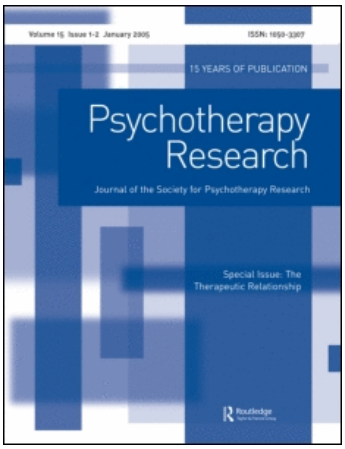

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[a] Department of Psychology, Pontificia Universidad Católica de Chile, Santiago, Chile [b] Department of Psychiatry, Pontificia Universidad Católica de Chile, Santiago, Chile [c] Department of Psychology, Universidad de Las Américas, Santiago, Chile [d] Department of Psychology, Universidad del Desarrollo, Santiago, Chile

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Language and therapeutic change: A speech acts analysis

LUCIA REYES[1], ROBERTO ARISTEGUI[1], MARIANE KRAUSE[1], KATHERINE STRASSER[1], ALEMKA TOMICIC[1], NELSON VALDÉS[1], CAROLINA ALTIMIR[1], IVONNE RAMIREZ[1], GUILLERMO DE LA PARRA[2], PAULA DAGNINO[2], ORIETTA ECHÁVARRI[2], ORIANA VILCHES[3], & PERLA BEN-DOV[4]

[1]*Department of Psychology, Pontificia Universidad Católica de Chile, Santiago, Chile;* [2]*Department of Psychiatry, Pontificia Universidad Católica de Chile, Santiago, Chile;* [3]*Department of Psychology, Universidad de Las Américas, Santiago, Chile &* [4]*Department of Psychology, Universidad del Desarrollo, Santiago, Chile*

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Abstract
Drawing on the speech acts theory, a linguistic pattern was identified that could be expected to be associated to therapeutic change, characterized by being uttered in the first person singular and present indicative, and by being self-referential in its propositional content. The frequency of the pattern was examined among verbalizations defined as change moments in three therapies with different theoretical orientation. Results show that the majority of change moments have the specified pattern, and that this pattern is significantly more frequent in change moments than in random non-change-related verbalizations, and so, it does not pertain to therapeutic conversation in general. Implications are discussed concerning the possibility of using the linguistic pattern as an additional and complementary criterion in the identification of moments of change in the therapeutic process.

Keywords: process research; change moments; language illocutionary pattern

A relevant tendency in the field of research in psychotherapy is to seek to determine the variables that contribute to the success of a therapy regardless of the different theoretical models to which therapists subscribe (Wampold, 2001). In this context, the current study intends to contribute with evidence regarding the relationship between language and therapeutic change. Its main objective is to determine the existence of a linguistic pattern that could be typical for verbalizations that have been identified as change moments. Therefore, the fundamental concepts of the speech acts theory are presented because it is the theoretical framework used to study such relationships.

In therapeutic action, language is a fundamental element: The possibility of achieving change through psychotherapy necessarily demands the coordination of some language actions (Habermas, 1989, 2002). Thus, therapist and patient, through their communicational interactions, build a new reality that is, in itself, constitutive of the patient's psychological change (Arístegui et al., 2004). In theoretical terms, these changes in the representational sphere have been conceptualized, in the postmodern approach, as changes in the linguistic and communication systems (Anderson, 1997). Thus, the following question arises: How is therapeutic change constituted in a patient's language? Some authors have searched for answers to this query, finding changes in the semantic use of the first person pronoun in patients in a psychotherapeutic process (Gillett, 2002) or suggesting that uttering certain types of statements during the therapeutic process can be an important force behind change (Nassir, 1999).

In this study, we approach that issue by examining the association between a specific linguistic pattern in patients' speech and what we have identified as change moments (Krause et al., 2007) in the therapeutic process. For this purpose, we use the linguistic distinctions postulated by the speech acts theory. This theoretical perspective, developed by Searle (1980, 2002) on the basis of the postulates forwarded by Wittgenstein (1968) and Austin (1962, 1982) about genres in speech acts and of his view of

Correspondence: Mariane Krause, Department of Psychology, Pontificia Universidad Católica de Chile, Vicuña Mackenna 4860, Macul, Santiago, Chile. E-mail: mkrause@uc.cl

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language as an activity governed by rules, shows great promise when examining the place that language holds in the therapeutic change.

The speech acts theory springs from the assumption that "saying something is doing something." When one speaks, one is carrying out an action, and that sole action is an act of speech that is to be understood as the minimal basic unit of linguistic communication (Searle, 1980). Austin (1962) took the first systematic steps in the investigation of the genre of things that we all carry out by the sole act of using words (Arístegui, 2002). Austin postulates a highly relevant distinction when analyzing how language is used at those moments that can be identified as change moments in the therapeutic process. This is the distinction between *constatative* utterances, which correspond to descriptive or enunciative utterances, and *realizational* or *performative* utterances, which correspond to expressions that, when uttered, imply the realization of an action (Austin, 1982). Austin (1962) postulates that, strictly speaking, performative utterances are characterized by being uttered in first person and in a verbal tense corresponding to the present indicative.

Austin's reflections about constatative and performative utterances led him to postulate that when one speaks one regularly carries out acts that can be of three different types: locutionary, illocutionary, and perlocutionary. A locutionary act consists of saying something. On its turn, every act of saying something can be passed in the utterance of a sequence of sounds, or phonemes, in the array of terms or words belonging to a vocabulary and organized in a grammatical system, and, finally, in the utterance of such words with a meaning and a reference. The locutionary act, then, corresponds to what is literally said (e.g., "Hello. How are you?" as a linguistic expression). An illocutionary act is the act carried out when saying something. To identify an illocutionary act, the way in which we use the chosen locution needs to be determined (e.g., the fact that the expression "Hello. How are you?" constitutes a greeting rather than a question that needs to be answered by informing about one's health or one's psychological state). A perlocutionary act is done by the fact of having carried out an illocutionary act, and it consists of the production of certain intentional effects on the hearer or hearers (e.g., the hearer can be persuaded to take action as the result of a request; Acero, Bustos, & Quesada, 1989; Arístegui et al., 2004). It is the illocutionary act that seems most relevant to the study of change moments; therefore, we discuss some of its characteristics further.

Structure of the Illocutionary Act

Searle (1980, 2002) states that an illocutionary act presents a double structure: propositional and performative. The internal and semantic structure of an illocutionary act comprises, on the one hand, a performative component, which would correspond to a function indicator device called illocutionary force (F) and, on the other, a constatative component given by the propositional content (p), which corresponds to the content expressed by the proposition. The illocutionary force appears to be of the greatest theoretical relevance in the characterization of illocutionary acts. It is this illocutionary force that determines the manner in which locution should be used. According to Searle (1980), the same propositional content can be stated with different illocutionary force. Arístegui et al. (2004) illustrate Searle's (1980) concepts so as to clarify the distinctions between illocutionary force and propositional content in everyday situations. Imagine a speaker saying each of the following: (a) *X* usually dances. (b) Does *X* usually dance? (c) *X* should usually dance. (d) I wish *X* usually danced. When the speaker produces these utterances, he or she not only produces words but uses different "forces" by (a) making an assertion, (b) asking a question, (c) issuing an order, and (d) expressing a wish. At the same time, when uttering each one of the sentences, the speaker refers to a subject *X* and gives a predicate "usually dances" with respect to the referred subject. Thus, "refer and predicate" constitute a propositional act endowed with a propositional content, "that *X* usually dances," separate from the functions or illocutionary forces of the speech act such as "to assert," "to ask," "to order," and "to wish," respectively. These illocutionary forces do have, however, the same propositional content (Arístegui et al., 2004).

The dimension of the illocutionary aspects of speech acts has also been considered from the point of view of psychotherapeutic research, in the approach developed by Stiles (1992). He considered, in his well-known taxonomy, the performative dimension circumscribed to the personal ("I") sphere categories as a distinction with the "other" sphere categories. Stiles derived his taxonomy from Goodman and later revised Austin, Searle, and other linguistic philosophers (Stiles, 1992). His classification emphasizes the distinction "explicit performatives –implicit performatives" in modern vocabulary

as a way to distinguish the mental–internal from linguistic–external. The same is applied to the "I–other" classification, which crosses all his taxonomical categories. For example, performative uses could be considered as a type of "manifestation," which implies that something internal appears in the external linguistic expression.

Our investigation has emphasized the possibility of giving an integrated account of different types of speech acts, conceptualizing them in the line of the illocutionary structure F(p). This means that we consider the different types of speech acts as different modes of achieving the propositional content, so we are concerned with the possibility of understanding this general illocutionary structure to include all the speech act types as ways of use, or modes, based on the fundamentals of Searle's speech act theory. In this way, we are not only trying to classify in order to compare between the different types of speech acts used in therapeutic conversation, as Stiles has so well done. Instead, in connection with the purposes of our study, we also intend to generate a general comprehensive approach in order to intersect propositional meaning as is considered in the subjective change theory with the illocutionary meaning in the context of performative uses in therapeutic conversation. The illocutionary force, then, is to be considered an essential component in a theory of meaning and, therefore, a theory of subjective change of meaning.

Subjective Change: Change Moments and Episodes

Therapeutic change is to be placed in the area of the representational, and it is to be understood as a process of construction, through successive stages, of new modes of interpretation and representation of subjective theories (Groeben, Wahl, Schlee, & Scheele, 1988) of a psychological type (Krause, 1991, 1998, 2005; Krause et al., 2006; Krause & Winkler, 1995).

Krause (2005; Krause et al., 2006, 2007) gives empiric foundation to a theory of subjective change, based on a model of evolution of psychotherapeutic change that goes through a hierarchical scale of change indicators (Appendix). Initially, change would manifest itself through low-level indicators such as acknowledging the existence of a problem, acknowledging the need for help, and acknowledging the therapist as a competent professional. Later, at an intermediate level, change would express itself in medium-level indicators such as acknowledging one's participation in problems or discovering new aspects of the self. Finally, higher level indicators include transformation of the representation of oneself, acknowledgment of help received, and acknowledgment of the participation of oneself in the psychotherapeutic process.

Change, however, is not a homogeneous process (Bastine, Fiedler, & Kommer, 1989). As the field of research on the therapeutic process develops, more complex topics are being tackled, leaving aside the premise concerning the homogeneity of the therapeutic event and allowing for the understanding of therapy as a variable succession of segments, periods, or phases.

There has been a gradual shift in the research interest toward the possibility of identifying events or episodes that are relevant for the therapeutic change (Bastine et al., 1989; Elliott, 1984; Elliott & Shapiro, 1992; Fiedler & Rogge, 1989; Marmar, 1990; Mergenthaler, 2002; Rice & Greenberg, 1984; Wiser & Goldfried, 1996). An advance, in this sense, has been the demonstration that these episodes "do exist" from the subjective point of view of both the patient and the therapist and from the observer's or researcher's point of view (Krause et al., 2006; Mergenthaler, 2002). In this sense, change events and episodes would be more than just a theoretical construct of the research.

Nevertheless, change episodes are difficult to delimit. Despite the development of the field, there are still important issues to be solved concerning the most appropriate methodological approach for identifying and delimiting change episodes, including the possible divergence between patient and therapist in the definition of relevant episodes and whether or not there should be a time limit (it can last 20 min or more than a session; Bastine et al., 1989). Therefore, one step forward in the study of therapeutic processes is the development of criteria and methods for the identification of these change moments and episodes.

Following the contents of the theory of subjective change, Krause (2005) shows that, specifically at the change moments, the theme is the patient's self-understanding, which implies a change in the representations of oneself or of the problematic situation. This suggests that change moments should be associated with certain linguistic patterns, which leads to the main hypothesis of the present study. In fact, we expect to find a linguistic pattern characterized by verbalizations that are self-referential, are formulated in the first person singular, and are expressed in present tense. In this context, we consider the change indicators of the subjective change theory as the propositional component of meaning.

Method

General Design

We used a mixed methodological design combining qualitative and quantitative methodology. In the first place, patients' verbalizations were analyzed to identify *moments of change,* defined as "moments that, in accordance with specific criteria, stand out in the therapeutic process as 'significant,' 'noteworthy' or 'relevant for change'" (Fiedler & Rogge, 1989, p. 46 [our translation]). This was accomplished through the use of qualitative methodology, including triangulation and coding by multiple coders (for more details see Krause et al., 2007). Once verbalizations corresponding to moments of change were identified, they were further analyzed to establish a characteristic linguistic pattern. This analysis was conducted following the conceptual distinctions provided by the speech act theory and the theory of the subjective change (Arístegui et al., 2004; Austin, 1982; Searle, 1980, 2002; Krause, 2005). Finally, to determine whether this linguistic pattern was indeed typical of change moments, and not of therapeutic language in general, a quantitative comparison was conducted between our sample of change moments and a random sample of verbalizations from the rest of the therapy.

Sample

The sample consisted of 50 therapeutic sessions belonging to three psychotherapeutic processes: two individual therapies with a psychoanalytical orientation and one family therapy with a social constructionist orientation. In the case of the sessions corresponding to the social constructionist family therapy, the sample included only the change moments of the mother, who was the only family member with continuous presence in the therapeutic process. This decision was made so as to keep the number of patients per session constant. Criteria for inclusion of a given therapeutic process in the study were that it complied with requirements of indication of therapy according to each therapeutic model (short and delimited therapies) and that the patients were adults. Table I summarizes characteristics of the therapies and patients.

Data Collection

To identify moments and episodes of change, all therapeutic sessions were observed live through a one-way mirror, and they were also videotaped, audio-recorded, and transcribed. The first analysis consisted of the identification of change moments and delimitation of their corresponding change episodes. Whereas a change moment refers to a discrete verbalization, a change episode includes a number of therapeutic exchanges that precede the change moment and that are thematically related to it. In order to be identified as a change moment, a verbalization had to fulfill the following criteria (Krause et al., 2006):

Verifiability: Change is observed in the session.
Novelty: The specific content of change appears for the first time.
Consistency: Change is consistent with nonverbal communication and is not denied later in the session or the therapy.
Theoretical correspondence: Change agrees with the contents of a generic change indicator included in the indicator hierarchy (see Appendix). These change indicators, developed and discussed previously by the authors (Krause, 2007), describe contents of change moments.

Two independent trained raters identified those verbalizations that were good candidates for change moments. At the end of each session, the raters compared their coding for existence (whether a given verbalization constitutes a change moment or not) and content (the change indicator that best describes the change moment). If the two raters did not reach agreement, the session was taken to a second coding step. In this second step, each session was analyzed by a team of eight to 10 trained raters using videotapes and transcripts. The coding was conducted with all raters in the room at the same time. During these meetings, the team submitted change moments to intersubjective validation. This proce-

Table I. Therapeutic Processes and Patient Characteristics

Therapy	Sex	Age (years)	Activity	Marital status	Therapy focus
Psychodynamic I (23 sessions)	F	29	Paramedic technician	Married status	Decreasing separation anxiety; autonomous functioning; expression of needs
Psychodynamic II (18 sessions)	F	38	Teacher	Separated	Elaboration of mourning (grief) for separation and recent losses
Social Constructionist Family (nine sessions)	F	38	Salesperson	Separated	Solving conflicts between mother and son and between parents

Table II. Change Moments and Episodes in the Therapies under Study

Type of therapy	Change moments and episodes
Psychodynamic Therapy I	11
Psychodynamic Therapy II	22
Social Constructionist Family Therapy	8
Total	41

dure refers to reaching an agreement or consensus through discussion (similar to the CQS method; see Hill, Thompson, & Williams, 1997). In order to privilege possible false-negative results over false-positive results, change moments on which the group could not come to consensus were eliminated. Thus, a change moment was coded only when the complete team reached agreement on its existence and content (indicator). Through this procedure, 41 change moments and their corresponding episodes were selected. Table II shows the number of change moments and episodes identified in each therapy.

To construct a comparison sample for change moments, 536 patients' verbalizations were randomly selected from all verbalizations that did not belong to change episodes or moments. Table III provides the characteristics of this sample of random patient verbalizations.

Data Analysis

Both samples of verbalizations (moments of change and random verbalizations) were analyzed with regard to their performative characteristics, using the defining criteria for performative language as postulated by Austin (i.e., being uttered in the first person and in the present tense of the indicative mood; Arístegui et al. 2004; Austin, 1982; Searle, 2002). As a second step, all verbalizations were coded with regard to their propositional content, which was categorized as either self-referential or not. Reliability was calculated by double coding a sample of 34 verbalizations. Agreement between the two independent coders was 91% for first person singular, 88% for present tense, and 82% for self-referential content.

The frequency of the target pattern (all three characteristics) was compared in the two samples using a chi-square test. Given the sample size difference between both groups, Fisher's exact statistics correction was applied.

Results

Characterization of a Common Linguistic Pattern in Moments of Change

Table IV indicates the frequency of each characteristic for moments of change in the three therapies under study. As shown, moments of change indeed tend to show the three hypothesized features. In terms of the propositional content, all moments of change observed in these three therapeutic processes were self-referential. Moments of change are also characterized by corresponding to first person singular verbalizations. The present tense feature is the least frequent of the three, but it is nonetheless very typical of moments of change because it appears in 85% of them.

The following is an extract from Therapy II that meets the mentioned criteria: "Maybe I attribute it to him, or maybe I am more formal than him, I dunno, maybe yes, maybe yes, I hadn't seen it from that point of view". The three features together occur in 85% of change moments, which thus correspond to performative language as specified by Austin (1982) and Searle (1980, 2002).

Comparison of Moments of Change and Random Verbalizations

Once a common illocutionary pattern for moments of change was identified, it became necessary to answer the question of whether this illocutionary pattern is specific to moments of change or whether it could be characteristic of therapeutic conversation in general. To answer this question, we selected a random sample of verbalizations that did not correspond to moments of change or their preceding episodes (see Sample section) and compared the frequency of the target linguistic pattern in this random sample with the frequency in the sample composed exclusively of moments of change. Table V shows the distribution of the target pattern in both samples. As shown, verbalizations identified as moments of change are much more likely to

Table III. Comparison Sample of Random Patient Verbalizations Not Related to Moments of Change

Type of therapy	Total no. turns in therapy	Patient turns	Turns in random sample
Psychodynamic I	6,019	3,009	191 (6.3%)
Psychodynamic II	3,328	1,664	157 (9.4%)
Social Constructionist	3,225	1,612	188 (11.6%)
Total	12,572	6,285	536 (8.5%)

Table IV. Analysis of Change Moments in the Light of the Illocutionary Pattern

Type of therapy	Change moments	Verbalizations uttered in FPS	Verbalizations uttered in PTI	Verbalizations bearing self-referential content	Verbalizations complying with all criteria
Psychodynamic Therapy I	11	11 (100%)	10 (91%)	11 (100%)	10 (91%)
Psychodynamic Therapy II	22	22 (100%)	18 (82%)	22 (100%)	18 (82%)
Social constructionist family therapy	8	7 (88%)	7 (88%)	8 (100%)	7 (88%)
Total	41	40 (98%)	35 (85%)	41 (100%)	35 (85%)

Note. FPS = first person singular; PTI = present tense indicative.

present the target linguistic pattern in all three therapies, and these differences are all statistically significant: Therapy I, Fisher (1, X) = 31.30, α = .000; Therapy II, Fisher (1, X) = 20.79, α = .000; Therapy III, Fisher (1, X) = 16.249, α = .000.

Among the verbalizations in the probabilistic sample that did not comply with the criteria defined for the illocutionary pattern, it was possible to observe unfinished sentences, dialogue reproductions, descriptions of different situations, narratives and stories, answers to the therapist's questions, exemplifications, and judgments on situations and third parties. The following extract from Therapy I exemplifies a verbalization that does not meet the criteria of being self-referential, first person singular and present:

> I went to the bedroom, I say around two in the morning, as well, Barbarita heard when Luis was crying, went where Father was, asked him "What's going on?" He said that he had stomachache or something. Then she, I was in my bedroom, went to the bathroom and returned, and "Where are you going, Barbarita?" "I'm going to dry Daddy's eyes, because he has stomachache." Then she ... e(sigh), then okay, the girl slept. I took her to the bedroom and I sat to talk with him, I mean, that he should reason as well, I mean that this has no reason of being, I mean, we didn't understand each other, he acted in a way, I acted in another way thinking different.

The next extract from Therapy II is self-referential and shows the first person singular but does not correspond to the present tense:

> I have also been able to do my work in peace, I have been able to arrive to school and I disconnect, I mean, the case was that before ... I lived the separation 100% in my head, day and night, it was my central point, and now I really let sort of moments of my time for thinking about that, I say "after tea I will think a little and I'll be in peace" and I do it, and after in the morning after breakfast and I say "enough" and I will do the things.

Discussion

Because the main objective of this research is to determine the existence of a linguistic pattern proper to those verbalizations that have been identified as change moments, a first fundamental distinction forwarded by the speech acts theory was the one postulated by Austin (1962) when he distinguished between constatative utterances (those focused on the descriptive) and performative utterances (those

Table V. Comparison of Change Moments and Random Verbalizations

Type of therapy	Change moments	Random verbalizations	Total
Psychodynamic Therapy I			
Do not meet criteria	1	166	167
Meet criteria	10	25	35
Total	11	191	202
Psychoanalytical Therapy II			
Do not meet criteria	4	105	109
Meet criteria	18	52	70
Total	22	157	179
Social Constructionist Family Therapy			
Do not meet criteria	1	151	152
Meet criteria	7	37	44
Total	8	188	196

that, when enunciated, constitute an action). In relation to this distinction, one first result that deserves highlighting is that 85% of verbalizations identified as moments of change in the three therapeutic processes meet the three criteria hypothesized in this study. The first two criteria are linked to the illocutionary force, as the verbalizations complied with the performative criteria forwarded by Austin (1982): (a) utterances issued forth in first person singular and (b) utterances issued forth in present tense indicative. The third criterion is related to the propositional content and establishes that this should evidence self-referential characteristics. These three criteria define what has been termed, according to our working hypothesis, "an illocutionary linguistic pattern common to the verbalizations identified as moments of change." Therefore, according to our theory, moments of change can be defined as "utterances that do upon saying."

Our hypothesis—that this pattern would be typical of change moments but not of verbalizations unrelated to change—also received support from our results. Apparently, this pattern does not respond to general characteristics of therapeutic interactions but rather is specific to verbalizations that involve change. The results obtained are conclusive in the sense that, in the frequency analysis, a practically reverse relationship was evidenced. Although more than 80% of moments of change evidenced the illocutionary pattern in question, only 30% of verbalizations unrelated to moments of change did. This finding feeds back into the task of identifying moments of change, because the characteristic illocutionary pattern can be used as an additional and complementary criterion to determine which verbalizations constitute moments of change.

The performative uses and the self-reference of the propositional content in change moments make it possible to establish a convergence between the theory of subjective change, of a semantic level, and the speech acts theory, of a pragmatic level. A theory of subjective change is a theory about the "what" of the change (propositional content), specifically about the subjective theories (Groeben et al., 1988) the patient has about him- or herself. An analysis of the speech acts allows us also to reflect on the "how" of change at one given moment of the therapeutic conversation or, in other words, its performative use.

Thus, in line with performativity, according to the developments of Searle (2002) and Habermas (2002), we have considered the tradition of language use (Wittgenstein, 1968) in a postmodern frame, in a context in which the interaction in the use of language, in a language game, in this case therapeutic and illocutionary, gives way to the pragmatic distinctions for change more than a system of a priori conceptual categories. It is because we adopted this perspective that we emphasize the inquiry of the performative use above the classificatory interest in the taxonomy of speech acts.

As stated early in this report, we used Austin's speech acts theory, modified by Searle, that includes the performative–propositional double structure as illocutionary structure of speech acts and related it to the main statement (subjective change) and its operationalization (change indicators) of the subjective change theory (Krause, 2005).

The discovered linguistic pattern represents an integration of illocutionary force and propositional content (Arístegui et al., 2004). The propositional content is implied in the change indicators, and, on the linguistic level, it is included in the self-referential expression. On the other hand, the illocutionary force is constituted by the use of the first person singular and the utterances issued in present tense. This way, we propose an integrated performative–constatative possibility of language description, further than the extensional–intensional vocabulary disjunctions, according with a postmodern frame.

New questions arise from these findings. Some of these concern which of the therapist's linguistic actions may be associated with the patient's production of utterances bearing the illocutionary pattern under study. In looking for those active components that are linked to change in the therapeutic process and that may, therefore, determine its effectiveness, we may want to examine therapist–patient interaction sequences in the light of the categories and conceptual distinctions provided by the speech acts theory. This theory appears to be a promising approach to research on the therapeutic process, allowing for a conception of change in subjective theories that can integrate the illocutionary force component in the theory of meaning and thus in the theory of subjective change within a pragmatic context.

References

Acero, J. J. Bustos, E. & Quesada, D. (1989). *Introducción a la Filosofía del lenguaje.* [Introduction to the psychology of language]. Madrid, Spain: Cátedra.

Anderson, H. (1997). *Conversation, language, and possibilities: A postmodern approach to therapy.* New York: Basic Books.

Arístegui, R. (2002). Proyecto y Performatividad en Terapia Gestáltica. Motivos para y Actos de Habla Expresivos [Project and performativity in gestalt therapy]. *Revista Terapia Psicológica*, *20*, 183–198.

Arístegui, R., Reyes, L., Tomicic, A., Krause, M., de la Parra, G., Ben-Dov, P., et al. (2004). Actos del Habla en la conversación terapéutica [Speech acts in the therapeutic conversation]. *Revista Terapia Psicológica*, *22*, 131–143.

Austin, J. L. (1962). *How to do things with words*. Cambridge, MA: Harvard University Press.

Austin, J. L. (1982). *Cómo hacer cosas con palabras* [How to do things with words]. Buenos Aires, Argentina: Paidós.

Bastine, R., Fiedler, P., & Kommer, D. (1989). Was ist therapeutisch an der Psychotherapie? Versuch einer Bestandsaufnahme und Systematisierung der Psychotherapeutischen Prozeßforschung [What is therapeutic in psychotherapy? Attempt of a stocktaking and systematization of the psychotherapeutic process research]. *Zeitschrift für Klinische Psychologie*, *18*, 3–22.

Elliott, R. (1984). A discovery-oriented approach to significant change events in psychotherapy: Interpersonal process recall and comprehensive process analysis. In L. Rice & L. S. Greenberg (Eds), *Patterns of change: Intensive analysis of psychotherapy process* (pp. 249–286). New York: Guilford Press.

Elliott, R., & Shapiro, D. A. (1992). Client and therapist as analysts of significant events. In S. G. Toukmanien & D. L. Rennie (Eds), *Psychotherapy process research: Paradigmatic and normative approaches* (pp. 163–186). Newbury Park, CA: Sage.

Fiedler, P., & Rogge, K. E. (1989). Zur Prozeßuntersuchung psychotherapeutischer Episoden. Ausgewählte Beispiele und Perspektiven [About process research of psychotherapeutic episodes. Selected examples and perspectives]. *Zeitschrift für Klinische Psychologie*, *18*, 45–54.

Gillett, G. (2002). The self as relatum in life and language. Philosophy. *Psychiatry and Psychology*, *9*, 123–125.

Groeben, N., Wahl, D., Schlee, J., & Scheele, B. (1988). *Das Forschungsprogramm Subjektive Theorien: Eine Einführung in die Psychologie des reflexiven Subjekts* [The research program subjective theories: An introduction to the psychology of the reflexive subject]. Tübingen, Germany: Francke.

Habermas, J. (1989). *Teoría de la acción comunicativa* [Theory of the communicative action]. Madrid, Spain: Taurus.

Habermas, J. (2002). *Facticidad y Validez* [Facticity and validity]. Madrid, Spain: Trotta.

Hill, C. E., Thompson, B. J., & Williams, E. N. (1997). A guide to conducting consensual qualitative research. *Counseling Psychologist*, *25*, 517–572.

Krause, M. (1991). "Ich glaube inzwischen schon, daß ich eine Neurose habe"—Veränderung von subjektiven Theorien durch Interaktion mit professionellen Helfern ["In the meantime I already believe that I have a neurosis"—Change of subjective theories by interaction with professional helpers]. In U. Flick (Ed.), , *Alltagswissen über Gesundheit und Krankheit* [Everyday life knowledge about health and illness] (pp. 198–215). Heidelberg, Germany: Asanger.

Krause, M. (1998). Construcción y transformación de teorías subjetiva a través de la psicoterapia [Construction and transformation of subjective theories through psychotherapy]. *Terapia Psicológica*, *7*, 29–43.

Krause, M. (2005). *Psicoterapia y Cambio: Una mirada desde la subjetividad* [Psychotherapy and change: A view from subjectivity]. Santiago: Ediciones Universidad Católica de Chile.

Krause, M., de la Parra, G., Arístegui, R., Dagnino, P., Tomicic, A., Valdés, N., et al. (2007). The evolution of therapeutic change studied through generic change indicators. *Psychotherapy Research, 17,* 673–689.

Krause, M., de la Parra, G., Arístegui, R., Tomicic, A., Dagnino, P., Echavarri, O., et al. (2006). Indicadores de cambio genéricos en la investigación psicoterapéutica [Generic change indicators in psychotherapy research]. *Revista Latinoamericana de Psicología*, *38*, 299–325.

Krause, M., & Winkler, M. I. (1995). Soziale Repräsentationen psychologischer Interventionen unter Armutsbedingungen [Social representations of psychological interventions under poverty conditions]. *Journal für Psychologie*, *3*, 31–44.

Marmar, C. R. (1990). Psychotherapy process research: Progress, dilemmas, and future directions. *Journal of Consulting and Clinical Psychology*, *58*, 265–272.

Mergenthaler, E. (2002). Das Zyklusmodell—ein Weg zur ausbildungsorientierten Forschung? [The cycle model—A way to training-oriented research?]. *Psychologische Medizin*, *13*, 3–10.

Nassir, G. (1999). Performative statements and the will: Mechanisms of psychotherapeutic change. *American Journal of Psychotherapy*, *53*, 483–494.

Rice, L., & Greenberg, L. S. (1984). *Patterns of change*. New York: Guilford Press.

Searle, J. (1980). *Actos del Habla* [Speech acts]. Madrid, Spain: Cátedra.

Searle, J. (2002). *Consciousness and language*. Cambridge, UK: Cambridge University Press.

Stiles, W. (1992). *Describing talk: A taxonomy of verbal response modes*. Newbury Park, CA: Sage.

Wampold, B. (2001). *The great psychotherapy debate. Models, methods, and findings*. Erlbaum, NJ: Erlbaum.

Wiser, S., & Goldfried, M. R. (1996). Verbal interventions in significant psychodynamic–interpersonal and cognitive–behavioral therapy sessions. *Psychotherapy Research*, *6*, 309–319.

Wittgenstein, L. (1968). *Philosophical investigations* (G. E. Anscombe, trans.). Oxford, UK: Blackwell.

Appendix

Generic Change Indicators (Krause et al., 2007)

1. Acceptance of the existence of a problem.
2. Acceptance of his/her "limits" and of the need for help.
3. Acceptance of the therapist as a competent professional.
4. Expression of hope ("morale boost" or "remoralization"; the expectation of being helped or being able to overcome the problems).
5. Questioning of habitual understanding, behavior, and emotions ("opening up"). May imply the recognition of problems previously ignored, self-criticism, and/or the redefinition of therapeutic expectations and goals.
6. Expression of the need for change.
7. Recognition of his/her own participation in the "problems."
8. Discovery of new aspects of self.
9. Manifestation of new behavior or emotions.
10. Appearance of feelings of competence.
11. Establishment of new connections among:
    - Aspects of self (e.g., beliefs, behavior, emotions)
    - Aspects of self and the environment (persons or events)
    - Aspects of self and biographical elements
12. Reconceptualization of problems and/or symptoms.
13. Transformation of valorizations and emotions in relation to self or others.
14. Creation of subjective constructs of self through the interconnection of personal aspects and aspects of the surroundings, including problems and symptoms.
15. Founding of the subjective constructs in own biography.
16. Autonomous comprehension and "use" of the context of psychological meaning.
17. Acknowledgment of help received.
18. Decreased asymmetry between patient and therapist.
19. Construction of a biographically grounded subjective theory of self and of his/her relationship with surroundings ("global" indicator).