



# The Role of Therapeutic Discourse in Enhancing Patient Motivation and Compliance in Physical Therapy

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## Abstract

Effective communication is a foundational component of successful physical therapy, yet the impact of therapeutic discourse on patient motivation and compliance remains underexplored. This study investigates how language use by physical therapists influences patient engagement and adherence to treatment plans. Using a qualitative approach, data were collected through semi-structured interviews with 10 therapists, interviews with 15 patients, and observations of 20 therapy sessions. Thematic analysis revealed four core themes: empowering language, collaborative goal-setting, empathetic validation, and discouraging discourse through medical jargon and authoritative tone. Findings indicate that empowering and empathetic language enhances patient motivation, builds therapeutic alliance, and promotes adherence to home exercise programs. In contrast, technical jargon and directive communication may lead to confusion, reduced motivation, and decreased compliance. The study draws on Self-Determination Theory, Motivational Interviewing, and Social Cognitive Theory to explain how language fosters autonomy, competence, and emotional connection. These results underscore the importance of patient-centered, emotionally attuned, and motivational communication strategies in clinical practice. The study concludes with recommendations for integrating communication training into physical therapy education to improve patient outcomes. Further research is needed to examine the long-term effects of therapeutic discourse across diverse patient populations and settings.

**Keywords:** Therapeutic discourse, physical therapy, communication strategies, empathetic communication, motivational interviewing, self-determination theory, health communication

## Introduction

Effective communication is a cornerstone of therapeutic practice, and in physical therapy, the language used by clinicians plays a crucial role in shaping patient experiences, perceptions, and outcomes. As rehabilitation increasingly emphasizes patient-centered care, the discourse between therapist and patient has emerged as a significant determinant of engagement and adherence to treatment plans (Resnik & Hart, 2003). Language is not merely a tool for conveying instructions or clinical information—it actively constructs the therapeutic relationship, influences patient motivation, and can either facilitate or hinder recovery (Bjorbækmo & Engelsrud, 2011).



Research in health communication has shown that the words chosen by clinicians can evoke powerful psychological responses. For example, the use of biomedical or pathoanatomical terminology may unintentionally increase patient anxiety or foster maladaptive beliefs about pain and function (Darlow et al., 2013). Conversely, therapeutic discourse that emphasizes empowerment, resilience, and collaboration has been linked to improved treatment adherence and greater patient satisfaction (Nielsen et al., 2021). These findings underscore the need for physical therapists to engage in mindful, reflective communication practices that align with the principles of motivational interviewing and trauma-informed care.

Given the complex interplay between language, cognition, and behavior, it is critical to examine how therapeutic discourse can be strategically employed to enhance patient compliance and motivation. This article explores the linguistic strategies used by physical therapists in clinical settings, the impact of these strategies on patient engagement, and the implications for training and professional development. By situating language at the center of therapeutic interaction, this study aims to contribute to a more nuanced understanding of communication as a clinical intervention in its own right.

## Objectives

The primary objective of this study is to explore the role of therapeutic discourse in enhancing patient motivation and compliance within physical therapy settings. Specifically, this research aims to:

1. **Identify** the key linguistic strategies employed by physical therapists during clinical interactions to foster patient engagement and adherence.
2. **Examine** the impact of therapeutic language on patients' perceptions of their condition, motivation to participate in rehabilitation, and willingness to adhere to prescribed treatment plans.
3. **Analyze** how the use of empowering versus pathologizing language influences patient outcomes, particularly in the context of chronic musculoskeletal conditions.
4. **Evaluate** the implications of discourse practices for professional training and continuing education among physical therapists.



5. **Contribute** to the development of evidence-based communication guidelines that support effective, empathetic, and patient-centered care in physical therapy.

## Literature Review

### 1. The Significance of Therapeutic Discourse in Physical Therapy

Effective communication between physical therapists and patients is pivotal in fostering a therapeutic alliance that enhances patient engagement and adherence to treatment plans. Therapeutic discourse encompasses the verbal and non-verbal interactions that occur during therapy sessions, shaping patients' perceptions of their condition and influencing their motivation to participate actively in rehabilitation (Resnik & Hart, 2003).

Bjorbækmo and Engelsrud (2011) emphasize that the language used by clinicians can either empower patients or reinforce feelings of helplessness. For instance, using pathoanatomical terminology may inadvertently increase patient anxiety, whereas language that emphasizes resilience and recovery can foster a more positive outlook.

### 2. Patient Motivation: A Multifaceted Construct

Patient motivation is a complex and multifaceted construct that significantly impacts rehabilitation outcomes. Motivation encompasses intrinsic factors, such as personal goals and beliefs, and extrinsic factors, including social support and therapist encouragement (Pound et al., 1999).

A critical review by Pound et al. (1999) highlights that motivation is not solely an internal drive but is influenced by the therapeutic environment and the clinician's approach. Therapists who adopt a patient-centered communication style, acknowledging patients' experiences and involving them in goal setting, can enhance motivation and, consequently, treatment adherence.

### 3. Compliance and Adherence in Physical Therapy

Compliance, or adherence, refers to the extent to which patients follow prescribed treatment regimens. Non-compliance remains a significant challenge in physical therapy, often leading to suboptimal outcomes. Factors influencing compliance include the complexity of the treatment plan, patient understanding of the therapy's importance, and the quality of the patient-therapist relationship (Haynes et al., 2002).



A study by Bassett (2003) underscores the role of clear and empathetic communication in improving adherence. When therapists provide understandable explanations and actively involve patients in decision-making, patients are more likely to comply with treatment recommendations.

#### **4. The Role of Motivational Interviewing**

Motivational Interviewing (MI) is a collaborative, goal-oriented communication style designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring an individual's reasons for change within an atmosphere of acceptance and compassion (Miller & Rollnick, 2013).

In physical therapy, MI has been utilized to address ambivalence toward behavior change, particularly in patients with chronic conditions. By employing MI techniques, therapists can enhance patients' intrinsic motivation, leading to improved adherence and outcomes (Hall et al., 2010).

#### **5. Cultural and Individual Differences in Communication**

Understanding cultural and individual differences is essential in tailoring therapeutic discourse to meet diverse patient needs. Cultural beliefs and values can influence patients' perceptions of illness and treatment, affecting their motivation and compliance (Sue & Sue, 2012).

Therapists must be culturally competent, adapting their communication strategies to align with patients' cultural contexts. This includes being aware of language preferences, health beliefs, and decision-making styles, thereby fostering a more inclusive and effective therapeutic environment.

#### **6. Training and Professional Development**

Given the critical role of communication in physical therapy, ongoing training and professional development in therapeutic discourse are imperative. Workshops and educational programs focusing on communication skills, cultural competence, and motivational strategies can equip therapists with the tools necessary to enhance patient engagement and adherence (Herschell et al., 2010).



Implementing reflective practices, such as peer discussions and self-assessment, can further refine therapists' communication approaches, ensuring that they remain responsive to patients' evolving needs and preferences.

## **Theoretical Framework**

This study is grounded in several interrelated theoretical models that explain how language, motivation, and behavior interact within therapeutic contexts. The following frameworks provide the basis for understanding the mechanisms through which therapeutic discourse influences patient motivation and compliance in physical therapy: the Self-Determination Theory (SDT), Social Cognitive Theory (SCT), Motivational Interviewing Framework, and Health Belief Model (HBM).

### **1. Self-Determination Theory (SDT)**

Self-Determination Theory (Deci & Ryan, 1985; Ryan & Deci, 2000) posits that human motivation is driven by the fulfillment of three basic psychological needs: autonomy, competence, and relatedness. In a physical therapy setting, therapeutic discourse that supports these needs can enhance intrinsic motivation, leading to greater patient engagement and sustained behavior change.

For instance, when therapists use autonomy-supportive language—such as providing choices, acknowledging patient perspectives, and avoiding controlling language—patients are more likely to feel in control of their recovery process (Ng et al., 2012). Additionally, affirming patients' capabilities and progress can satisfy the need for competence, while empathetic, relational communication fulfills the need for relatedness.

This framework supports the idea that the language therapists use can either promote or hinder motivation by affecting patients' perceptions of autonomy, mastery, and connection.

### **2. Social Cognitive Theory (SCT)**

Bandura's Social Cognitive Theory (1986) emphasizes the role of observational learning, self-efficacy, and reciprocal determinism in behavior change. One of SCT's central concepts, **self-efficacy**—a person's belief in their ability to succeed in specific situations—is particularly relevant to physical therapy.



Therapeutic discourse that reinforces positive expectations, provides clear guidance, and uses modeling or success stories can significantly enhance a patient's sense of self-efficacy. For example, verbal persuasion, a key method in SCT, can help patients believe in their ability to complete exercises or overcome pain, thereby increasing the likelihood of compliance (Bandura, 1997).

Moreover, SCT suggests that language can shape behavioral expectations and coping strategies, making the therapist's role as a communicative guide critical for reinforcing adaptive beliefs and behaviors.

### **3. Motivational Interviewing Framework**

Motivational Interviewing (MI), developed by Miller and Rollnick (2013), is both a communication style and a theoretical model grounded in the principles of collaboration, evocation, and autonomy. It is designed to help individuals resolve ambivalence about change and build motivation from within.

In physical therapy, MI-informed discourse involves reflective listening, affirmation, and strategic questioning to elicit patients' own motivations for recovery. The approach aligns closely with SDT in its emphasis on autonomy and intrinsic motivation.

Therapists using MI principles can foster a “change talk” environment—where patients verbalize their desire, ability, reason, and need for change—which has been empirically linked to better adherence and outcomes (Miller & Rollnick, 2013; Hall et al., 2012).

### **4. Health Belief Model (HBM)**

The Health Belief Model (Rosenstock, 1974) provides insight into how individuals decide to engage in health-promoting behaviors based on perceived susceptibility, severity, benefits, and barriers. Language plays a key role in shaping these perceptions.

When physical therapists communicate clearly about the risks of non-compliance, the benefits of adherence, and how to overcome barriers, they directly influence patient beliefs in line with the HBM. Effective discourse in this context involves simplifying complex information, using relatable examples, and fostering realistic expectations.



Importantly, perceived self-efficacy—added later as a component of the HBM—intersects with SCT and SDT, reinforcing the importance of language in enhancing patients' confidence in their ability to follow through with treatment.

### Synthesis and Application to Study

These four frameworks collectively emphasize that therapeutic discourse is not a neutral or purely informational process—it is an active mechanism of change. By fostering autonomy (SDT), enhancing self-efficacy (SCT, HBM), resolving ambivalence (MI), and reshaping beliefs about health behaviors (HBM), the language used by physical therapists can profoundly influence patient outcomes.

The integration of these theories supports the hypothesis that purposeful, empathetic, and motivational language positively affects patient compliance and motivation in physical therapy settings. It also guides the methodological approach of this study, which will examine therapist-patient communication through a theoretical lens that recognizes discourse as a dynamic and transformative element of care.

### Methodology

#### Research Design

This study employed a **qualitative descriptive design** to explore how therapeutic discourse influences patient motivation and compliance in physical therapy settings. A qualitative approach was chosen to allow for an in-depth examination of the language used during therapist-patient interactions and to understand the subjective experiences of both therapists and patients. This design is suitable for capturing the nuances of communication, emotional tone, and contextual factors that may not be evident through quantitative measures (Sandelowski, 2000).

#### Participants

The study involved two participant groups:

1. **Physical Therapists (n = 10):** Licensed physical therapists with at least three years of clinical experience were recruited from outpatient rehabilitation clinics in an urban healthcare network. Efforts were made to ensure diversity in gender, age, and cultural background.



2. **Patients (n = 15):** Patients undergoing physical therapy for musculoskeletal or neurological conditions, aged between 18 and 70, were selected. Inclusion criteria included the ability to communicate in English and active participation in at least four therapy sessions. Patients with cognitive impairments that could affect communication were excluded.

A **purposive sampling** strategy was used to ensure that participants could provide rich, relevant insights into therapeutic communication and its effects on motivation and adherence (Palinkas et al., 2015).

## Data Collection

### 1. Semi-Structured Interviews

In-depth, semi-structured interviews were conducted separately with both therapists and patients. Interview guides were designed based on the theoretical framework, with questions exploring participants' perceptions of communication styles, motivational strategies, and experiences of therapy adherence.

- Therapist questions included:
  - “How do you adapt your language based on patient engagement?”
  - “What communication strategies do you find most effective in promoting adherence?”
- Patient questions included:
  - “How did your therapist’s language affect your motivation to follow the treatment plan?”
  - “Were there specific things your therapist said that encouraged or discouraged you?”

Each interview lasted approximately 45–60 minutes and was audio-recorded with consent.

### 2. Observational Data

Non-participant observations of 20 therapy sessions were conducted to capture naturalistic discourse. Sessions were video-recorded with ethical approval and participant consent. A





structured observation protocol was used to note tone, nonverbal cues, turn-taking, and specific language features (e.g., affirmations, directives, empathy).

### Data Analysis

Data were transcribed verbatim and analyzed using **thematic analysis** as outlined by Braun and Clarke (2006). The process involved six steps:

1. **Familiarization** with data through repeated readings of transcripts.
2. **Coding** of significant text segments related to discourse, motivation, and compliance.
3. **Generating initial themes** such as “Empowering Language,” “Therapeutic Authority,” and “Emotional Resonance.”
4. **Reviewing and refining themes** by comparing across interviews and observations.
5. **Defining and naming themes** to reflect their conceptual relevance.
6. **Producing the final analysis**, integrating themes with theoretical insights from Self-Determination Theory and Motivational Interviewing.

To enhance credibility, **investigator triangulation** was used—two researchers independently coded a subset of data and reached consensus on theme development. **Member checking** was also conducted by sharing summaries with participants for validation.

### Ethical Considerations

Ethical approval was obtained from the [Institutional Review Board Name], and all participants provided informed consent. Participant confidentiality was maintained through anonymized transcripts and secure data storage. Patients were informed that participation would not influence their clinical care in any way.

### Trustworthiness

The study adhered to **Lincoln and Guba’s (1985)** criteria for qualitative trustworthiness:

- **Credibility** was ensured through triangulation and member checking.
- **Transferability** was supported by rich descriptions of participant contexts.



- **Dependability** and **confirmability** were strengthened by maintaining a detailed audit trail of coding decisions and methodological choices.

## Limitations

While qualitative methods provide depth of understanding, findings may not be generalizable across all healthcare contexts. The reliance on English-speaking participants may limit cultural representation, and therapist behavior may have been influenced by the presence of video recording (observer effect).

## Data Analysis

Thematic analysis was conducted on data collected from 10 semi-structured interviews with physical therapists, 15 patient interviews, and 20 observed physical therapy sessions. The analysis yielded **four overarching themes** related to the role of therapeutic discourse in enhancing motivation and compliance: (1) *Empowering Language as a Motivational Tool*, (2) *Collaborative Goal-Setting Through Dialogue*, (3) *The Impact of Empathy and Validation*, and (4) *Language That Discourages: Overuse of Jargon and Authority*.

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## Theme 1: Empowering Language as a Motivational Tool

Many patients reported increased motivation when therapists used affirming, optimistic language. Phrases such as "*You're making real progress*" or "*You've got this!*" were described by participants as energizing and confidence-boosting. Therapists explained they intentionally framed feedback positively to reinforce patients' efforts and build self-efficacy.

In observed sessions, therapists who consistently used empowering language also tended to receive higher engagement from patients—evidenced by more questions asked, increased participation in exercises, and positive emotional responses (e.g., smiles, nodding).

*"When she said I was stronger than I thought, I just pushed through the next set. It made a difference."* – Patient 7

This aligns with **Self-Determination Theory**, where the support of competence enhances intrinsic motivation (Ryan & Deci, 2000).

## Theme 2: Collaborative Goal-Setting Through Dialogue



Both therapist and patient interviews highlighted the value of shared goal-setting. Patients who felt included in decisions about their treatment reported a greater sense of ownership over their progress. Therapists noted that using inclusive language such as *"Let's figure out what works for you"* or *"How do you feel about starting with this exercise?"* helped create a cooperative atmosphere.

In sessions where goal-setting was discussed collaboratively, patients were more likely to adhere to home exercise programs and attend follow-up appointments.

*"She didn't just tell me what to do. We talked about what I wanted to achieve."* – Patient 11

This theme reflects the principles of **Motivational Interviewing**, which emphasizes autonomy and collaboration (Miller & Rollnick, 2013).

### **Theme 3: The Impact of Empathy and Validation**

Expressions of empathy and validation emerged as key motivators for patients. Patients who felt "heard" by their therapists described feeling more motivated to continue therapy despite pain or frustration. Verbal acknowledgments such as *"That sounds frustrating"* or *"I can see how hard you're working"* were perceived as emotionally supportive.

Therapists who practiced reflective listening and validated patient experiences helped reduce anxiety and resistance to treatment.

*"He didn't dismiss my pain—he understood it. That made me want to keep trying."* – Patient 3

Observed sessions with high empathy scores were marked by more patient-initiated conversation and fewer expressions of discouragement, reinforcing literature that links empathy to therapeutic alliance (Hall et al., 2012).

### **Theme 4: Language That Discourages: Overuse of Jargon and Authority**

Conversely, some therapists were observed using medical jargon and directive language without explanation, which led to confusion and decreased motivation. Patients expressed discomfort with phrases like *"You have degenerative disc disease"* or *"You just have to push through."*

These types of statements sometimes led patients to believe their condition was worse than it was, increasing fear-avoidance behavior and reducing compliance.



*"When he said I had a 'degenerative' problem, I thought, what's the point of exercising?" – Patient 9*

This theme illustrates how language can unintentionally reinforce helplessness, counter to the goals of rehabilitation, and supports previous findings on the negative impact of pathologizing discourse (Bjorbækmo & Engelsrud, 2011).

Cross-Theme Observations

- Therapists who consistently used patient-centered, motivational language were associated with higher patient-reported satisfaction and adherence.
- Female therapists were slightly more likely to use empathetic and affirming language; however, this trend was not consistent across all sessions.
- Patients with chronic pain conditions appeared especially sensitive to the tone and content of therapeutic language, emphasizing the importance of careful word choice.

Summary of Key Findings

Theme	Language Style	Patient Response	Impact on Motivation/Compliance
Empowering Language	Affirmations, positive reinforcement	Increased confidence	Higher engagement in sessions
Collaborative Goal-Setting	Inclusive, open-ended questions	Sense of ownership	Improved adherence
Empathy Validation	and Reflective, attuned	Emotionally understood	Enhanced therapeutic alliance
Discouraging Language	Jargon, authoritative tone	Confusion, fear	Decreased compliance

Discussion

Summary of Findings



This study aimed to explore the role of therapeutic discourse in influencing patient motivation and compliance in physical therapy settings. Four main themes emerged from the data: *Empowering Language as a Motivational Tool*, *Collaborative Goal-Setting Through Dialogue*, *The Impact of Empathy and Validation*, and *Language That Discourages: Overuse of Jargon and Authority*. The findings reveal that the language therapists use plays a significant role in shaping patient behavior, motivation, and adherence to treatment plans. Specifically, empowering language, collaboration in goal-setting, and empathetic communication were found to foster greater engagement and compliance. Conversely, the use of medical jargon and authoritative language was associated with reduced patient motivation and potential barriers to compliance.

### **Empowering Language and Motivation**

The theme of empowering language highlights the importance of positive reinforcement and affirmations in enhancing patient motivation. Consistent with **Self-Determination Theory (SDT)** (Ryan & Deci, 2000), therapists' use of language that reinforces patients' sense of competence and autonomy contributed to higher intrinsic motivation. Participants who received positive feedback, such as "You're making real progress," reported increased confidence and were more likely to engage in prescribed activities outside of therapy sessions. These findings align with previous research, which has shown that encouraging language can boost patients' self-efficacy and overall motivation (Bandura, 1997).

Therapists who used empowering language were able to enhance patients' belief in their ability to succeed in their rehabilitation, a critical factor in maintaining long-term commitment to therapy (Bandura, 1997). In contrast, patients who received less affirming feedback, particularly those in the "Discouraging Language" group, often expressed frustration or disengagement, suggesting that negative or neutral language can have detrimental effects on motivation.

### **Collaborative Goal-Setting and Adherence**

The findings also suggest that collaborative goal-setting, where therapists involved patients in decisions about their treatment plan, significantly enhanced treatment adherence. This aligns with the principles of **Motivational Interviewing (MI)** (Miller & Rollnick, 2013), which emphasizes collaboration and autonomy. By framing goal-setting as a partnership, therapists facilitated a sense of ownership in the recovery process. Patients who were given the



opportunity to participate in setting achievable goals were more likely to adhere to the treatment plan and engage with exercises outside the clinical setting.

This result is consistent with earlier studies that highlight the positive effects of involving patients in decision-making. For example, research has demonstrated that patients who actively participate in setting their own health goals are more likely to maintain compliance and demonstrate a higher degree of intrinsic motivation (Hall et al., 2012). Collaborative goal-setting not only fosters a sense of control but also aligns with patients' personal values and desires, increasing their commitment to the therapy process.

### **Empathy, Validation, and Therapeutic Alliance**

Another key finding of the study is the significant role of empathy and emotional validation in strengthening the therapeutic alliance. Empathetic statements like “I can see how hard you’re working” or “That sounds frustrating” were shown to build trust and emotional rapport between therapists and patients. According to **Social Cognitive Theory (SCT)** (Bandura, 1986), fostering positive emotional responses through empathic communication can significantly enhance self-efficacy and motivation. When patients felt understood and validated, they were more likely to remain motivated even in the face of setbacks such as pain or frustration.

This finding reinforces the existing literature on the importance of empathy in the therapeutic process. Studies have found that patients who feel emotionally supported are more likely to adhere to treatment plans and report positive health outcomes (Hall et al., 2012). Furthermore, the emotional rapport created through empathetic discourse can enhance the therapeutic alliance, a crucial factor in maintaining long-term patient engagement and compliance.

### **The Detrimental Effects of Discouraging Language**

In contrast to the empowering and empathetic language used by some therapists, other therapists frequently employed language that discouraged patient engagement. The overuse of medical jargon and an authoritative tone, such as phrases like “You have degenerative disc disease” or “You just have to push through,” contributed to patient confusion and fear. Patients who experienced this type of discourse reported feeling overwhelmed or helpless, which negatively impacted their motivation to continue therapy. This finding aligns with the **Health Belief Model (HBM)** (Rosenstock, 1974), which suggests that the perception of threat and fear can reduce an individual’s willingness to engage in health-promoting behaviors.



In particular, patients who were exposed to pathologizing language or overly authoritative directives expressed concerns that their conditions were beyond recovery. This fear and perceived helplessness can lead to maladaptive coping strategies, such as avoidance or noncompliance. These findings underscore the need for therapists to avoid using technical language without sufficient explanation and to ensure that patients understand the nature of their conditions and the purpose of their treatments.

The use of overly authoritative language can also erode the patient's sense of autonomy and self-efficacy, undermining intrinsic motivation (Ryan & Deci, 2000). This highlights the importance of balancing authority with empathy and clear communication, particularly when dealing with complex or challenging diagnoses.

### **Implications for Practice**

This study provides important insights for improving communication in physical therapy settings. First, therapists should be trained in using patient-centered communication strategies that promote autonomy, competence, and emotional support. The findings suggest that incorporating **Motivational Interviewing** techniques, such as reflective listening, affirmations, and open-ended questions, can significantly enhance patient motivation and adherence. Moreover, therapists should be encouraged to involve patients in the goal-setting process, ensuring that treatment plans are aligned with patients' personal values and priorities.

Additionally, therapists must be mindful of the language they use, particularly when discussing sensitive topics or diagnoses. Simplifying medical jargon and avoiding overly authoritative or pathologizing language can prevent patients from feeling disempowered and can help maintain their motivation. Given the importance of empathy, therapists should also prioritize building a strong emotional connection with their patients to foster trust and increase adherence.

### **Limitations and Future Research**

While this study provides valuable insights, several limitations should be noted. The sample size of 25 participants (10 therapists and 15 patients) may not be representative of the broader population, and the findings may not generalize to all clinical settings or patient populations. Additionally, the reliance on self-reported data from both therapists and patients may introduce bias, as participants may have provided socially desirable responses or may not have fully recalled their experiences.



Future research could expand on these findings by conducting longitudinal studies to assess the long-term impact of therapeutic discourse on patient outcomes. Moreover, investigating the impact of therapeutic discourse across different cultural contexts or with diverse patient populations could provide further insights into the role of communication in physical therapy.

## Conclusion

The findings of this study underscore the critical influence of therapeutic discourse on patient motivation and adherence to physical therapy treatment plans. Through thematic analysis, we identified several key aspects of language use that contribute to positive patient outcomes, including the use of empowering language, collaborative goal-setting, and empathetic communication. Conversely, the study also highlighted how the use of medical jargon and authoritative language can hinder patient engagement and undermine motivation.

The research supports existing theories, such as **Self-Determination Theory (Ryan & Deci, 2000)** and **Motivational Interviewing (Miller & Rollnick, 2013)**, which emphasize the importance of autonomy, competence, and relatedness in fostering intrinsic motivation. Empowering language and collaborative treatment planning are effective tools in promoting a sense of agency and self-efficacy in patients, which, in turn, leads to better treatment adherence. Furthermore, empathy and emotional validation were shown to strengthen the therapeutic alliance, fostering trust and increasing patient willingness to continue with challenging rehabilitation exercises.

In contrast, the study revealed that the use of complex medical terminology and an authoritative communication style could create barriers to patient understanding, resulting in decreased motivation and compliance. This reinforces the need for therapists to adapt their communication to ensure that patients feel both informed and supported throughout their treatment journey.

The implications for clinical practice are clear: therapists should be trained to use language that is not only clear and accessible but also patient-centered, empowering, and empathetic. Incorporating strategies such as **Motivational Interviewing** and collaborative goal-setting can significantly enhance patient outcomes, improve satisfaction, and increase the likelihood of long-term adherence to treatment plans.





Despite the valuable insights provided by this study, future research is needed to explore the impact of therapeutic discourse across different cultural contexts and patient populations. Longitudinal studies that track the long-term effects of communication strategies on rehabilitation outcomes would provide additional evidence to inform best practices in therapeutic communication.

Ultimately, this research emphasizes that the language used by therapists is not merely a tool for conveying instructions but a powerful influence on patient motivation, adherence, and overall rehabilitation success. By fostering positive, supportive, and empowering communication, therapists can enhance the therapeutic experience and contribute to better health outcomes for patients in physical therapy.

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