

NONDIRECTIVE REORIENTATION IN COUNSELING

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FROM TIME TO TIME, clinicians have reported successes in, resistances to, or limitations of the use of general semantics in counseling. In "The Necessary and Sufficient Conditions of Therapeutic Personality Change" (*Journal of Consulting Psychology*, XXI [1957], 95-103), Carl R. Rogers abstracted common characteristics from among successful therapies. This paper reports a use of general semantics in counseling which is not mentioned in his treatise. The writer became aware of the method as a result of applying general semantics in his counseling work, which was predominantly directive, but in recent years has included nondirective methods.

The counseling technique recommended here utilizes some semantic procedures which correct verbal distortions and disorienting assumptions. These modifications can be transmitted nondirectively to the participant in therapy. An indirect communication of satisfactory semantic responses results in *subtle* but *predictable* influence by the counselor. Moreover, this influence by the counselor's orientation accounts for beneficial changes in the patient. By "subtle" we mean that the changed viewpoints, attitudes, and methods of evaluation seemingly come from within the patient rather than from the counselor. By "predictable" we mean that the developmental progress of the patient can be predictively validated by noting the changes in his use of language during counseling.

THE PRESENT paper is limited to discussing certain kinds of nondirective influences in the counseling situation. First,

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there are the influences which correct *distortions due to lack of specificity* with respect to person (who), object or situation (what), place (where), and time (when). Second, we take note of the influences which rectify *distortions due to a lack of questioning of common assumptions*, such as "universality" (assuming that we perceive and evaluate identically), "allness" (assuming that any perception or evaluation is necessarily complete), "sameness" (assuming that what we perceive or evaluate will not change), and "dichotomy" (assuming that there are only two, mutually exclusive alternatives to be used in assessing any perception or evaluation). Third, we shall consider the influences which dissipate the *distortions due to mis-allocation of referents*, such as the failure to designate value characteristics abstracted from person, object, or situation as reactions of the evaluator. General semanticists will recognize under these categories various distortions resulting from over-generalization, over-simplification, and misinterpretations of "is."

THE MULTIPLE causes of these distortions do not directly concern us here. Let us simply say that they spring from the intricate interplay of "nature and nurture," or of development and learning, over a long period of time. They may also arise in the interests of organismal economy, self-consistency, or the satisfaction of the need for certainty. Frequently, they appear as defensive or enhancing mechanisms among those whose self-feelings (confidence, judgment, value) have either been destroyed (for example, through chronic criticism) or never developed (for instance, as a result of over-protection). Whatever be the causal dynamics, the frequency of these distortions is so high that we are inclined to label their occurrence as "normal." Unfortunately, one of the tragic results of thinking with these distortions is that they are self-perpetuating. They are reinforced through repetition, and very often they are "justified" in the name of logic, reason, or common sense. Moreover, the use of them by one person in an interpersonal situation leads to the appearance of similar or contrary distortions among others with whom he com-

municates. The sickening spiral of reinforcement often seems to be interminable.

We shall describe some clinical examples of these three kinds of distortions, giving samples of the nondirective language which may be used for therapeutic influence toward "self-correction." By the devices about to be cited, the unhealthy spiral of distortion may frequently be halted. The examples given have been chosen so as to give a fair characterization of the language used by persons undergoing counseling. The mirrored responses of the counselor are representative of the strategies which may be adopted in an attempt to correct the distortions exhibited in the patient.

THREE TYPES of language for mirrored correction and modification will be used: (1) that which diminishes (DIM) the patient's assertion; (2) that which is neutral (NEU) with respect to his assertion; and (3) that which accentuates (ACC) his assertion. One, two, or all three may be utilized, depending upon what strategy the counselor deems appropriate. The choice among mirrored responses also depends on the patient's degree of sensitivity and the nature of his defense. For those with especially sensitive self-feelings, the use of the neutral type of response is recommended during the early stages of counseling. With an increase of self-acceptance and self-confidence in the patient, the other types may be employed. The clinician's feeling for the appropriate response will develop with his growing experience.

Any comment or gesture diverging from another person's viewpoint or evaluation is met with resistance. It is reckoned as an attack on his self-feelings. The kinds of responses given in our examples are, however, readily accepted, not only as acknowledgments of the patient's assertions but as modified responses worthy of further consideration. The diminished response (DIM) generally introduces a modified language (given in italics). The accentuated response (ACC) points up the exaggeration in the patient's assertion. Either of these responses results in increased specificity or in a change of orientation without alienating the patient.

I. *Correcting Distortions Due to Lack of Specificity.*

DISTORTIONS of person, object, place, or time are easily recognized as the "language of emotion." They express diffuse or over-simplified reactions.

1. Assertions by patients which indicate a lack of specificity of person (who) tend to be in the polar extremes. Some of the symptomatic terms are "everybody," "nobody," "people," "women," and "mankind." We give a typical assertion by a patient, along with the counselor's three kinds of corrective mirroring.

Pt: "Everybody feels this way."

Co: (DIM) "*Sometimes* you feel this is *common* to *almost* everyone."

(NEU) "*As you see it*, this feeling is in everyone."

(ACC) "You feel that *not a single person* feels different from that."

2. Similarly, assertions by patients expressing lack of specificity as to object or situation (what) tend to be given in terms of reference to "everything" or "nothing."

Pt: "Everything always goes wrong."

Co: (DIM) "*It seems* that a *lot of things* are not working out *right now*."

(NEU) "Things are really *giving you* trouble."

(ACC) "You feel that there never seems to be a time when things haven't been completely fouled up."

3. Assertions by patients due to a lack of specificity of place (where) are generally indicated by "everywhere" or "nowhere."

Pt: "It's the same everywhere I go."

Co: (DIM) "*So far*, everyplace you've been it has been this way."

(NEU) "There's a discouraging sameness everywhere."

(ACC) "You never have found it different anywhere."

4. Assertions by patients due to lack of specificity of time (when) frequently contain such terms as "always" or "never."

Pt: "He always lets me down."

Co: (DIM) "*Up to now, he seems to have disappointed you.*"

(NEU) "*You get pretty discouraged about him.*"

(ACC) "*You can never think of a time in your life when he hasn't disappointed you.*"

Assertions with a time distortion appear to be the most common of those mentioned here. These include statements which express expectations, which communicate a feeling about the certainty of the future, or which indicate a failure to consider time. The most frequently mirrored acknowledgment for these distortions is a sentence which includes the phrase, "right now you feel," as a focused reminder of specific "nowness." Such a response seems to make it easy for the patient to modify his feelings. He is given an opportunity to accept his inconsistency without "losing face."

II. *Correcting Distortions Due to a Lack of Questioning Common Assumptions.*

ALTHOUGH it generally requires more time, the modification of assumptive knowledge seems to lead to changes in orientation or viewpoint of greater magnitude and significance.

1. The person who operates with the assumption of "universality" takes it for granted that the objects the modes of his perceiving and valuing are common to all men. He is shocked to discover that others' views are different. When he makes the discovery, he often finds it necessary to influence, or to guard against being influenced by, others who perceive or value in ways different from him.

Pt: "How could she like anything like that!"

Co: (DIM) "*From your background and value system, you find it difficult to appreciate her tastes.*"

(NEU) "*Her tastes are pretty puzzling to you.*"

(ACC) "*To you it seems almost impossible for any-*

one to like anything so different from what you like," or "You *sometimes feel* that everyone should like the same things you do."

2. Those who employ the "allness" assumption have characteristics in common with those who appear to live by the "certainty" principle. The "allness" or "know it all" patient is one of the most difficult to engage in conversation; for, even if he asks the counselor a question, the reply he receives may not be acknowledged (because he already *knows* the answer). Frequently, the counselor simply does not know whether the patient is listening or has heard. In these cases, nondirective modification generally consists in substituting the language of probability for that of certainty.

Pt: "I already know all that."

Co: (DIM) "You are *reasonably sure* of yourself *at this time* on *this particular* subject."

(NEU) "You feel that you really know this."

(ACC) "You have no doubts whatsoever that you know everything there is to be known about that subject."

3. Those who use the assumption of "sameness" seem to exhibit contradictory characteristics. On the one hand, they tend to resist change. On the other hand, they are intolerant of sameness. The case we cite here also contains a distortion of time.

Pt: "He'll never change."

Co: (DIM) "*Right now* you feel that there's *not much chance* of his changing."

Pt: "I will always feel there's no chance of his changing."

Co: (DIM) "You feel *certain right now* that you'll always feel there's no chance of his changing," or "You feel *right now* that you can *predict* his future behavior *pretty accurately*."

(NEU) "You have no doubts about his not changing."

(ACC) "No matter how much time passes, his future behavior is destined to be just the same."

4. The assumption of "dichotomy" means that for the user there are only two ways to perceive, to value, to think, or to behave.

Pt: "If he doesn't love me, then he hates me."

Co: (DIM) "You are *inclined to think* that there are *only two* possible ways he may be feeling about you."

(NEU) "Feelings are an either-or proposition."

(ACC) "Love and hate are the only two possible feelings that he can have toward you."

III. *Correcting Distortions Due to Mis-allocation of Referents*

DISTORTIONS of this type seem to have the most devastating interpersonal reactions, although they are found very frequently in everyday parlance. They are the most difficult to modify nondirectively. Many referent mis-allocations are natural consequences of language structure itself; for example, "That lamp is atrocious" suggests that atrociousness is a characteristic *in* the lamp rather than a label for a complicated "transaction" involving perception, evaluation, and verbal expression of a complex situation. Citing another example, we may remark that an assertion such as, "I can tell by the way he acts that he doesn't like me," does not consider the viewer's needs, values, or expectations. Another domain in which confusion arises is that of *our feelings about others' feelings concerning us*. Owing to a failure to allocate referents, we often find ourselves speaking with factual certainty about others' motives, feelings, wishes, or intentions—"I heard what you said; now I'll tell you what you really meant."

In cases of this type, the object of the mirroring technique is to re-allocate the referent for the evaluator, to help him develop awareness of distinctions between different orders of feelings (for example, between feelings and feelings about feelings), and to develop in him an awareness of how his standards, values, and expectations modify for him the object valued. This is in line with current perception theory and semantic practice. We will give five examples.

Pt: "That is bad art."

Co: (DIM) "As you see it, you would call that a pretty poor production," or "You don't like it."

(NEU) "You feel that it is pretty bad."

(ACC) "Badness is simply written all over that thing—there's no other way to talk about it."

Pt: "I know that's what he meant."

Co: (DIM) "You feel sure that you can guess his meaning."

(NEU) "You're quite sure of your feelings about his meaning."

(ACC) "You feel you can be certain of what he meant without asking him."

Pt: "I like him; he doesn't like me."

Co: (DIM) "You feel pretty sure about his feelings for you even without confirming them through him," or

"He apparently has not been behaving as you would like," or "He doesn't seem to meet your standards and expectations right now," or "It is interesting to me that you seem as sure of your feelings about his

feelings for you as you do about your own feelings."

(NEU) "Although you like him, you feel sure that he doesn't like you."

(ACC) "You're sure when someone doesn't like you, and you can make that decision about anyone's feelings without inquiring of them."

Pt: "That man is stupid; he's driving too fast."

Co: (DIM) "You're pretty upset by his driving; he is going too fast for you," or "Does 'fast driving' mean that he's driving faster than you feel is safe? Anyway, you would call it 'stupid.'"

(NEU) "You feel that that man is pretty careless."

(ACC) "'Stupid' and 'too fast' are the only ways anyone would describe his feelings about that man."

Pt: "You know as well as I do that we will never get along."

Co: (DIM) "You feel that both of us are sure of the future on that score."

(NEU) "You're pretty sure of my feelings about your future as well as your own feelings."

(ACC) "There's just no doubt whatsoever in your mind but that it will be impossible for us two to get on in the future, and furthermore you are positive that I feel this way too."

REWARDING consequences follow from sharing experiences with patients in the manner we have outlined. As the counselor listens to and acknowledges the distortions, he apparently displaces the persons in the patient's immediate or remote past who criticized or rejected the distortions and thereby destroyed the patient's self-feelings and increased his defensiveness and distortion.

During therapy, the counselor can observe the varying reactions of the patient to the different choices among mirrored responses. A patient's stages of progress can perhaps be classified in the following way. (1) An acknowledgment of the different types of counselor mirroring, through gesture or speech (for instance, "Yes, that's pretty much what I feel or had in mind"). (2) The halting onset of modified language (for example, "Lots of lawyers . . . ah . . . I know one, and I assume a lot . . . need . . ."). Upon the appearance of the modified language, the counselor mirrors an encouraging acknowledgment such as, "I like the way you put that," so that the modified viewpoints, attitudes, and language are reinforced. (3) The viewpoints and language in the mirrored responses become the patient's own—"Usually I feel pretty much this way." "I feel *more confident* I'll be able to handle a situation like that *when I get to it*." "I *guess* he feels that way too, but I'm going to find out." "I would *call* that pretty silly." "*To me* it's atrocious—how do you feel about it?" "It's *interesting to me* that we feel so differently about her." "Maybe he hasn't changed much, but somehow I *react differently now*."

THIS PAPER has illustrated from case files how more accurate semantic structures and responses can be introduced into the nondirective interview, enabling the participant in therapy to correct verbal and assumptive distortions. In part the method proves to be effective because the mirrored modifica-

tion does not depart radically from the patient's original viewpoint and because the revision seemingly comes from within the patient before it actually becomes his own perceptive-evaluative mechanism. Moreover, the method introduces language structure and orientation which are more specific, structurally more accurate as regards language-event relationships, and more in harmony with recent behavioral science research. Clinicians may find it to be an aid in the healing arts.

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