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Media Rhetoric  
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Seminar Paper – Watzlawick

In the preface, Watzlawick determined that the use of dark language as a means of psychoanalysis should be the premise of his book. However, as the reader continued, he or she would find anecdotal and author support of basic grammar and language skills at the root of this ‘dark and bizarre language’, which Watzlawick attributed as known by all though most likely unrealized. (x)

From then on, the author spent chapters analyzing the rules of proper grammar and relating it to psychoanalysis, again drawing from anecdotal evidence as well as other analyses. In patient comparisons, he likened these variations in language usage to left- and right-hemisphere differences as well as the two languages, the language of reason and the language of imagery. With psychoanalysis, Watzlawick hypothesized that more doctor-patient interventions would be a successful method for breaking into a patient’s mind and learning his or her language as well as getting to the root/source of the individual’s behavior.

While Watzlawick’s theory of allowing patient’s more of a say in their psychoanalysis and/or treatment was a valid option to traditional analysis methods, he still maintained that those involving reason versus imagery proved to be more effective in the long run, as they provided the patient with the most resemblance to reality.

Maybe it is just me but I found all the grammar talk a little long-winded. At times, the author’s descriptions of proper grammar read like the AP style guide meets the DSM-IV. As a former copy editor, I know a thing or two about grammar (or would like to think I do), and I

would assume that everyone in a media program would also know proper grammar, or they need to go back to fourth or 11<sup>th</sup> grade or foreign language class (that's where I learned it, from all three).

I'm not trying to knock Watzlawick, especially since he managed to tie grammar and psychoanalysis together, but he made it sound like his talk-to-them-in-their-own-language theory was some hot-shot discovery. While I'm no shrink, I can only offer my opinion: People put up barriers, and the more we put up, the harder it is to communicate with others, especially if they come from totally different backgrounds and/or live in another world. Talking, yes, is one way to remove those barriers, talking like one of them at their level as though you're one of them. Or even listening; perhaps these patients aren't saying much because their doctors are always telling them what they think they [the patients] should be doing and/or only hear what they [the doctors] want to hear. Yeah, I wouldn't talk either.