# A SEMANTIC APPROACH TO COUNSELING

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THE QUESTIONS of those seeking counseling or therapeutic help are generally of three kinds. They ask *why* they or other people of their acquaintance think, feel and act as they do. They ask the *meaning* of their own and other people's behavior. And they ask *what can be done* about it. In short, they seek information. The reassuring answer in practically every instance is that something *can* be done about it, that there is information which increases understanding of ourselves and others.

Therapy begins therefore with the suggestion that counselor and counselee engage in a joint search for this information, that they operate together as a "research team," structuring a program to ask as well as answer meaningful questions, to discuss methods and techniques for solving problems, to understand the mechanisms of human evaluation and misevaluation.

To create an atmosphere of exploration, a useful step in the early phases of therapy is for the counselor to introduce some axioms of research. The counselor suggests that the patient's questions, *why? what does it mean? what can be done?* cannot be fruitfully investigated except in the light of the following axioms:

(1) There is no single why. (Causation is multiple.)
(2) There is no single meaning. (Meanings also are multiple.)
(3) There is no single thing to be done. (There are many alternative courses of action.)

Utilizing these axioms helps to avoid the tendency of maladjusted people to search for *the* cause, *the* meaning, *the* answer; to develop instead an understanding and appreciation of scientific problem-solving. The joint inquiry of counselor and counselee, then, moves in the direction of finding out *what* happened (rather than why), what are the possible meanings, and a search for constructive alternative courses of action from which decisions can be made.

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Another aspect of what I call the "self-corrective" approach which gives a feeling of hopefulness to the counselee has been the early introduction of the counselor's faith, namely, the assumptions underlying therapy. These assumptions are that everyone has within himself the mechanisms of self-correction and self-direction, that everyone has a potential for growth and maturity, and that everyone has the capacity to improve his communicability, and so relate—to love and be loved—more effectively.

The first role, then, of the counselor-therapist is to create an environment, an atmosphere, so that growth and relatedness can be promoted. This means acceptance of individuals *as they are,* whether fearful, agitated, evasive, withdrawn or otherwise. Nor is this acceptance an artifice, for experienced therapists are aware that unsuccessful defense and adjustment mechanisms are self-perpetuating attempts to protect oneself from and cope with vulnerabilities largely carried from childhood. These mechanisms or patterns of evaluation are clung to, and the thinking which accompanies them appears both logical ("true") and necessary ("right"). Defensiveness may be due to actual rejections or to errors in evaluation. In either circumstance the results are inflexibility, communication failures, and lowered self-esteem. Paradoxically, those who value themselves least are the most preoccupied with themselves, continuously asking, "What about me?"

Thus the first task in counseling research is to accept persons as they are, whatever the limitations, lacks, distortions, or inappropriate responses. Once the counselee feels accepted, he becomes less defensive, therefore more flexible, therefore better able to communicate and evaluate. This growth in self-fulfilment does not lead to disregard of others. Sensitivity to the needs of others becomes differentiated from defensive sensitivity, in which one uneasily protects and defends himself against his vulnerability to the values of others.

SIMPLIFYING medicine, physicians sometimes state that there is but one disease, congestion; and one cure, circulation. According to information theory, an organism adapts and survives in proportion to its ability to receive, retain, modify, use, and transmit information. From a semantic point of view, disease may be looked upon as a congestion of information; its cure, the free flow or circulation of information. Thus the second task of the counselor-therapist is that of becoming the counselee's "research associate" in the study of the communication process. Special emphasis is given to the study of the barriers to communication. Talking and thinking of the kind that prevents adaptation and predictability are reviewed and examined.

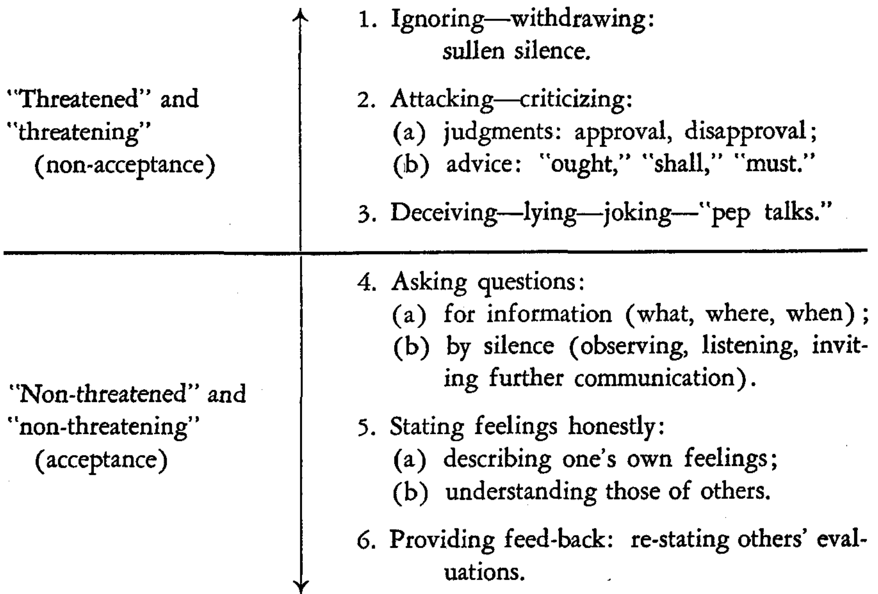
An effective way of presenting such information has been the use of the office blackboard. The remainder of this paper will describe the use of three of these blackboard diagrams. The first sketch to be drawn is the fictional "normal distribution curve" (or "bell curve," which is familiar enough so that it need

not be reproduced here), used in this case to show degrees of sanity. The distribution suggests that only a small minority can be considered "sane" or "insane"; that the large average, the statistically "normal" group (the hump of the bell curve), is made up of the unsane, the partially sane, or the sane only part of the time. This distribution curve also can illustrate developmental characteristics; for instance, we can indicate what we call the emotionally infantile and the emotionally mature at the statistical extremes, and the emotionally adolescent as constituting the so-called normal group. Still another characteristic can be described for the distributed groups: for the insane (the infantile) insistence on absolute certainty; for the sane (the mature) acceptance of the principle of uncertainty or a search for degrees of probability and predictability. Among the large middle group there are found attitudes of bewildered ambivalence and confusion of direction; a reaching out for more irrational certainty with increasing degrees of threat. A final characteristic that can be charted on this curve is the degree of dependency: for the infantile, involuntary dependency; for the emotionally adolescent, rebellion against and denial of dependency by talking and acting *as if* independent; for the mature, voluntary dependency or interdependence.

We observe this grasping for certainties in psychological testing with projective techniques where, for example, unstructured stimuli such as ink-blots are *really* something to the maladjusted, whereas for the more mature there is an attitude of *it might be,* or stated semantically, an awareness of the processes of abstracting and projecting. For the deeply pathological there is collapse of the perceptual organizing process.

A SECOND useful diagram emerging from therapeutic research is the Defensiveness Scale by which one may estimate the degree of threat or defensiveness in oneself or others, and which may also describe the characteristic style or pattern of coping with stress situations. The six-level scale indicates *degrees of volition* or its opposite, in both behavior and talk. The top half (levels 1, 2, 3) indicates "threatening" and "threatened" behavior or talk, the bottom half (levels 4, 5, 6) is called "non-threatening" and "non-threatened" behavior. Level 1 represents the most reflex-like behavior, the most threatening, the most maladaptive; and level 6 the most reflective and considerate behavior.

In general, those operating on levels 1, 2, and 3 are, as indicated, threatened or defensive to the point of lacking choice in their behavior; thus judgments about them implying choice, though expected, are in error. Asking questions is placed on the border next to threatening behavior, since many questions can lead to threatening behavior and talk, especially the "why" question. An example of a threatening question may be seen when a wife says, "What's the matter with him?" which is but another way of saying, "There is something the matter." In many such instances, "Why did you do that (silly, stupid, unreasonable,




EXERCISE OF CHOICE IN SPEECH AND BEHAVIOR

FIGURE I

foolish) thing?" and similar utterances, there is no request for information—only a release of affective judgments. Herein lies tragedy, for in addition to the involuntary character of the threatening behavior and talk, if one person uses these mechanisms, others will almost certainly reply in kind. The problem situation is aggravated. These mechanisms also operate in *intra*-personal communication; for instance, evaluations such as "I'm no good" (judgment) and "I ought to change" (advice) seem to increase guilt and lead to further maladjustment.

The role of the counselor, working with the counselee as a partner in a "research" enterprise, is to present predominantly the non-threatening role toward the counselee, namely, to ask for information, especially about how one feels, and to provide feed-back and to act as reflector, without correcting, advising, or judging the counselee's attitudes. An aim in counseling is to get the counselee, too, to adopt "non-threatening" in place of "threatening" language behavior. With the ventilation of feelings on the part of the counselee,

tensions diminish, and the self-corrective process continues. The predictable results are changes in attitude and approach, and apparent increase in the capacity for choice—choice even of appropriate "threatening" behavior—the difference being that as improvement progresses, the behavior is determined by the individual rather than by the situation.

So FAR the roles played by the therapeutic "research team," the tasks described, are not dissimilar to those found in other therapies. A third role in counseling which I wish to describe is more directly related to general semantics, namely, the presenting of a technique for evaluating and understanding the verbal processes of threatened persons. This presentation is facilitated by the use of Alfred Korzybski's diagram, the Structural Differential, by means of which the "natural order of evaluation" (from experiences to descriptions to higher order inferences and abstractions) is diagrammed, and by which de-

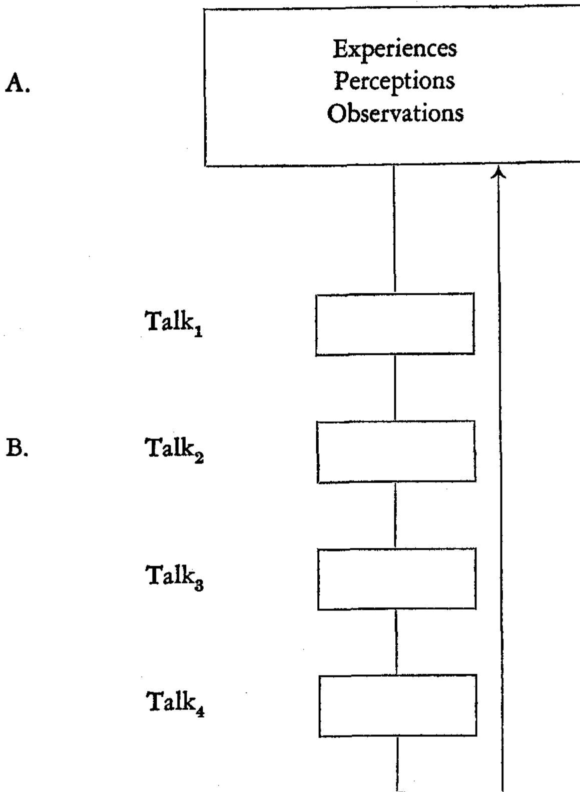



FIGURE II

partures from this natural order can also be graphically pointed out (Figure II).

On the blackboard, a simplified version of the Structural Differential is drawn to represent (A) experiences, perceptions, observations; and (B) talk about experiences, perceptions, etc.

People react more to thoughts about things than to the things themselves. One aim of semantic therapy is to help to differentiate between events and thoughts about them. The maladjusted appear to lack this differentiating ability. For instance, we think of the neurotic as having no predictability, no foresight, and so behaving inappropriately. Actually these maladjusted individuals predict continuously, but they react to their thoughts as if they were identical with the things thought about. The results seem to be (whether with a forward look: "This might happen, or this, or this, or this. . . . ." or with a backward look: "I should have done this, no this, no this, no this. . . .") mobilization, overmobilization, and immobilization, with consequent fatigue and various earnest attempts to "stop thinking," "to get rid of my thoughts." The inappropriate behavior follows.

For our statistically normal man, the unsane, talk is rarely structured in an orderly way. The maladjusted not only fail to differentiate between experiences and thoughts about experiences (identification), but confuse the levels of talk. To be descriptive about the maladjusted: (1) they tend to assume that everyone is having the same experience on the perceptual level as themselves, or in other words, that there is only one "right" way to look at or feel about anything; (2) they tend to assume that if they talk long enough, loudly enough, "reasonably" enough they will be able to influence others to their way of evaluating; (3) they tend to assume that the characteristic by which something is named, labeled, or judged is *in* the object—that what they say about it is the "right" characteristic, the "real" name, the "real" meaning; (4) they tend to make generalized conclusions from very few experiences in such a way that new experiences have to fit old conclusions or remain ignored; (5) they tend to shut out further consideration of a problem with, "That's all there is to it."

The following are three practical examples of the use of the Structural Differential in understanding and coping with communication barriers. For the first example: after drawing the diagram, a cookie is held up (experience level) and described ($talk_1$). The question is asked, "What is it?" "What is it called?" The usual response is "cookie." Then it is pointed out that in England it is called a "sweet biscuit," and that other cultures have still other names for it. Then we ask, "What is its *real* name?" This is the point at which arguments begin—arguments as to who is "right" and who is "wrong" ($talk_3$—opinions, judgments). It is then pointed out that $talk_3$ is often treated as $talk_1$ ("fact"), which sometimes results in major disturbances in some individuals, such as defending, attacking, and "proving who is *really* right."

Next we imagine that the cookie has been broken and divided and eaten. Again opinions are asked: "It is good," "It is stale," etc. ($talk_3$). Here again the attention of the participant is called to the possibility of arguments about "who is right."

From here we go to a clinical example. During sexual intercourse, there is, let us say, an incompleted act ($talk_1$—descriptive fact). The wife says, "You don't love me" ($talk_3$—inferential statement, but reacted to by the speaker as if it were a descriptive fact). When the husband denies this, she goes on, "There must be another woman" (further inference). He replies, "There is no other woman!" "You're a liar!" she cries ($talk_3$ again reacted to as $talk_1$). And so on . . . into the counselor's office!

Further examples can be found in many everyday assertions: "Your tastes in art are atrocious," "Your political opinions are stupid." Denials, accusations, quarrels, and withdrawals are the usual consequences. To attempt to achieve agreement on the facts at the descriptive level which underlie such judgments is a laborious process, but treated as a "research problem" by the disputing parties, with the help of the counselor, it can be most rewarding. For example, with the couple where one tells the other, "Your taste in draperies is terrible," the task of a joint search for draperies suitable to both can usually bring results, since this involves translating opinions ($talk_3$) into hypotheses ($talk_4$), then these into experiences at the subverbal level.

With such cases it is possible, through the use of diagramming, to see the reversal of the natural order of evaluation involved in disputes over "fact" and "opinion," "right" and "wrong," "truth" and "falsehood." The mechanisms of such disputes can be talked about in the counseling situation without alienating the person or persons being counseled. With awareness of the mechanisms, with this more scientific approach to talking, assertions become probability statements and predictive hypotheses, leading to the quest for further information and to testing, rather than finalities to be defended. An attitude of inquiry, an open-mindedness to new experience, is brought about, with consequent revisions of beliefs, theories, and conclusions. There also develops from visualizing the abstracting process with the Structural Differential an awareness of the uniqueness of individual experiences, the uniqueness of individual needs and values, and, more importantly for therapy, an awareness of the uniqueness of an individual's defense and adjustment mechanisms or characteristic styles of problem-solving. Thus there develops a respect for the other's way as being *another* way, rather than the insistence on "my way" as the *only* way, which is the source of so much difficulty in daily domestic life.

Apprehensiveness and phobic reactions are another area in which the Structural Differential has proved useful. The over-apprehensive display certain time disorientations, for example, treating their feelings and predictions ($talk_3$, $talk_4$) as "fact" ($talk_1$) *before* the event. The diagram helps people translate

apprehensions into predictive hypotheses, which may then be compared with earlier experiences. A "wait and see" attitude is induced. Talking and thinking become more orderly, and apprehensiveness becomes an inference-checking game, leading to increased predictability.

In problems of a more serious kind, in which the individual's experiences have resulted in defense and adjustment mechanisms inaccessible to memory, and hence to revision, "thinking" may become a defense against further experience. The more unsane appear to see only sameness in events. Failure is built into each new interpersonal situation: "It's the same thing over again," "I know it won't do any good." Such statements lead to further limiting of experience, which in turn leads to further statements of the same kind—in a circular manner. Cases of this kind usually necessitate therapeutic techniques such as hypnosis and free-association, which make possible the review of buried experiences. The review of such "lost" information makes possible a new time perspective, and hence changes in thinking and behavior patterns.

A THIRD USE of the Structural Differential, to review beliefs, is of key importance, since the inability to change beliefs is conspicuous among the maladjusted and unsane. In a recent article, A. E. Emerson maintains that modifiability of the cell accounts for the adaptability and survival of the species, and suggests that modifiability of our verbal environment or change of beliefs may likewise be essential for human survival. Certainly we see unmodifiability of belief or rigidity of thinking as an underlying symptom of varying degrees of pathology. Brock Chisholm has gone so far as to suggest that the survival of the human class of life may depend on the development of successful methods for the review and revision of beliefs. Our experience in counseling has been that exploration of beliefs is simplified by the use of the Structural Differential, and proves to be a relatively non-threatening procedure compared with ordinary verbal discourse. The technique is provisionally to accept any beliefs uttered by the counselee and to classify them on the $talk_3$ level. Then descriptive data are sought ("How did you come to these conclusions?") at the $talk_1$ level. As the counselee, in the atmosphere created by the counselor, examines his $talk_3$ as it relates to his $talk_1$, alternative judgments and hypotheses emerge, which then become topics for research and validation.

In deeper degrees of pathology the ability to revise beliefs appears lost. Deeply delusional persons cannot even imagine other ways of looking at or talking about problem situations. And in some cases projection of "blame" onto others seems "logical" to account for beliefs unacceptable to the self. So too in these more serious cases there is *absolute certainty* of belief, even about how *others* feel. Yet the pathological person cannot check or test his beliefs. Here again the role of the counselor-therapist is to allow an atmosphere for gradual validity-testing, by accepting *any* perceptual or verbal information,

whatever its content or imagery. With the emergence of historical experiences and reactions, the behavior, the meanings, the verbalized conclusions are reviewed and re-evaluated.

One last example, a relatively common problem, is the physician-referred individual showing variable psychosomatic symptoms suggesting history-determined situational stress, with no medically accountable causes or structural pathology. One such person showed an over-dependent relationship to his wife, with tensions seemingly relieved only by occasional temper outbursts followed by remorse and new vows to "control and forget." Effective release of tensions and a new attitude came gradually when lost experiences revealed reactions to the birth of a sibling followed shortly by abandonment by the mother. Overtly expressed resentments of the mother apparently were evaluated as *the* cause of mother's departure, which led to fear of *any* expression of hostility—for fear of new loss—and the now largely automatic pattern of control.

TO SUM UP: by structuring a program for research, by creating a role of sympathetic understanding, by making possible the exchange and free flow of information, and by discussing techniques for proper evaluation, there appears to result a diminishing of compulsive, history-determined behavior, and an apparent increase of choice; in many cases a transformation of attitudes takes place, from the certitudes characteristic of the immature, to incertitude and probability, or what approximates a mature orientation. Increasing adjustability develops as the research program becomes the formulating, structuring, and testing of a series of probability assertions or hypotheses in terms of observable or predictable consequences.

In my experience I have found general semantics indispensable in therapeutic counseling. Knowledge of general semantics increases the counselor's awareness of the specific mechanisms of misevaluation involved in maladjustment and offers him a point of departure in the therapeutic program for which he might otherwise have to grope for a much longer time. For the counselee, instruction in elementary general semantics—for example, learning to differentiate between reports, inferences, judgments, and hypotheses; learning to differentiate levels of abstraction; learning to distinguish between two-valued and multi-valued approaches to problems; acquiring the habit of "dating" and "indexing" one's statements; learning about the processes of abstracting and projecting; becoming aware of the common assumptions underlying our ways of perceiving, feeling, and talking about ourselves and others, etc.—gives him a way of *evaluating his own evaluations,* instead of having to submit to (or defend himself against) a counselor's diagnostic judgments.

Hence the emphasis in this paper on the counselor and counselee as a "research team." With the theory provided by the counselor and the informa-

tion provided by the counselee, the two together examine the counselee's present and past evaluations to see wherein they depart from the "natural (sane) order of evaluation," and to discover in what respects revisions are necessary or possible. It is the impersonality of the approach that does the job, arousing the minimum of defensiveness on the part of the counselee, and stimulating profoundly his interest and intellectual curiosity in the mechanisms of evaluation and misevaluation.

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