important to note that the language we are talking about affects not only verbal communication, but also non-verbal communication, such as tone of voice and body language, including facial gestures.

Therefore, psychotherapists must be careful when using language as a therapeutic tool, choosing their words carefully. However, words alone are not enough if they do not show signs of paying attention to and taking an interest in the case. There is a mutual relationship between language, body language and tone of voice in building the therapeutic relationship, which is the main gateway to the success of psychotherapy. Without this, we cannot expect any positive results.

1-2-Language to recognize the inner world of the patient:

Different schools of psychotherapy have used language to reveal and recognize the inner world of the patient in order to understand the self, the issue or psychological disorder, and to find solutions and treatment. In this regard, we mention cognitive behavioral therapy, which relies on a number of therapeutic techniques that mainly use language. This is because there is a close relationship between our thoughts, behaviors and emotions, and it is this trilogy that we will work to modify and correct through this therapeutic approach. To achieve this, language is used as a very important therapeutic tool. One of the techniques used is self-monitoring, whereby the patient is trained to become more self-aware by observing their thoughts, feelings, emotions, and daily behaviors. This process enables the patient and the psychotherapist to recognize their automatic, unrealistic thoughts and distorted thinking patterns by revealing the words they repeat in their self-dialogue when exposed to certain situations in life. This process sheds light on the language used by the patient to describe events, feelings and emotions, paying attention to repetition, which is considered an indicator of automatic thoughts that must be detected and corrected. Therefore, CBT is concerned with non-verbal language as a means of identifying cases and their issues by transforming them into spoken language that can be examined and modified to change behavior.

It is known that the words a person says to themselves repeatedly affect their psyche. Either they benefit from them, becoming more powerful, effective and motivated, or they are dominated by negative self-dialogue, which may manifest itself in incorrect thinking patterns such as generalization or negativity. This is what we find in the technique of positive affirmations, for example: 'I am strong, I am beautiful, I will succeed...' Alternatively, he may be dominated by negative self-dialogue, which can manifest as incorrect thinking patterns such as generalization or negativity. Alternatively, he may be at the mercy of sudden and recurring unrealistic and negative thoughts, such as believing that he is unlovable or that everyone must love him. Therefore, psychotherapy relies on the positive nature of language and repetition to increase its effectiveness, as it allows the patient to hear themselves saying it. This also helps to consolidate it in their mind and convince them.

Carl Rogers said: 'When I can hear and accurately reflect the emotionally charged words of my clients, I enable them to hear themselves and discover their own answers' (Rogers, 1951, p.158). Here, Rogers is talking about an important psychotherapeutic process in which language is used for psychoanalytic discharge. The patient transforms emotional charges into words, enabling them to understand the situation more deeply.

In psychoanalysis, psychoanalysts pay attention to the words used by the patient, including those that are uttered unintentionally and are referred to as 'slips of the tongue'. These slips of the tongue express subconscious matters of a symbolic nature, as do the words that the patient repeats in his speech. The free association technique was also used to discover the patient's thought processes. According to Freud: 'Slips of the tongue and wrong actions are the way to the unconscious' (Freud, 1901, p. 78). Therefore, without the words that come out of the patient involuntarily, we will not be able to access his emotional world.

We also find Gestalt therapy, which, as Perls says, links words and the body. 'Don't just hear what the patient says, but how they say it. The tension in their voice and the words they avoid are as expressive and clear as the content.' (Perls, 1969, p.42). Therefore, the way language is

used in therapeutic sessions, including body language, manner of speech, and what is avoided, is important in Gestalt psychotherapy and must be given attention, as language goes beyond mere verbal expression.

Acceptance and Commitment Therapy (ACT) involves identifying signs of resistance in the patient's language, such as avoidance or non-acceptance of negative emotions, in order to help them achieve psychological flexibility. This is achieved by analyzing their speech and body language.

1-3-Language to re-engage with thoughts:

According to cognitive behavioral therapy (CBT), it is not the issue itself or the traumatic event that the individual experienced that is the problem, but rather how he or she interprets the situation. Therefore, this therapeutic approach places great importance on the way of thinking when explaining the causes of mental disorders. Techniques are used to achieve this therapeutic goal, including recording spontaneous thoughts through self-monitoring and cognitive restructuring techniques such as reframing and constructing the patient's erroneous ideas, and trying to convince them of this through techniques such as the evidence technique. We ask patients to provide evidence for the validity of their unrealistic ideas in order to modify or eliminate them by analyzing their language. According to Albert Ellis, the founder of cognitive therapy, irrational beliefs are often symbolized by absolute language such as 'I have to', 'I must', and 'That's terrible', and therapy aims to transform this language into conditional terms. (Elise, 1962, p.61). These code words express distorted thinking patterns, such as holding oneself to unreasonable standards or dramatizing events. The words used by the patient do not just represent what they say; they also conceal their inner world, which we must discover and correct in psychotherapy to make them more flexible in their thinking. This cannot be achieved without careful consideration of language.

This is what Viktor Frankl, the founder of Logo therapy and a pioneer of existential therapy who cared about the role of language in change, said (Frankl, 1964, p. 112). He did not consider language to be merely a tool for communication, but rather a mirror of our souls. He also believed that language was a bridge that allowed us to access the hidden meanings of a patient's inner world. (Frankl, 1955, p.89). This approach is similar to the psychoanalytic view of language in psychotherapy. As Sigmund Freud says: 'Unconscious thoughts become conscious only when they are associated with words' (Freud, 1915, p. 72). Thus, language is the mirror that reflects what is happening in a person's subconscious.

In Acceptance and Commitment Therapy (ACT), the focus is not on changing the content of thoughts, but on changing the patient's relationship with their inner language. Cognitive flexibility occurs when integration with words is removed. Strosahl, K. et al., 2012, p. 91). This distinguishes ACT from Cognitive Behavioral Therapy and other therapies. Rather than seeking to modify negative thoughts, we detach from them metaphorically by changing our relationship with them — that is, we change our way of dealing with their presence in our lives, rather than trying to get rid of them. We use language to break cognitive fusion and enhance the patient's psychological resilience through a set of techniques that use linguistic mechanisms such as metaphor. For example, we might say: 'Your thoughts are just soap bubbles passing in front of your face. Watch them burst and disappear.' Another technique is

describing without judgment, for example: 'I notice there is an unpleasant sensation in my chest', instead of saying, 'This thing hurts me and makes my heart break with sadness'. This thing hurts me and breaks my heart with sadness.

Therefore, the way to break this fusion is to change the language we use to express our feelings in a way that separates them from the self. For example, my sadness is one thing and I am another. Objectifying negative feelings and viewing them as a phenomenon separate from our ego changes the extent to which they impact us through language and self-suggestion.

In the narrative therapy approach, reliance is placed on replacing negative narratives with positive ones. As White (1990) says, 'You are not the issue; the issue is the issue'. You are not the issue; the issue is the issue." White refers to the process of changing a patient's perception of their issue, separating it from their self-perception so that negative self-perception does not hinder treatment.

This principle of changing thoughts was also present in Gestalt therapy, albeit in a form that differed slightly from other psychotherapies. Rather than changing the content of the patient's thoughts, Gestalt therapy sought to teach patients to become more aware of their internal processes through awareness exercises, in order to achieve what Perls termed 'consciousness of consciousness'. He says, 'Don't try to change your thoughts; experience them with your senses. A thought is not a fact; it is just a bubble in your consciousness' (Perls, Hefferline & Goodman, 1951, p. 103).

1-4-Language as a tool for dealing with our emotions:

The concept of emotion regulation is one of the fundamental concepts related to emotions, as it is a set of internal and external processes responsible for the regulation, evaluation, and modification of emotional reactions to achieve an individual's goals. In other words, we can said that emotion regulation involves multiple strategies aimed at influencing and regulating emotions and guiding them to achieve an individual's goals and desires. (Said Errahmani, Gahar, 2024, p.570).

In cognitive therapy, Aaron Beck argued that the words we use to express our emotions influence how we experience them, so changing the language we use can change our experience. (Elise, 1994, p.89). This is what is known as linguistic feedback: the human brain reacts to the words we use to express our feelings and emotions as if they are commands. This concept is emphasized by Naumburg and Waldman in their book *Words Can Change Your Brain*, in which they explain that negative words send danger signals through the brain, leading to the closure of logical thinking pathways in the frontal lobe. Negative self-talk, such as 'I'm bad', 'I'm a failure', 'I hate...', contributes to the release of the stress hormone cortisol (Newberg & Waldman, 2012). Thus, it is clear how the language we use when talking to or about ourselves can greatly affect our emotional state. It can also aggravate a particular psychological disorder. This was also emphasized by Albert Ellis when he said: 'Your language creates your reality, so if you say "I can't bear it", you make it impossible to bear in reality.' (Elise, 2001, p.45). Words such as 'should' and 'must' are linguistic terrorism against the self. Mental health begins when we replace them with 'I'd rather' (Elise, 2001, p. 92).

The use of such phrases makes a person feel under pressure from mandatory matters, which raises their level of anxiety and stress and traps them in a vicious circle that exacerbates their pathological symptoms. This is why the psychotherapist pays great attention to the words used by the patient in therapeutic sessions. This helps the therapist to recognize the patient's controlling beliefs, understand his condition and the causes of his issues, and help him to improve his situation and change his life. Language is used for diagnosis, understanding, and treatment. Therefore, the emotions associated with the patient's automatic thoughts are recorded through self-monitoring charts, as this helps to control them and, consequently, behaviors.

When we talk about self-monitoring, we are talking about self-dialogue, which is a continuous narrative. Cognitive behavioral therapy is based on the idea that the patient should become the author rather than just a reader. (Meichenbaum, 1977, p.115).

According to Carl Jung, humanistic therapy is: The therapist's language should serve as a mirror, not a guide. For example, saying: 'I understand your anger' is more powerful than 'You have to control your anger' (Rogers, 1951, p. 98). Therefore, according to Jung, what we are interested in is helping the patient to recognize his feelings and emotions through what the therapist says, rather than trying to influence his feelings and transform them into strategies for solving the problematic behavior.

In Gestalt therapy, Perls says: 'Emotion is the language of the body and language is the emotion of the soul. Listen to the pauses between the words; here lies the emotional truth' (Perls, 1969, p. 28). Therefore, reading between the lines and paying attention to the silence that occurs during verbal expression can reveal real emotional elements in the patient that may not be expressed by explicit and direct words.

1-5-Language as a tool for liberation:

According to Stephen Hayes, language is both our greatest freedom and our greatest prison in Acceptance and Commitment Therapy (ACT). In ACT, patients are taught to 'deconstruct' their thoughts rather than blindly believing them (Hayes, 2005, p. 72). The issue here is that the patient is imprisoned by his thoughts, which convince him that he is tired of reality. For example, if he tells himself: 'I am a failure', he will believe it and experience it as an absolute reality. This will further destroy his morale, causing him to avoid anything that could help him achieve his goals. He may even stop trying altogether. The patient remains stuck in the past and afraid of the future because the words he uses to describe himself do not prepare him to face reality, resulting in a distorted, fragile and inflexible self-image.

This is what the researcher emphasizes when he says, 'Words can be prisons or tools of liberation. Our role is to help patients see that it is not their thoughts, but their ideas, that matter.' (Hayes, 2005, p.67). As he says: 'Our words are not our enemies, but our relationship with them can imprison us. We must learn to dance with our emotions rather than fight them; this is what will bring psychological freedom.' (Hayes, 2012, p.102).

In meaning therapy, patients are not liberated by what they say, but by the way they redefine their existence through their words. (Frankl, 1975, p.72). True therapy begins when a patient's words transform from symptoms into symbols of their quest for meaning. (Frankl, 1969, p.54).

Frankl does not disagree with the pioneers of client-centred therapy, as Carl Rogers's states: 'When a person is able to hear their own words repeated with empathy, they begin to release the burden.' (Rogers, 1951, p.142). Rogers emphasizes the importance of repeating the words so that the patient can hear, focus on, and change their view of them by empathizing with them — and thus with themselves — and it is this process that will free them from the shackles of their troubles and disorders. In other words, when we encourage the patient to talk about their suffering using empathic words that reframe the pain, it provides a kind of release from the burden they were carrying due to the previous way of framing the painful experience. Changing the words we use to describe our pain can be a gateway to liberation.

In cognitive therapy, Aaron Beck says: 'Cognitive prisons are built with words, and linguistic restructuring is the key to breaking free.' (Beck, 1976, p.155). Patients will be imprisoned by the words they have not yet freed, and cognitive restructuring is the technique used to overcome intellectual limitations.

This is also emphasized by narrative therapy, which highlights the importance of using questions to create a new language that expresses freedom from an old way of thinking. (Freedman & Combs, 1996). "The questions we ask become the building blocks of a new narrative. Every question opens up a new linguistic space (p. 112).

Carl Jung said the following in humanistic therapy: 'The words we dare not say imprison us.' Psychotherapy is the space where we can finally express them without fear' (Rogers, 1975, p.5).

1-6-Language as a means of reconstructing reality:

Some therapeutic approaches, such as cognitive behavioral therapy (CBT), use reframing to change and correct patients' thoughts, as well as helping them to control their emotions and feelings. This reframing of the issue leads to a reconstruction of reality. According to Jerome Bruner's Narrative Synthesis Theory, we create our identities through the stories we tell ourselves.

According to Michael White, the founder of narrative therapy: 'Language is not just a tool for describing reality; it is an active tool for shaping it. When we change the narrative, we change the human experience itself' (White, 2007, p. 42). He emphasizes that the stories people tell about their lives not only describe, but also recreate, their lived reality. Changing the narrative changes the experience. (White, 1990, p.15).

Narrative theory suggests individuals construct reality in the mind through conversations with others. People construct multiple stories of identity which occur simultaneously. There is, however, always experience that has remained un-storied, often out of full awareness. Such experiences can provide the kernel of alternative and additional storylines. Psychological distress is characterised by personal narratives in which one or more problem stories dominate, obscuring alternative stories of identity and their meanings, often shaping subsequent behaviour and compounding difficulties. As problem stories and associated meanings become more salient and powerful, alternative identity stories and their meanings become less powerful, maintaining the distress. So the Narrative therapy is demonstrating enormous potential in helping clients from multiple populations to investigate positive stories and instil a hope for themselves in the future. (Vromans, Schweitz, n.d.).

Gestalt therapy focuses on the present moment, emphasizing the importance of paying attention to it, as Perls (1951) says: 'Reality is lived in the here and now, while the past and future are mental constructs.' Hayes (2005) emphasizes the importance of not avoiding and confronting, as he says: 'Reality is not to be avoided, but received in order to commit to what is really important.'

1-7-Language and the Unconscious:

Psychologists are interested in linguistic phenomena to explain behavior in general, while linguists are interested in them to explain linguistic behavior in particular. If a psychoanalyst wants to study dreams in order to reveal complexes, diseases or psychological crises in a particular person, they will ask that person to verbalize their dreams. This means that the psychoanalyst will study that person's words and expressions, rather than their dreams as such. (Malal, n.d., p.45). Therefore, the psychoanalyst uses language as a tool to access the patient's unconscious by addressing their dreams, the symbolism of their speech, their slips of the tongue and their free associations.

The philosopher Lacan says: 'The unconscious is organized like language' (Lacan, 1966, p. 237). Thus, he disagreed with Freud, who considered the unconscious to be a storehouse of repressed impulses, by linking slips of the tongue made by patients during psychoanalysis sessions to the unconscious. Slips of the tongue are psychological acts that have meaning' (Freud, 1901). For Lacan, the unconscious is a set of meanings similar to language. However, Lacan agreed with Freud when he said: 'Words do not carry their own meanings, but refer to other words in the network of the unconscious.' Therefore, rather than taking the words we hear from patients at face value, we should try to understand the meaning behind them, which has to do with the unconscious. This is what psychoanalysts actually do.

The psychologist and humanist philosopher Erich Fromm (1987) also opposed Freud, saying: 'Not every silence means repression, and not every slip means a hidden desire.' He emphasized the importance of avoiding exaggeration and hasty judgment when interpreting linguistic manifestations that Freud considered to be clear indications of unconscious processes.

2. Forms and limits of language in psychotherapies:

2-1-Forms of Language Use in Psychotherapy:

We cannot talk about language use in psychotherapy without talking about metaphor. In Arabic, we use metaphors to express ideas, but psychotherapy seeks to transform them into direct expressions. By 'metaphor', we mean the use of a word contrary to its true meaning. This is because metaphors can be understood in many ways and do not accurately express what patients feel or want to communicate. For example, to express the intensity of anger, we might say, 'I feel like I'm going to explode.' Therefore, a therapist who relies on cognitive behavioral therapy helps the patient to move from metaphor to direct expression, enabling them to speak clearly. Meanwhile, narrative therapy uses narrative language, borrowing some of the patient's descriptions to help them express their thoughts and emotions, and to retell their life story differently.

Several studies have examined the role of metaphor in psychotherapy, including Karim Ragad's study (IFGAP, 2015), which considered metaphor to be a process that cannot be reduced to an image translated into verbal language. This image can originate in consciousness or be translated and animated through the different levels of symbolic expression of existence: Imaginary, bodily, kinesthetic and artistic. However, some bodily movements and postures, accompanied by feelings and emotions, cannot be considered metaphors. From this perspective, there is a 'transmission', a translation in and through the body, of the subject's profound dynamism and the contradictory demands that animate it.

On the other hand, psychotherapists such as Labaki (n.d.) have emphasized an important term and technique in psychotherapy: the relational metaphor. This is based on the image we have built of our partner and how we see ourselves within it. The psychotherapist handed one couple a red pen and the other a blue pen, asking them to write or draw their metaphorical representation of their partner. Then, they exchanged pens and were given the following instruction: 'How do you represent yourself in this picture?'

The notes for the self-representation in the partner's image were then recorded in a different color. At that moment, although nothing has been said yet — since all of this work is done in silence — a lot has actually been said to each of them, even though nothing has been said to the other party.

Interrogative linguistic techniques are another form of language use in psychotherapy. They are used to make the patient speak, reframe the issue or disorder, and make the description more accurate. The Hegelian dialectic and the linguistic methods used in psychotherapy, which rely on opposing or contradictory parties and the dialectic between these parties, are consistent with the method used by the philosopher Hegel. This is evident in various psychotherapeutic schools that accept an idea, situation or feeling while simultaneously seeking change to achieve psychological equilibrium and flexibility. Philosophy and psychology both use language to achieve their goals, as is evident from the use of Socratic dialogue in psychotherapy. Here, the psychotherapist asks a specific question after each answer from the patient to demonstrate understanding and a desire to learn more.

Patients also use analogies when they are unable to express their ideas clearly. Psychotherapists may use them to simplify psychological education, when explaining issues or disorders, therapeutic techniques, or when the patient does not understand something in general. The Arabic language, in particular, is rich in grammar and rhetoric, allowing the psychotherapist to use it in a variety of ways to achieve his goals.

Psychotherapy also recommends paying attention to the tense used in speech, as this is reflected in the words the patient chooses to express their thoughts. The psychotherapist seeks to understand the meaning behind the choice of tense: is the patient talking about himself as a child (consciously or subconsciously), or is he talking about himself in the present?

The psychotherapist pays attention to deleted words and incomplete sentences, which may carry repressed meanings or refer to topics that patients do not wish to discuss for various reasons, such as narcissistic wounds, shyness, lack of trust in the therapist, difficulty expressing themselves, or fear of expressing themselves. Therefore, in psychotherapy, the information that language provides is not only related to what is said; even silence can

provide valuable information about the case that should not be overlooked during therapeutic sessions.

Morphology plays a role in the use of language in psychotherapy. For example, if a patient says, 'I am a failure in marriage'. The therapist will help them to change their perception of the issue and eliminate negative self-judgments, boosting their self-confidence so they can say: 'I've had failed marriages for certain reasons.' Words that we repeatedly say to ourselves in a morphological form that expresses the subject's identity can have a negative impact on the patient's psyche, so they must be changed and repeated in a new form.

Regardless of the various forms of language use in psychotherapy, including analogies and metaphors, the interrogative method remains the most commonly used and is a powerful tool relied upon in the aforementioned language rules. We may ask the patient about silences and omissions, the meaning of similes, and why they chose to express a certain idea. We may also question the metaphors they use to gather as much information as possible.

2-2-The limits of language in psychotherapy:

Language cannot always express a patient's true feelings, and sometimes they cannot find the words to accurately describe their psychological pain and suffering. As a result, they use words with simple meanings to talk about deep and intense feelings, or they may say, 'There are no words to express what I feel.' This is what the philosopher Sartre expressed by saying: 'We are our choices, but our words often betray our escape from these choices' (Sartre, 1943, p.534). In other words, the words a person uses to talk about themselves actually express their choice not to exercise their freedom, in order to avoid the responsibility that comes with it. For example: A woman living with a narcissistic and violent husband who says, 'I'm a failed wife', may be evading the choice to break free from a toxic relationship. Thus, the language used by the patient conceals contradictory realities compared to the literal meaning of the words.

A psychotherapist may find that a patient's resistance is due to the severity of their trauma or deep feelings of guilt or shame, which can make it difficult for them to express their feelings in words. The psychotherapist may also encounter cases where patients use metaphors, for example saying: 'It's like I was in a scene from a horror movie.'

Some people confuse the word with its meaning, and this can be an obstacle in psychotherapy. When searching the literature for researchers interested in this issue, Wittgenstein's work on the distinction between meaning and verbalization is often cited. 'Your skepticism is only the result of a misunderstanding...!' You say: The subject is not the word itself, but what it means. You think the meaning is similar to the word, but different from it. The word is here, and the meaning is there — like money and the cow you can buy with it (Azmi, D.T., p.150). Therefore, if the psychotherapist does not pay attention to this matter, they may misinterpret what the patient says, which will have negative consequences for the treatment.

When we talk about language, we are not only talking about words and sentences; we are also talking about the language associated with nationality, which may carry symbols related to a specific event. The French writer Arthur Goldschmidt (2005), who was forced to flee Nazi Germany as a child, recalls that German evoked feelings of extreme distress in his

linguistic memory, and that certain accents, tones or pitches could trigger flashbacks and recreate painful memories. During periods of war, civil war, massacre or mass expulsion, language became a metaphorical marker of identity used to justify exclusion and persecution. This may lead individuals to try to hide their language (Busch, 2020). Thus, hearing a foreign language may trigger memories of a traumatic event and make a person unwilling to hear it. This could present an obstacle for a psychotherapist of foreign nationality who speaks the language in question when dealing with patients during therapeutic sessions.

There are also limitations due to cultural factors. While some people prefer to be direct, others use innuendo to get their point across. This can create a barrier if the therapist is unaware of it. Modesty and reticence in speech may also pose an issue when it comes to understanding sensitive topics such as sexual disorders, and the causes and treatment of these issues. The patient may be unable to choose words that accurately express their pain and suffering without violating their modesty or that of others, or diminishing their sense of masculinity or femininity.

Also, language may not accurately convey the extent and severity of the patient's psychological distress, either due to their inability to choose the right words or because their educational and cultural background prevents them from expressing their feelings and thoughts properly.

Certain techniques themselves have other linguistic limitations. For example, psychoanalysis uses free association to identify a patient's beliefs by generating unconscious thoughts. However, many people confuse the technique of free association with associativity, which involves the representations, relationships and symbolism that appear in the words produced.

When discussing language and psychotherapy, it is important to consider the impact of a second language on bilingual patients, as well as the use of two languages by psychotherapists in therapeutic sessions. Many studies have examined the use of the patient's second language in psychotherapy, including the study by Marian and Neisser (2000). This study showed that using the mother tongue makes psychotherapy more effective. The researchers attributed this to memories stored in the language in which they were encoded, i.e. the mother tongue. However, other research has found that the effectiveness of psychotherapy varies depending on the strategies used, especially when exploring patients' fears, as demonstrated by Morawetz (2017). Sometimes, therapy is more effective when conducted in a foreign language. A foreign language involves greater activation than a native language (Palacios, Azucena García, Ortigosa & Marinis, 2023).

On the other hand, cognitive science has proposed rethinking the relationship between thought and language by emphasizing the need to distinguish between the two concepts, since not every conceptual representation necessarily has a linguistic expression. This rethinking of the relationship between language and thought inevitably has implications for translation, particularly the translation of metaphorical expressions (Keromnes, 2014). This raises questions about the limits of language use within a framework that combines meaning and thought, and highlights the need for greater attention to be paid to the content of the language used as a common mechanism for all psychotherapies.

3. Conclusion:

Language in psychotherapy is a tool that enables us to understand the patient's inner world, magnifying and clarifying the picture. However, it may not allow us to perceive other perspectives that are difficult to access due to its limitations, or due to factors related to the patient's personality, culture, educational background, and the nature and severity of the psychological issue or disorder. Language is the bridge that connects the psychotherapist and the patient, enabling the psychotherapist to free the patient from their suffering by expressing it through words.

Some philosophical methods have clearly impacted psychology by providing the basis for linguistic therapeutic techniques, as evidenced by the relationship between certain therapeutic techniques, Socratic dialogue and Hegelian philosophy, among others, which have inspired psychotherapists.

Therefore, language is an effective tool for reshaping a distorted reality caused by faulty thought patterns and negative, unrealistic beliefs. In the therapeutic process, language and emotions form an interconnected system, with language acting as a bridge to understanding and modifying emotions in different ways. Dealing with thoughts in the context of language use varies from one therapy to another. Some therapies, such as cognitive behavioral therapy, focus on cognitive restructuring, while others, such as psychoanalysis, are mainly based on the interpretation of thoughts. Then there are therapies, such as client-centred therapy by Carl Rogers that treat thoughts as a reflection. Some therapies, such as Gestalt therapy, experiment with thoughts and actions.

We also concluded that rules of rhetoric and grammar, including rules of syntax and semantic displacement such as metaphor and simile, have an important place in our use of language in psychotherapy. We also analysed sites of silence or incomplete sentences to understand their cause and exploit them in therapy.

Regarding the role of mother tongue, foreign language and bilingualism in psychotherapy, we found that studies on the effectiveness of using a second language in therapy have produced conflicting results. While the mother tongue remains the strongest option, the effectiveness of using a foreign language cannot be denied or ignored.

Finally, there is no doubt that the development of therapeutic approaches within different schools of thought will shed more light on how to use language effectively to promote healing and psychological well-being. Given the linguistic richness exploited in psychotherapy with hearing and speech groups, we propose highlighting the use of non-verbal communication techniques with deaf and hard of hearing groups within the framework of their psychotherapy, which falls within the realm of non-verbal language.

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