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GENERAL SEMANTICS THEORY: ITS IMPLICATIONS FOR PSYCHOTHERAPY

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ABSTRACT

The aim of this paper is to show the relevance of the theory of general semantics for the psychotherapy field. General semantics was developed by Alfred Korzybski during the last century. It is concerned with, among other things, language and other symbols. It emphasizes the role language plays in our sanity, through our evaluation and knowledge processes. Psychotherapy as a scientific discipline has received a vast number of definitions, but in this paper the main general semantics assumptions will be correlated with three main general and transtheoretical issues of psychotherapy: the context/structure, the content, and the consequences, in this case, of following a general semantics orientation in psychotherapy.

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This paper aims to show the importance of the theory of general semantics for the field of psychotherapy. Emphasis will be on some of the main concepts of general semantics developed in the original work of its founder, Alfred Korzybski. These issues will be described in relation to a particular view of psychotherapy that involves context/structure, content, and finally, the consequences of using a general-semantics approach.

The importance of general semantics for psychotherapy, especially cognitive psychotherapy, has been shown by such authors as Ellis (2002), Mahoney (1991) and Meichenbaum (1977). However, this paper presents the influence of general semantics on psychotherapy in a more general way.

The Importance of General Semantics for Psychotherapy

Alfred Korzybski (1879-1950) was particularly interested in understanding how human beings could function in a way that avoided problems and conflict. The education of human beings and the discovery of a preventive method were at the core of his work and of his efforts to develop and spread his theory. (Korzybski, 1925.)

Although it is not my intention to provide a detailed account of Korzybski’s background, especially when there are available excellent biographical and theoretical accounts (Read; 1980, Schuchardt Read, 1968), it is necessary to mention briefly the reason why I feel at home comparing general semantics and psychotherapy.

Korzybski, although not a therapist himself, wrote about psychotherapy, emphasizing in his works the clinical applications of the theory. (Korzybski, 1933, 1936, 1941.) However, he was more interested in psychiatry than in psychology. In his time, psychology was not for him the study of man-as-a-whole, and so he was “... compelled to conclude, surprising as this may be, that the science of human psychology does not exist at present.” (Korzybski, 1925,
Instead, he was proposing a “higher psychiatry” based on mathematics and able to make possible the unraveling of unconscious assumptions. (Korzybski, 1925.) For this task, he took some of his main ideas from the work of his friend, Cassius J. Keyser. A mathematician, Keyser held that mathematics was a science of the forms of thought as forms. In this vein, mathematics was no longer the search for the truth of propositions, but rather the study of their coherence or consistency. Once an assumption is chosen, the consequences follow from it by logical necessity (logical fate), which essentially means that from premises, consequences follow. (Korzybski, 1923.)

Mathematics can be easily applied to life experiences, and its importance is so great that for Korzybski psychology was encompassed by mathematics, provided that mathematical assumptions rested on psychological convictions. (Paulson, 1983.) For Korzybski, “all human knowledge is postulational in structure and therefore mathematical.” (1925, p.22.) And as mathematicians have shown, the results obtained through their analyses depend heavily on the form of representation used.

For Korzybski (1925), whatever has symbols and propositions is a language. Mathematics, from his point of view a ‘perfect’ language, cannot be used to speak about everything. Instead, we have another type of language, our everyday one, which can be used to speak about ‘everything,’ although often misleadingly and/or nonsensically, as it is not as precise as mathematics. This is our daily language. A general-semantics analysis of this daily language provides the central topic of our discussion and the core of general-semantics’ contributions to psychotherapy. As Paulson (1983, p.51) said:

The link, then, between Korzybski’s logical assumptions about the structure of thought and his psychological assumptions about the origins of empirical knowledge was found in his conception of the role of language. Language provides the “forms of representation” that enable the organism to move from the level of objectification to the level of visualization, which is essential for “thought.” Thus, for the child and the childlike neurotic, language represented a form of psychological determinism — the imposition of a logical structure whose unvoiced assumptions (functioning as undefined terms) created the matrix of semantic categories that established the ‘meaning’ of words, phrases, and propositions, and that shaped the organism’s reactions to them. But for the normal adult, and for those who achieve self-reflexiveness, that is, consciousness of their own abstracting processes, language could represent a form of logical freedom — the choice of assumptions that would create logical structures, evaluations, and semantic reactions more adaptive to survival.
If we accept that general semantics encompasses one of the main characteristics of human beings — the use of language and its influences upon ‘knowledge’ — its limits are difficult to establish and its scope and influence in psychotherapy seem to be very wide, depending on what we want to emphasize. As it has been shown elsewhere (Caro and Schuchardt Read, 2002), it is important to note that:

1. General semantics was not in its origin a psychotherapy system, but has been used and can be used in the psychotherapy field. It can be a guide for a different understanding of our sanity/’mental’ health.

2. General semantics was not specially developed for the treatment of psychological problems, but can be used for that purpose as a therapeutic and preventive method.

3. General semantics has not been a system of psychotherapy, but has influenced in some way or another several major approaches to psychotherapy.

If, as Campbell said (1980), general semantics generates, in those who use it, certain kinds of attitudes about the information they receive, we can start our quest for connections with two main assumptions:

1. General semantics introduces us to a program for ‘sanity,’ a program that touches and impinges on a vast array of human concerns.

2. General semantics offers psychotherapists using any system of therapy some notions to be used or to complement their own.

Let me define psychotherapy briefly to develop these two assumptions, the convergent paths between general semantics and psychotherapy.

**Toward a Wider Definition of Psychotherapy**

Let us assume that perhaps all of the numerous definitions of psychotherapy include, in one way or another, the term *change*. Psychotherapy, as a science, deals with providing the means for understanding, obtaining, and maintaining changes. Rychlak (1973) has hypothesized three general reasons for entering the field of psychotherapy. The first one is *scholarly*: when individuals want to be educated — provided with insight — about themselves. The second is *ethical*: some people enter psychotherapy to improve, to reform, or to grow better. Most people (therapists and clients) take part in psychotherapy for the third —
its *curative* possibilities. Such people often come to therapy as “*patients*” in the true sense of that word, as passive recipients seeking help. Most of the time, this change is related to the specific structure of therapy which encompasses a healing agent, a sufferer who seeks relief, and a healing relationship. (Frank and Frank, 1991.) So, at least in a general sense, the aims can be clear, but the means to achieve them are as various as the definitions.

To put it in general-semantics terms, in psychotherapy we have many maps of many territories — more than 460 forms of psychotherapy. (Karasu, 1986.) How can we sidestep this divergence, given that the different psychotherapies are not the topic of this paper?

I have found it useful, in applying the two general-semantics assumptions noted above, to take a three-level view of psychotherapy — its context/structure, contents, and consequences — and to include in this three-dimensional order some of the main general-semantics formulations which underlie its implications for psychotherapy. Only a general framework will be given, as I think each practitioner or follower of any school of psychotherapy will put his/her own contents into the general-semantics formulations. Here we are more interested in the convergences between psychotherapy as a system, and the theoretical system of general semantics. But first, what do I mean by context/structure, content, and consequences?

A) *Context/structure*: Psychotherapy implies a healing relationship, which comes when two participants or a group *get together*. In more abstract terms, when we are doing psychotherapy we are using some fundamental ways of relating, verbally and non-verbally, and we are tied to an unavoidable structure of specific relations, largely determined by the structure of our language and by our culture.

B) *Content or ‘theories’ relating to ‘facts’*: The content of psychotherapy can be understood, superficially, as related to what is said by both participants, and, more deeply, as related to what we ‘know’ about what is said and what is not said but expressed non-verbally. That is, when we are working in psychotherapy we, patients and therapists, are using a set of specific ‘theories’/specific knowledge or assumptions, about a set of ‘facts,’ and this combination creates a working basis for change, holding participants together.

C) *Consequences or general orientation*: The structure of our work and how we formulate it can have a direct consequence not only on our clinical work, but also on our academic work. A consequence of our psychotherapeutic points of view can be a pressing demand for a
comprehensive study and understanding, from different perspectives, about the whole process of being in therapy.

Obviously, if we see ‘psychotherapy-as-a-whole’ as a complex process, which it seems to be, the above classification is a simplification. The contents of the three categories overlap.

From General Semantics to Psychotherapy

Throughout Alfred Korzybski’s writings we can find many references to how, in his opinion, we could utilize a general method for overcoming human problems, a method that could be applied in psychotherapy as well as in other fields. Some of these references have been extracted and are shown here as convenient headings for this discussion.

1. All we know is a joint phenomenon of the observer and the observed, which means that for science and life logic is a vital factor as ‘facts’ because, for human knowledge, there are no ‘facts’ free from the share of the observer’s mind. (Korzybski, 1925, p.43).

Here we can see how Korzybski’s uncertainty principle is more general and broader than Heisenberg’s. (See Pula, 1979, for a detailed review of this topic.) It leaves patient and therapist practicing therapy within a framework of uncertainties, of probabilities, as long as we assume that all we ‘know’ in psychotherapy comes from and is done in a context, that it represents a joint phenomenon of the patient (as observed and observer) and of the therapist (as observer and observed). This means that for psychotherapy it is vital to understand that the whole work is embedded in a world of doctrines, assumptions, dogmas, etc. It does not make our work more difficult, but does make it have a very different structure.

Many authors writing about psychotherapy state that its aim is to provide a change in these assumptive, ‘meaning’ worlds. (Beck, 1976; Ellis, 1962; Frank and Frank, 1991; Mahoney, 1991; Ryle, 1982.) So, the content of our work in therapy must be related to its aims. The key comes when we distinguish between a first-order ‘reality’ (an objective, ‘real’ ‘reality’) and a second-order ‘reality,’ the one that we construct by attributing ‘meaning,’ ‘significance,’ or ‘value’ to the first order. (Watzlawick, 1990.) Our aims relating to change lie in this second one. All kinds of psychotherapies look for a change in this world of assumptions and attitudes, no matter how specific (i.e., a fear of open spaces),
or how general (i.e., feelings of hopelessness) they are. In psychotherapy a specific *as-if* fiction is changed, replaced by a different *as-if* fiction, which creates a more tolerable ‘reality.’ (Bateson, 1972; Frank and Frank, 1991; Watzlawick, 1990.)

What is partly responsible for this world of assumptions?

2.

And we have discovered what man is: we have discovered that man is characterized by the capacity or power to bind time, and so we have defined humanity as the time-binding class of life. (Korzybski, 1921, p.88.)

When we ‘bind time,’ we bind what is implicit in it, a whole set of doctrines, creeds, and beliefs, a *doctrinal surrounding*. (Korzybski, 1925.) This “doctrinal surrounding,” this specific context, has received different names: schemata, beliefs, scripts, narratives, etc. Given this, what is needed? — that patients and therapists both be seen as the result of an accumulation of experiences, ‘meanings’, etc., coming together at the present moment.

Our time-binding is structured largely in symbols. The content and context of our therapeutic work is inextricably bound to symbols. Our symbolic processes imply some consequences that deserve a brief analysis. Wherever we look we see symbolic processes at work. For the general semanticist, human beings have a unique capacity, a survival mechanism or weapon: a symbol-making-using capacity. (Weinberg, 1959.) Symbols are important basic units for our actions and for human civilization. They are our most clear difference from animals. Only man can use symbols as tools for thought and communication. (Potter, 1974.)

We deal with ‘facts,’ ‘constructs,’ ‘ideas,’ ‘fantasies,’ or whatever, thanks to our symbolizing processes. Little wonder that Korzybski asserted that,

… all human ‘knowledge’ is conditioned and limited, at present, by the properties of light and human symbolism. The solution of all human problems depends upon inquiries into these two conditions and limitations. (Korzybski, 1924 p.5.)

Symbols have some characteristics. First of all, symbols and the ‘things’ which they symbolize are independent of each other. (Hayakawa, 1963.) There is no necessary connection between the symbol and that which is symbolized. This issue can be widely observed. For instance, in human history, “obesity,” “healthy living,” etc., have been no more than cultural terms which have symbolized specific human circumstances in many ways. (Ibañez and Caro, 1993.)
For example, in Shakespeare’s *Julius Caesar*, obesity was a symbol of opulence and happiness. Due to some characteristics of our post-modern society (see Gergen, 1991), obesity is symbolized as “lack of self-control.” Thus, an obese person is seen as the prototype of a useless, unproductive consumer. (Ibáñez and Caro, 1993.)

Secondly, symbols can be created about anything: an object, a process, our reactions to observed or unobserved things, etc. (Weiss, Moran and Cottle, 1975.) And, if symbols largely depend on our cultural and semantic environments, if human ‘events’ can and have been symbolized variously throughout history, symbols only stand for things but *are not* the things they seem to represent.

... we came to the conclusion that all human knowledge is postulational in structure ...” (Korzybski, 1925, p.22.)

The two issues about symbolism described above have another important implication for our analysis of *content/structure*: if the structure of our ‘knowledge’ is postulational, it follows that we live in a world of assumptions, of fictional *as if* formulations, that should be continuously revised. Following Vaihinger and Keyser, Korzybski (1925) developed a psychological attitude and philosophy of *as if*, well exemplified by the diagram in figure 1 below that he derived from Keyser. (Korzybski, 1923, p.29, figure 2.)

**Figure 1: A path to premises change**
(From Korzybski, 1923.)

- A: old, false premises
- B: postulates
- C: new, truer premises
- D: postulates
- E: Inconsistency

old, false assumptions

Theories

Creeds

Beliefs

Systems

etc.

new, truer assumptions

Theories

 systems

etc.
The postulational structure of ‘knowledge’ has important practical-theoretical consequences. As is shown in the above figure, it seems impossible to adopt new theories unless new postulates (or assumptions, premises, etc.) are developed. This can happen through a semantic re-education, based on recognizing how the use of language affects our perception of the world, and how we can partially avoid excessive distortion by developing a more extensional orientation — that is, one wherein theories are structurally adjusted to represent ‘facts.’ General semantics provides various methods for accomplishing this. (See, for instance, Caro, 1996, 2002; Mitchell, 1952; Presby-Kodish, 2002.)

A ‘theory’ can lead us to observe “things” that are not there.

However, our world of assumptions is not the basic problem. ‘Theories’ is another term for ‘knowledge,’ and as Guidano said, “without theory there are no observable facts.” (Guidano 1991, p.202.)

Herein lies our central issue: A ‘theory’ can lead us to observe “things” that are not there. It seems that there is no way to escape from this process. As Korzybski (1924, p.29) said, “there are no ‘facts’ free from doctrine.” To see human beings as ‘theory constructors’ is not new in the psychology field (e.g., Kelly, 1955), but this is a core element in a general-semantics framework. The fundamental theoretical (and practical) issue we have to cope with, while working in therapy, lies in the recognition of human ‘knowledge’ as being, basically, inferential, and if this is so, that we are immersed in a world of assumptions.

Korzybski gave great importance to the study of human ‘knowledge’ as a process connected to a main human characteristic: abstracting. The second non-aristotelian premise formulated by Korzybski states that language is incomplete, or that the map doesn’t cover the whole territory. In some sense, only a ‘direct acquaintance’ with an object could be non-inferential, but this is impossible to obtain, as all that we ‘know’ is an abstraction obtained through our individual nervous systems, and so our ‘knowledge’ is inferential and biased. Therefore, it is important to emphasize that we can best cope with this problem of incomplete knowledge by developing an extensional orientation.

Acting extensionally means that all participants in therapy (or any other activity) think/evaluate/function in terms of processes rather than fixed entities. We need to recognize that our ‘knowing’ is inferentially derived (abstracted) from ever-changing processes; thus we should carefully handle what we ‘know,’ e.g., formulating theories based on our observations of patients, rather than fitting patients to previously-formulated theories. The whole assessment and
therapeutic process can be deeply affected and improved if this is borne in mind.

The importance of extensionalization for psychotherapy is so great in general semantics that, as Korzybski suggested, the psychotherapy of any school, if at all successful, does nothing but extensionalize the patients by bringing them in closer contact with ‘facts’ and ‘realities.’ (Korzybski, 1941, p.212.)

The formulation of ‘knowledge’ in this way relies very much on the role that general semantics gives to the use of language and to its structure.

4.

Language becomes then a medium through which we eventually talk to ourselves or to others, with its own definite limitations .... all languages have a structure of some kind, and every language reflects in its own structure that of the world as assumed by those who evolved the language. Reciprocally, we read mostly unconsciously into the world the structure of the language we use. (Korzybski, 1951, pp.21-22.)

According to Frank and Frank, Anna O. defined psychotherapy as the “talking cure.” The “word” (language) can be considered to be one of the principal means, although not the only one, to get desired changes (Frank and Frank, 1991). It provides psychotherapy practitioners with a particular context that structures their relationships, especially as it plays a fundamental role in our assumptive and ‘meaning’ worlds.

Using general-semantics formulations, especially Korzybski’s (1933), and Johnson’s (1946), I have described elsewhere (Caro, 1990) the profound difference, in terms of structure, between the world of words and the non-verbal world of ‘events.’

In psychotherapy we are representing a world in process — the world of ‘events,’ and what we abstract from it, ‘people,’ ‘objects,’ or ‘facts’ — with a static tool: language. We do well to be conscious of the structure of language, which we can use in an intensional or an extensional way. We behave intensionally when we don’t take into account that happenings are ‘chopped up’ verbally into separate words and categories despite such happenings occurring as-a-whole in the non-verbal world.

To use language extensionally: 1) we need to recognize that we are trying to represent with language a world of a completely different structure, a world of complex dynamic processes which never cease (Korzybski, 1933); 2) we need to give language a non-elementalistic (non-split) structure; and 3) we need to recognize that all that we ‘know’ is a joint phenomenon of observer-and-observed.
Awareness of the differences in structure between language and ‘facts’ arises from a main general-semantics premise, *non-identification*, and this has important theoretical consequences for psychology and psychotherapy. Korzybski’s first non-arithotelian premise states that “the word *is not* the thing” and “the map *is not* the territory” — the formulation of *non-identification* asserts that there is a structural difference between the verbal and non-verbal world.

Korzybski (1933) defined “identification” as “absolute sameness in all respects.” Thus defined, identification empirically becomes impossible. We will never find two ‘identical’ things in an ever-changing world of processes and on the unspeakable levels of the nervous systems (Korzybski, 1951). Rather, we can find similarity, *sameness in some respects*, ‘equivalence’, etc., instead.

The principle of non-identification should remind therapists that their theories are quite different in structure from the dynamic underlying processes. ‘Theories’ are made not only about structural issues, such as noted above, but about the content of what is treated in therapy and how it should be treated. *Content* can be meta-analyzed at several levels: 1) the problem a patient has; 2) how the problem is understood from the patient’s and therapist’s perspectives; and 3) how this understanding results in a particular treatment plan to be followed. Perhaps this is more connected with the therapist’s task, but it is an issue, too, for patients, and so we do well to take into account its importance for them.

Both patient and therapist make attributions and theories about the process of change. That is, both come to therapy with certain evaluations expressed and represented in the form of ‘theories’ that come from other ‘metatheories,’ and both contribute these evaluations to the therapeutic process.

As Freud quoted from Charcot, “theory is good but doesn’t prevent things from existing.” (Cited in Gay, 1988.) Therapists should be very careful, as we have ‘theories’ about what is a ‘correct’ diagnosis, and a ‘correct’ treatment. These maps are not the territories. Such maps are incomplete representations. What is called depression, for instance, likely will be understood and treated differently if the therapist comes from a psychodynamic, a behavioral, or a cognitive approach. Patients continuously ascribe labels to what they experience. This takes the form of attributions which, if structurally adjusted, support a positive change process, but if not structurally adjusted, impair the process. So, for instance, a patient who labels herself as “depressive” and reacts intentionally to this label by formulating more ‘theories’ about it, doesn’t experience depression as a process, but instead, experiences it through the world of ‘theories’ made about it. This is the case, for instance, when a patient shows second-order problems, so to say, when she is depressed about being depressed, or anxious about being anxious. The treatment usually cannot proceed if these second order problems are not addressed and solved. (Lee, 1952.)
Our clinical work is completely interdependent with another fundamental human characteristic: \textit{self-reflexiveness}.

5. Language also has self-reflexive characteristics. We use language to speak about language, which fact introduces serious verbal and semantic difficulties, solved by the theory of multiordinality. (Korzybski, 1931, p.751.)

\textit{Self-reflexiveness} is one of the main characteristics of human beings. It is not only a characteristic of language, but also of our ‘knowledge’ processes. Simply put in a way relevant for therapy, self-reflexiveness involves our ability to react to our reactions at ever higher levels, as well as to use language to talk about language. A third relevant aspect is that we each are always a part of whatever we perceive, react to, etc. We cannot step outside of ourselves. This can be seen as greatly responsible for not only \textit{what} is said (the \textit{content}), but, for the second-order \textit{stance} we take in relation to what is said and dealt with in therapy.

To emphasize this issue we come back again to Korzybski: “...it follows that statements about statements represent results of new neurological processes, that their content varies, and that we must discriminate and not identify these different ‘meanings.’” (Korzybski, 1931, p.753.)

The content of our ‘knowledge’ is affected by another characteristic: the \textit{circularity} of it, which gives order in this world of processes, and which is largely dependent on self-reflexiveness.

In therapy, change mechanisms are linked to the modification of the consequences of patients’ self-reflexive processes. Whatever the therapeutic approach, the effort of the therapist seems to be to give the patient an alternative construction/‘theory’ to understand his/her problems. This can only work through patients’ self-reflexive processes themselves. For instance, it is common to hear a patient’s remark such as: “When I’m in that situation, I don’t know what to do and I really can’t cope with it.” In some sense, it can be assumed that the patient is “caught by the situation.” To solve this, therapists first, using their own means, work directly (for example in a cognitive approach) or indirectly (for example in a behavioral approach), with the goal of having the patient recognize a problem situation and its corresponding inappropriate solution. Next, a more difficult step is taken: the patient decides to use a therapeutic alternative construction, rather than the inappropriate solution. Finally, a patient self-reflexively ponders the therapeutic process and connects life-changes to what was applied from therapy.
I believe that recognizing the above problems of language and applying the corrective formulations of general semantics is beneficial not only for patients’ sanity, but for that of therapists and others, as well.

As therapists, we need to: a) be conscious of the difference in structure of patients’ problems at verbal and non-verbal levels; b) be aware that our ‘theories’ about sanity and therapy are no more than incomplete accounts, abstractions, made from a world richer and in process; c) be conscious that the structure of our ‘knowledge’ processes involves a specific set of relations that impinge on us; in therapy we deal with inferences, by inferential means, never with ‘pure facts,’ as “there are no ‘facts’ free from doctrine” (Korzybski, 1924); and, d) remain aware that this situation is unavoidable in terms of human ‘knowledge.’ That is, the best we can do is to work at structurally adjusting our ‘experiences’ in therapy. This will result, I think, in therapists expanding the limits of their ‘knowledge,’ using their self-reflexive and metacommunicative processes (see Bateson, 1972; Johnson, 1981).

6.

... an organism is not a mere algebraic sum of its parts, but is more than that, and must be treated as an integrated whole. (Korzybski, 1933, p.188.)

If change is the aim of psychotherapy, what do we change? In this regard we have to emphasize the holistic perspective assumed by Korzybski (1921). His definitions of human beings as a time-binding class of life, and as organisms-as-a-whole in a neuro-linguistic and neuro-semantic environment, are highly important for psychotherapy. These definitions affect our understanding of the content and object of our work, and our analysis of change.

This perspective emphasizes a more comprehensive view of patients. It does not split verbally what cannot be split non-verbally. It is a comprehensive and ecletic view of the content of our work, and our own working processes. Whatever therapeutic means we use, these affect our organisms-as-a-whole — our clients and ourselves — and so change can be achieved by taking a variety of perspectives.

A person labeled as “depressive” can be helpfully treated by pharmacological, or psychotherapeutic means. (Beck, 1985.) For instance, let’s assume that we have a patient suffering from a depression with a complex network of symptoms: some cognitive-affective (negative view of herself and her future, anhedonia, anxiety, feelings of helplessness, lack of self-esteem, etc.), some autonomic (crying, lack of sleep, etc.), some behavioral (low activity levels, etc.). Under usual conditions, a therapy affecting the behavioral levels will reduce negative ideas about herself, as well as the level of autonomic symptoms. Simi-
larly, a treatment that changes cognitions will produce a change in activities and a modification of disturbance of sleep, anhedonia, etc.; a drug therapy, while relieving somatic symptoms, will produce an increase of activities, and a more positive view of the self.

What consequences can be derived from my analysis above?

1. General semantics introduces us to a program for sanity. This implies understanding the role of language and symbols in our functioning as human beings. In this respect, general semantics offers a semantic, educative, and re-educative method. The importance of language as a part of psychotherapy structure is currently receiving much attention, and is often analyzed from multiple perspectives. This is due mainly to the ‘cognitive revolution’ started some years ago, in therapy and elsewhere. We are coming to recognize that understanding human beings’ higher processes requires addressing language issues. Language in therapy is being studied at different levels of abstraction, for instance, we examine: speech acts that clients and therapists perform in therapy sessions (Stiles, 1992), narratives (Gonçalves, 1994), speech interaction systems (Matarazzo, Kiesler and Wiens, 1987), client and therapist postsession perceptions (Lietaer, 1992), and metaphors (Angus, 1992), etc.

2. General semantics can offer psychotherapists some formulations to be used or to complement their own therapeutic approach. Although the training in general semantics is not limited to psychotherapeutic issues, its formulations can be applied from different perspectives (see Caro and Schuchardt Read, 2002). I would like to emphasize the importance for psychotherapy of both therapist and patient developing an extensional orientation. Highly connected to our sanity as human beings, this attitude leads us to evaluate extensionally in terms of processes and differences, instead of intensionally, in terms of definitions, generalizations, fictions, etc. (Chisholm, 1945).

These formulations can be important for both patients and therapists and merit receiving analysis as part of our quest for an explanation of change. As clinicians, the recognition of notions such as the use of symbols, differences between ‘facts’ and higher-order words, etc., help us to improve our work in therapy.

Dealing with structures in therapy involves recognizing that ‘knowledge’ is a process, part of a human being in process, him/herself living in a world of
processes, wrapped in a world of fundamental relations (see figure 2, below). A therapeutic moment (TM in Figure 2) is the consequence, first, of a patient (P1) and therapist (T1) both functioning as-a-whole in a neuro-linguistic and neuro-semantic environment. It seems to be a ‘reconstruction’ of a problem situation, wherein different evaluations, those from patient (P1) and therapist (T1) had best be taken into account. Second, both participants (P1' and T1’), with recognition of abstracting and self-reflexive processes, can be engaged actively in further reconstructions (and in a multiordinal reconstruction of these reconstructions, etc.) of the whole process.

General semantics is a classical theory that in the last century contributed to many disciplines by introducing formulations that are currently being more fully developed. In this paper, I have shown this influence in very concrete terms using some relevant passages from Alfred Korzybski’s work. Needless to say, but better said anyway, the psychotherapy field can contribute to updating the theory of general semantics, but this will comprise a different kind of paper.
REFERENCES


