

Distancing Language

“Distancing language” refers to linguistic choices that create a sense of emotional or interpersonal distance between the speaker and the topic being discussed. This type of language is characterized by the use of more formal, objective, and neutral terms and expressions, as opposed to more personal, subjective, and informal ones.

Some common features of distancing language include:

- **Nouns and passive voice instead of personal pronouns and active voice:** For example, “The data was analyzed” instead of “I analyzed the data”.
- **Formal vocabulary and syntax:** For example, “It is imperative that measures be taken to address the issue” instead of “We need to do something about this”.
- **Avoidance of emotive language and expressions:** For example, “The situation is unfortunate” instead of “This sucks”.
- **Use of abstract or technical terms:** For example, “The patient presented with dyspnea” instead of “The patient was short of breath”.

Distancing language is often used in professional or academic settings where a level of impartiality and objectivity is expected. However, it can also be used to avoid taking responsibility, express criticism or disapproval, or simply to convey a sense of detachment or disinterest.

Examples of contexts where distancing language is commonly used include scientific writing, legal documents, news reporting, and medical documentation.

Here are some examples of distancing language and [pronouns](#):

Distancing Language

- Using technical terms or medical jargon, instead of everyday language
- Avoiding the use of personal pronouns
- Speaking in a formal or distant tone
- Using passive voice constructions, such as “It was reported that...” or “The patient was seen by the doctor.”

Examples of third-person pronouns:

- “The patient has been experiencing depression.”
- “They have been struggling with anxiety.”
- “The client's symptoms are indicative of PTSD.”

Examples of first-person pronouns:

- “I can understand how you're feeling.”
- “You have been through a lot.”
- “We can work together to find ways to cope with your anxiety.”

It's important to keep in mind that the use of distancing language or third-person pronouns does not necessarily mean that a therapist is intentionally unempathetic or uncaring.

Distancing in Mental Health

Distancing language can play a role in shaping our perceptions and experiences of mental health conditions, both for those who have a mental health condition and for those who are interacting with them.

For individuals with a mental health condition, distancing language can serve as a coping mechanism to manage the stigma and shame often associated with mental illness. By using more formal or neutral language to describe their experiences, they can maintain a sense of control and avoid being perceived as overly emotional or vulnerable.

However, this use of distancing language can also perpetuate the stigma surrounding mental health conditions and limit opportunities for open and honest discussions about mental health.

In the mental health care setting, distancing language can also be used by healthcare providers to maintain a professional distance and avoid appearing biased or judgmental. However, this can sometimes lead to a lack of empathy and understanding and can contribute to the feeling of being dehumanized or disconnected from others.

It is important to recognize the impact of distancing language on mental health and to strive for more open, compassionate, and non-stigmatizing communication, both in personal and professional contexts. This can help reduce shame and stigma, increase access to care, and promote overall well-being for individuals with mental health conditions.

Distancing Language in Police Interviews

Distancing language is often unconsciously used by guilty suspects in police interviews to create distance or distance themselves from a crime or situation. It can be a way for the suspect to avoid taking direct responsibility for their actions, or to lessen the impact of what they did. Here are some common examples of distancing language used by guilty suspects in police interviews:

- **Passive voice constructions:** Suspects may use passive voice constructions, such as “the door was opened” instead of “I opened the door”, to distance themselves from the action and make it less clear who is responsible.
- **Use of third-party references:** Suspects may use third-party references, such as “someone else must have done it” or “they made me do it,” to shift the blame to someone else.
- **Minimization of involvement:** Suspects may try to minimize their involvement in the crime by using phrases such as “I was just along for the ride” or “I didn't have anything to do with the planning.”
- **Use of vague language:** Suspects may use vague language, such as “it happened” or “things got out of hand,” to avoid admitting to specific actions or details.
- **Denial of knowledge:** Suspects may deny knowledge of specific details related to the crime, such as “I don't remember” or “I don't know anything about it.”

It's important to note that using distancing language does not necessarily indicate guilt, and can be a natural response when a person feels threatened or under pressure. However, it can also be an

indication that the suspect is trying to avoid responsibility or conceal the truth. Police officers are trained to recognize and interpret these types of responses as part of their investigation.

Distance Language as "Professionalism"

While the use of distancing language can help therapists maintain a professional demeanor, it can also have negative effects on the therapeutic relationship and the overall effectiveness of treatment.

Studies have shown that the use of distancing language by therapists can lead to decreased levels of rapport, engagement, and trust with their patients. When therapists use distancing language, patients may perceive them as unemotional, uncaring, or even hostile, which can negatively impact the therapeutic relationship. This, in turn, can make it more difficult for patients to open up and disclose personal information, which is crucial for the success of therapy.

In contrast, when therapists use language that is warm, empathetic, and emotionally attuned to their patients, it can create a sense of safety and connection. This can increase patient engagement, motivation to participate in therapy, and ultimately, treatment outcomes.

It's important for therapists to be mindful of the language they use and to strike a balance between maintaining professionalism and creating a therapeutic relationship that is supportive, empathetic, and respectful of the patient's experiences. This can help ensure the best possible outcomes for patients and the effectiveness of treatment.

On Becoming a Non-Person

R.D. Laing was a Scottish psychiatrist and social critic who was influential in the anti-psychiatry movement of the 1960s and 1970s. One of his key concepts was the idea of the "non-person."

[Laing](#) believed that traditional psychiatric practices often labeled individuals with mental health conditions as "non-persons" or "pathological" and reduced them to their symptoms or diagnoses, rather than acknowledging them as complex, multidimensional human beings with unique experiences and perspectives. He argued that this dehumanizing treatment further exacerbated their struggles and contributed to the perpetuation of mental distress.

[R. D. Laing](#) maintained that the experience of being a "non-person" was central to many forms of mental distress, including schizophrenia. He argued that the emotional and interpersonal isolation that came with being labeled as a "non-person" was a major contributor to the experiences of mental distress and that by addressing this dehumanization, it was possible to promote healing and recovery.

Laing's concept of the "non-person" remains an important and relevant critique of traditional psychiatric practices and has influenced the development of more person-centered approaches to mental health care, including the field of psychotherapy. These approaches emphasize the importance of establishing a therapeutic relationship that values the individual's experiences and perspectives and seeks to promote understanding and healing, rather than reducing the person to a diagnosis or set of symptoms.

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