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THE PATIENT HOLDS THE KEY – IDIOLECTICS: AN INNOVATIVE INTERVIEW TECHNIQUE

PATIENT

PATIENT DEFINES:

THEME: Key words (Idiolect)

TEMPO: the flow of self-exploration

TONE: nonverbal and paraverbal microtracking of resources and resilience

IDIOLECTICS

Effectively activating patients participation in the therapeutic process

The patients' idiosyncratic use of their language patterns is called idiolect. It is the pattern of language or speech that a person uses, including all of his phonetic, grammatical, and word choice preferences. The idiolect as the unique „fingerprint" of each person contains valuable references to the implicit knowledge and unconscious patterns of this person. Idiolectics is the methodical, painstaking, and precise handling of idiolect. The idiolectic approach is marked by the uncompromising recognition of the viewpoint of the other. The questioning technique is characterized by simple, short, and open questions, in which the idiolect of the conversational partner is taken up, is seized upon. Here special attention is given to the imagery of the language and to nonverbal signals as a microprocessual feedback.

Subsequently the patient is usually able to express himself more freely and with fewer inhibitions, since he immediately experiences how his utterances are dealt with and receives feedback to them – in the form of attentive questions that are unconditionally responsive to his idiolect, that is, to his topics, tone, and tempo.
Self-consciousness, self-worth and self-efficacy are improved implicitly by this way of idiolectic dialogue because the patient is appreciated as expert concerning his unique way of experiencing his symptoms. Idiolectics is empowering patients to access their own capacities for growth. Especially in the treatment of patients with fixed somatic disease concepts or in patients with organic diseases plus psychosomatic symptoms this improves the rapport as well as the outcome of the treatment.

IDIOLECTICS

ATTENTIVE LISTENING - RECOGNIZING RESOURCES - SIMPLE & OPEN QUESTIONS

... THE SHORTER THE QUESTION, THE GREATER THE FREEDOM TO ANSWER

IDIOLECT

THERAPIST

MINIMAL INTENTION

MINIMAL INTERPRETATION

MINIMAL INTERVENTION

→MAXIMUM PRESENCE

→ UTILIZATION OF PATIENTS' RESOURCES AND RESILIENCE

IDIOLECT

(CONCEPTS & COGNITION)

FOCUS → IMAGES & EPISODES

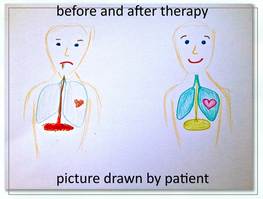
→ SENSORY & MOTOR

CASE STUDY

21y patient with history of pulmonal hypertension. Acute Pneumonia with pulmonal oedema and 3 weeks treatment on intensive care unit. She just survives the medical crisis. 3 months later she medically recovers but still suffers from highly limited performance (breathlessness after walking 3 steps) and high anxiety levels. There is no somatic explanation for the symptoms so she is referred to a psychosomatic clinic. The patient is very sceptic and is convinced that her symtoms have got a (yet not found) medical explanation which increases her anxiety level further. The first therapeutic encounter takes place in the clinic bedroom due to her restricted mobility. Asked what she experiences in the moment she describes a „pressure on the chest". This „key-word" is used to enter an Idiolectic dialogue and consequently focuses the patient's resources and resiliency which are expressed in her idiolect.

IDIOLECTIC INTERVIEW

Th: What kind of pressure is that **pressure?**
P: (holds the breath and presses the chest with one hand)
Th: Could you describe that **pressure**?
P: It is like a **balloon**, bulging and full of water.
Th: What does that **balloon** look like?
P: Normally it is dark blue, but now the rubber skin is almost transparent and light blue, so as if it could burst at **any moment.**
Th: What would be good for the balloon **to happen**?
P: The water had to **go out** somehow and the air in again.
Th: How could **that happen**?
P: The water would have to **flow out** anyhow.
Th: Where to could the water **flow out**?
P: To the **sea**?
Th: What do you associate with the **sea**?
P: A wonderful **holiday at a beach** in America.
Th: What did you **do** there?
P: We ran along the beach and **felt** the wind.
Th: What did you **feel** there?
P: That was a great feeling of ... **freedom**.
Th: Whereelse do you feel that **freedom**?
P: When I **played handball.**
Th: What was it like when you **played handball**?
P: Well, after the training and the workout there was this fantastic feeling of **exhaustion and contentment**.
Th: **Exhaustion and Contentment**?
P: Yes, just like **right now**. I feel quite knackered, but I am very **surprised**, the **pressure from earlier is gone**.



This is the turning point for the patient. For the first time she recognizes links between activity in her mind and following changes in her body. Now she is open for further psychodynamic psychotherapy and EMDR-treatment. After 4 weeks of psychosomatic in-patient care her performance improves remarkably so that the treating cardiologist resigns the regular cardiac cathederization for check-up.

EFFECTS

TRUST
RESONANCE
RELAXATION
CHANGE OF PERSPECTIVES
CONNECTION TO IMPLICIT KNOWLEDGE
ACTIVATION OF RESOURCES AND RESILIENCE
INTEGRATION OF STRESSFUL EXPERIENCES
GROWTH

HISTORY

Adolphe Desiderius (named David) Jonas, born 1914 in former Yugoslavia studied medicine in New York and Vienna, worked in the field of tropical medicine and later as consultant Liaison psychiatrist in New York, on the Philippines and almost 3 decades in a private psychotherapy practice in New York. Teaching assignments lead him to the Universities of London, Würzburg and Vienna. As most of the therapists at that time he was trained as a psychoanalyst. Especially working with psychosomatic patients he noticed the necessity of outgrowing the narrow path of analytic communication and interpretational patterns to achieve better outcomes. Together with his second wife Doris F. Jonas and inspired by his studies in linguistics, anthropology and ethnology he developed an interview technique referring to the clients' idiosyncratic use of language (the idiolect). Later he named it „Idiolectics" and taught this special art of therapeutic dialogue at universities and seminars (Jonas 1987).
Today idiolectics is developed further and taught by followers of Jonas in Germany, Switzerland and Austria by members of the „Gesellschaft für Idiolektik und Gesprächsführung" (society for idiolectics and conversation techniques). Anywhere where an idiolect makes itself particularly noticeable, Idiolectics can be employed, often with astounding results: in talks in everyday life, in counseling, in education, diagnostics, and therapy.

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