Milton Dawes' Introduction

I listened to Susan last year at the seminar and I was very delighted to hear what she had to say about her work. There's another thing I'd like to say about Susan which started my esteem for her. At breakfast last year I was talking with someone in a very intense personal conversation and I was sharing some of my insights of general semantics applications about the person's personal problems. Some of it also wasn't directly general semantics but common psychology. I didn't know Susan then but she was about three feet away and was obviously hearing, whether she was trying to listen or not. She listened all through and didn't say a word, not one word, even though this was her area of specialty. I admired her greatly for that. So I introduce you to Susan.

Milton, one reason I didn't say anything is that I thought you were doing a good job, although I probably wouldn't have anyway. The reason I thought you were doing a good job is that I view how I do psychotherapy and general semantics as quite equivalent. In fact probably the closest label I would apply to myself as a psychotherapist is general semantics therapist, although I've never heard that term. In this paper, I'll talk about how I approach therapy sessions and what I focus on in sessions.

I chose to write about the process and exchange aspects of what I do as a psychotherapist for several reasons. I view psychotherapy as a process that happens over 'time.' Also, we are dealing with the process aspects of the client, who is dealing with her or his past, present and anticipated future. Further, since therapy involves a dialogue, what I'm primarily doing is having an exchange with a client to help him or her to learn to function better.

People come to therapy with a variety of problems. I could never attempt, even if I should want to, to deal with the 'content' of what everybody comes with and to know what to tell him or her to do. Therefore, what I focus on are the underlying structures of their problems, which I see very much in terms of general semantics formulations. People come in stuck with old dysfunctional models, faulty assumptions, two-valued orientations, etc.; 'all' of the concerns that we talk about in general semantics. These are what lead them to have negative semantic reactions, seemingly intractable family problems, inability to stop smoking, or whatever the particular 'content' is that they come in with.

I see my goal not as getting clients free from problems, which I view as impossible, but as helping them to be better able to cope as an organism-as-a-whole-in-
an-environment. I sometimes shock clients by talking about a problem I might have and how I'm coping with it. They say, "You have problems?" and I reply, "Sure, everybody does." I think some people feel a bit discouraged by that, but as they get to know me better they realize that that doesn't mean I'm not functioning well. At least, I hope they do. Expecting to be free from problems is futile, since nothing is static and solutions learned today may be outdated by tonight or tomorrow or may create new problems.

Therefore, I see my role as educational; educating clients in more useful non-Aristotelian approaches to the ways in which they interact with the world. I focus on structure, methods of evaluating, etc., not 'content'. Their problems as stated provide the material for discovering dysfunctional structures of thinking-feeling-behaving. Of course, I care about what happens to clients and they certainly do, so we talk about what's going on in their lives. But that's not what I focus on as therapeutic issues.

Also, I don't presume to know what's best for people to do. At times, when I first started working, I would make that mistake. Fortunately, I would keep the mistake to myself, but I would think that it would be best for this person to separate, get divorced, change jobs, or whatever. I quickly realized that I couldn't make those decisions for other people. They had to make the decisions for themselves. So I basically work through asking questions to stimulate self examination; to elicit from clients what their beliefs, 'thoughts' and assumptions are, to get very concrete extensional descriptions of their experiences, to lead them to figure out what's going on, where they should go, what they can leave behind and what they might want to take on.

Of course, I don't only ask questions. Occasionally I will summarize what's going on, reflect back what I'm seeing and hearing, even occasionally tell people what to do, especially in relation to medical problems which I think they're neglecting. But I find that if I get didactic I lose people, that it's really best to stay with the clients' patterns of evaluation and to help them to make their own connections and reconnections. My goal is to be a covert teacher of general semantics.

I think about what goes on in therapy as occurring on at least two levels. That is, we have what's going on between the client and me in the sessions and what's going on between the client and the rest of the client's world outside of the sessions. The latter is the material we work on. The former involves conscious modeling. I view my role as modeling effective ways of thinking-feeling-behaving. I hope that my clients will internalize our dialogue, the questions that I ask them, and many of them seem to. It's a very strange feeling sometimes when they will come back and report having 'thought' outside of sessions just as I would hope they would think. It feels a bit like I have clones out there, but of course I know that that's not the case, since each person is so different. Despite being a strange feeling it's a good one, because training them in general semantics ways of interacting is what I'm trying to do.

What I'm going to do now, using one client's experiences and disguising some of the details so she won't be identifiable, is go through some of the general semantics formulations that I work with and discuss how I connect them with therapeutic concerns.

The client I'll be focusing on is a person who, when she first came to therapy, wasn't going to much else, because she was extremely fearful about going out of her father's house, where she lived. She basically stayed home, experiencing very high anxiety levels and extreme depression. She hadn't worked for three years and she would stay home and cry, feeling overwhelmed by her problems. She has a boyfriend whom I also see in therapy. He would pick her up on Fridays and she would go to his house for weekends, but essentially it would be more of the same. They would spend hours and hours during weeknights on the phone and hours and hours on the weekends just talking
endlessly, endlessly in an intensional way, going over and over issues. They were really quite stuck in this; indeed, I would say she epitomized 'stuckness'.

As I discuss general semantics formulations, I want you to realize that this is not the exact order in which I worked and work with her. What I do is to keep going over and over and over with each new experience that the person brings to therapy the same underlying structural concerns.

Nevertheless, what I usually start with is what we call multiordinality. My client had two major problems in this regard. First, she was depressed about having problems. She was depressed about being depressed. This is very common, what I call a second order problem, and I almost always start with it. "How do you feel about being here?" "How do you feel about having this problem?" She thought that she was hopeless, that she could never get out of it, that there was no way she could get her formulating straight, etc. Eventually she came to realize that she had a right to have problems, that she was already on the way to better coping by coming for therapy, that (as I strongly believe) no one is hopeless and that she made her depression worse by being depressed about it.

Secondly, she had enormous anxiety about her anxiety and in fact this is what was keeping her in the house. This is also very common. Many people are afraid of going crazy when they suffer from anxiety attacks, which is the basis for just about any phobia. In this case, she was afraid to go out of the house because of how she would feel when she did. We worked on what was so terrible about the anxiety and what she was afraid would happen. Could she see that by getting anxious about feeling anxious she increased the level of her anxiety due to positive feedback?

It didn't take too long before she was starting to venture out. In the beginning this meant coming down from her room to the kitchen, venturing out and doing some small errands, etc. Doing these things, she found that she could in fact cope with her anxiety and we had made a tiny wedge in her sense of hopelessness.

I also work a lot in helping people to be self-reflexive, to evaluate their evaluations, to take responsibility for their own reactions. She might say something like, "When you feel anxious..." I don't accept it when people say "When you feel anxious," unless they're talking about me, which of course they aren't. They're talking about themselves, so I suggest that they say, "When I feel anxious..." I get at this in a variety of ways. Sometimes I simply interrupt and say, "Say I," and then they'll start over again. I also may say, "Whom are you talking about?" or something similar. In these ways, we work a lot on her taking responsibility for her own reactions.

We also worked a lot on helping her to understand that the meanings that she attached to her interactions, her inferences and conclusions, were idiosyncratic, that they were not universally 'known'. This came out in at least two ways in relation to her boyfriend. She wanted him to be more assertive; he agreed he should be more assertive and in fact was working on that with me. Then she would report something that he did that sounded assertive to me and she would complain about it. So we worked on getting at what she meant by being 'assertive'. We eventually pulled out that what she meant by assertiveness was related to what had been her image of how the man in her life would be. He would be like a knight in shining armor on his white horse, who would come along, know exactly what she wanted and would supply it. Therefore, for him to be 'assertive' he had to behave like the knight of her fantasy. Of course, this is not exactly assertiveness by most people's definitions. Once we got at her fantasy, we were on our way. I would ask her, for example, "Might what he did be interpreted as assertive by somebody else?" Eventually she came to realize that, yes, it could be, and she became more accepting of his behavior. At the same time we were working on helping her become more aware of what she wanted and better able to go after it so she didn't have to be so dependent on
him to figure out what she wanted and supply it.

An idiosyncratic cause-effect relation she had manifested was "If he loved me he would...." This, again, is not uncommon. He would do something and she would say, "He can't possibly love me if he did that," or "If he loved me he would do something else." We worked on helping her broaden her view and learn to accept his definition as well as her own, as well as to change her definition.

Another very important area relates to consciousness of abstracting. She generally operated at a level of inferences and conclusions. In fact, because she stayed home so much she had very little opportunity to get new data to deal with the world as it now was and as she now was. So I would encourage her to venture out and to learn the differences between facts and higher levels of abstraction. "What happened, in very concrete terms?" was a frequent question. Inferences and conclusions were challenged by me and she came to understand the different levels. She also learned a great deal in this area by writing about her experiences (both internal and external) and then analyzing her writing for patterns (structure).

Another area, which is similar, is the premise-conclusion-behavior link, and we focused on where she was going awry in that. For example, she had the premise that if you have problems, you must look for solutions to them all of the time. The conclusion from that premise was that you must be talking about your problems all of the time in order to look for solutions. The behavior was that she would endlessly engage her boyfriend, who on his side had a need to please people so that he easily fell into the pattern of endlessly, endlessly talking, rehashing over and over again what her problems were. To work on this I asked, "If you're going to behave differently, how will you have to 'think' differently?" How she had to change her thinking (evaluating) was to recognize that it simply isn't necessary to all of the time be going over problems. In fact, this can intensify confusion and negative semantic reactions. What I suggested to her, and what I suggest to other people as well, was to have what I call a "problem-thinking time" or a "worry time." Set aside some time during the day, 15 minutes to one-half hour in the evening, for example, when you're going to sit and worry. If you're tempted to worry at other times say to yourself, "No, we have a date for that at eight." Then when you've gotten your worrying out of the way, the rest of the time you don't have to be mulling things over. That was very helpful to her as it is for many people.

We also talked a lot about becoming aware of different levels of internal processes, which I find is often helpful. These processes range from the more immediate and concrete, that is, the stream of consciousness that people have as they walk down the street or during other experiences, the thoughts and images, etc., that occur, to the more remote and abstract, e.g., problem-related thoughts, rules for living, assumptions, beliefs and memories. It is helpful for people to learn to be able to recognize these and to go back and forth between them; to be able to be in the present and be aware of what's going on and also to be able to take the time to sit and figure out how they can think about their problems, what kinds of assumptions they are making, etc. It increases people's flexibility to be able to go back and forth.

I also work with people on not being stuck at either low level abstractions or high level abstractions. Most of my clients get more stuck at high levels than at low levels. If they're stuck at low levels and they keep repeating details of their experiences, I ask them, "What does that imply to you?" "What kinds of conclusions could you reach?" etc. But this client, like most others I work with, was stuck at high levels. "I'm a failure," "I'll never be a success," etc. They don't operationalize these formulations. So I worked with her on her idea of personal failure. "Because you haven't worked for three years, how does that make you a failure?" "Have you been a failure in everything?" "What do you mean by failure?" "How would you
know if you were no longer a failure?" In these ways, we helped her become more operational.

Along similar lines, I encouraged her to view her 'ideas' as hypotheses to be tested. For example, now she's made a lot of progress and she's thinking about working. But she thought that she was too anxious to go out on interviews. Our dialogue went thusly. "What will happen on an interview?" I asked. "I won't be able to talk and then I'll conclude that I'll never be able to go out on another interview and never be able to have a decent interview." We worked on getting her to go to a less important place first, like an employment agency, where she wasn't putting herself on the line immediately for a job, and to test out what happened. In order to get her to do this, we also worked on the assumptions she had, the inferences she was making, etc. Having worked on both thought-changing and behavioral hypothesis testing, she's been able to revise her hypotheses to more accurately reflect what is going on.

Another important area is the way people formulate questions to themselves. Are the questions answerable and answerable in useful ways? In addition to the modeling I do in the questions I ask, I help people to shift from why to how questions. Why questions get people into considerable difficulty. For example, this person asked, "Why does my father behave this way with me?" That's an unanswerable question. She can never really know why. Also, I helped her to see that there's really a disguised should in that question. It's not simply "Why does my father behave in this way with me?"; it's "Why does my father behave in this way with me as he shouldn't?" We got at that should and worked on, "How reasonable is it to make rules for other people?" We also worked at shifting to how questions, which is a sneaky way to get the person to be more self-reflexive. When I shift to a how question, I get the person more involved. Instead of "Why does my father behave in this way with me?" I shifted her to "How does it happen that my father behaves in this way with me?" Then I had her in the situation and she could start changing her own behavior to encourage her father to respond differently or at least to feel better herself even if her father didn't change.

Another concern, which was especially important with this client, is to broaden a person's awareness of what is going on 'out there'. She had a very, very narrow, restricted focus based on little recent experience. She really felt afraid that she wouldn't be able to cope unless she had everything pinned down, and of course we know that things don't stay pinned down. I believe that the only way she and others can have more security is to become aware that they can cope with 'whatever is going on'. In working on this I use whatever content comes along. You might think that we were set back a bit in helping her to get out of her father's house and get back to work, etc., because she developed a serious medical problem and had major surgery. But this just became as much grist for the therapy mill as anything else. What happened was that she had to cope with Medicaid, which provided a continuing major dose of bureaucratic hassles. What happened was that she did it. So I see the ten months that she was involved with this as a tremendous growth experience. In fact, she learned that she could cope, including managing her recuperation very well, and we've been riding on that momentum since. Now that she's gotten out in the world in one way, she realizes that she can do so in other ways.

I also help people in what I think of as an individual time-binding way of thinking. As processes themselves, they have a past, a present and a future toward which they're moving. While the past contributes to how they are, it doesn't have to determine it. Because they are in process, they've learned in the past and developed habits which bring them to their present. Therefore what makes most sense is to accept themselves in the present. They are the way they are and therefore that's the way they should be at the moment. I encourage them to consider that since they learned things in the past they can unlearn them and learn new things. It
sounds paradoxical, but it really works to be both self-accepting and focused on changing oneself. They go together. It's hard sometimes for clients to see this. They think, "But if I accept myself this way then that means I'm going to want to stay this way." However this is a false connection. In fact, we can't change until we are willing first to accept how we are, which means that we are then willing to examine how we are and see what works and what doesn't.

Another important area is helping people to separate their sense of 'personhood' from any particular behavior. Because this client hadn't been working, hadn't been what she would call a "productive" person (at a high level of abstraction), she viewed herself as a bad, unworthy person nobody could love. This belief of "unlovability" contributed to problems with her boyfriend and to feelings of depression. So we worked on separating these two, helping her to accept that she is a worthwhile person just because she exists, and that her behaviors, while they contribute to how she functions, aren't 'herself'. There are lots of areas in which she can be and is successful and her 'worthwhileness' isn't determined by an either/or situation based on behavior.

We also worked on helping her to move away from signal reactions (immediate, conditioned) and toward symbol reactions (delayed, conditional). She generally operated at the level of signal reactions. If she had a disagreement with her boyfriend, she would immediately feel guilty. If her father asked her a question, she would have to answer. If she stayed home, she would immediately feel depressed. Through my questions she was able to observe that her reactions weren't instantaneous. Her reactions, in fact, even if they seemed instantaneous, involved processes going on inside that contributed to the reactions. She has learned to be able to step back and have much greater control and choice over how she responds. She doesn't always answer her father's questions, she and her boyfriend have very few fights and she doesn't feel as guilty when they do, and she gives herself more leeway regarding staying home.

A lot of my work has to do with helping people extensionalize. I've referred to some of this already in discussing broadening awareness of the environment, etc. Dating is very important. This client has worked as a secretary. She hated this work but thought she could do nothing else and had felt very depressed and stuck. Since this is the work that she's most skilled for, it's the work that makes most sense for her to seek now. She's been assuming that when she goes back to work now, she's going to feel the same way on the job and she's going to have to feel as stuck. So we worked on dating. "Because you felt stuck in 1972, does that mean you have to be stuck in 1982?" She has come to realize that she can start a job, get some experience in the world, and then move on. She has been helped by being able to see changes and differences between then and now.

I also work on what I think of as indexing in a variety of ways. One involves getting very detailed specific descriptions from her of her semantic reactions. She tended to think in a two-valued way; she was either anxious or she wasn't, for example. Since she characteristically manifested a high level of anxiety, it was very unrealistic (and still is) for her to expect to be not anxious at all. Therefore, for her to be able to see changes, she had to be able to make differentiations. An approach I use is to have people, through the day and/or through the week, rate on a scale of one-to-ten the degree of anxiety they experience. Then they can start to see differences and continua. If they're usually at 'ten' and this week they're at 'nine', they've improved.

I also help people to increase their emotional vocabularies by having them list in sessions and out as many emotions as they can think of. The list is kept to be added to. As their vocabulary increases and they have words for more shadings of 'feelings', they are better able to notice how they 'feel' and how
their 'feelings' change.*

Also I try to get very concrete descriptions of what is going on. For example, she might say, "My boyfriend and I had a terrible day on Saturday." I don't feel content to sit with that. "What happened from the minute you opened your eyes in the morning?" In a gentle way I'm quite relentless and confrontational, persistently asking "What else, what else, what else," etc. I don't let people stop at single 'causes' or old beliefs or assumptions about what is going on.

I also work on overgeneralizations. For example, I challenge her beliefs that she's always going to be this way, that her boyfriend will never be assertive, etc., in ways I've already mentioned. We get at allness in this way too, since she isn't always 'this way', her boyfriend isn't always nonassertive, etc.

I focus on helping her to be non-elementalistic. She, like most people, says, "I understand that intellectually but not emotionally." "My head says one thing, my gut says another." I help people to integrate so that they realize, "Yes, I may be thinking in new ways and feeling in old ways because my feelings take longer to come around, but I'm still a unitary process and everything is interconnected."

I find that clients are helped by learning to focus on moment-to-moment experiences, on what's new 'inside' and 'outside'. This approach especially helped this client because it lessened her obsessing about the past and her problems and led to her feeling less overwhelmed.

Unrealistic expectations also lead to 'emotional' difficulties. Although this client's father had almost never been attentive to her, she expected him to act attentively during her illness and consequently felt angry and hurt when he didn't. I asked, "What would lead you to think that he'd act so differently now?"

As she got more realistic, she felt sad about this relationship but less angry and hurt.

I find it helpful, with her as well as others, to get as structurally appropriate a labeling as possible of what is going on. This is particularly important in relation to semantic reactions with strong affects. Sometimes people who are just starting out as she is and who are accustomed to 'feeling' anxious will easily misinterpret or confuse anxiety and excitement. The physiological sensations aren't all that different. Since she's accustomed to 'feeling' anxious when she does something new, she's likely to report anxiety. Then I might say, "Is it possible that that could be excitement?" "How would you 'feel' if you were excited?" She has come to see that the sensations are not all that different. I think sometimes that this is a little sneaky, that she may feel more anxiety than excitement to begin with, but as she starts to think of it differently and to relabel it, allowing that maybe she can 'feel' excited, she becomes, in a multi-ordinal sense, less anxious about her continuing anxiety because now it's not exclusively 'anxiety', it's (possibly) 'excitement'. She then gets less anxious and more excited.

I'll stop here, adding etc., etc., etc. to my remarks, since this is not 'all' that I focus on. However, it seems appropriate to me to leave this client on a positive note of excitement about her changing interactions with what is going on. While she is by no means ready to leave therapy, she has come a long way. She managed the medical business, moved out from her father's house, and has assumed responsibility in her new home. She and her boyfriend are getting along well.

*In strict Korzybskian terms, we may see this exercise as promoting an enhanced awareness of semantic reactions which, by definition, include so-called 'emotional' and 'intellectual' aspects, not elementalistically 'split'. Dr. Presby may be seen to be training her clients in conscious evaluational-analytic methods designed to produce more balanced, integrated semantic reactions and, self-reflexively, more balanced semantic reactions to their semantic reactions. Ed.
and have developed techniques for coping when problems arise. She's much less depressed and anxious and has moments of feeling happy. She's taking a refresher typing course and anticipating getting a job soon. I believe that she has been able to make these changes because she has learned to approach what is going on in non-Aristotelian ways.

Questions and Answers

Question 1: How do you feel that this particular psychotherapy approach wedded to general semantics compares with others?

Answer: One way it's different is that it's more explicit in getting at what I consider to be structures rather than 'content'. Also it's more present- and future-oriented rather than past-oriented. I use the past for me and clients to get a sense of how they got the way they 'are', how habits developed, but not in a sense of going back to day one, which is impossible to remember accurately anyway.

Question 2: A very obvious difference is that you're talking with an intelligent, mature person and are talking 'objectively'. In my experience, other therapies almost always involve transference [by which she means dependency: SP] and a general sense that you're sick. The marvelous thing about this is that it's general semantics at its most practical. I'd like to see more and more of this in our literature,* etc. You build up the client constantly and she or he doesn't feel rated as an 'emotional object'. [Dr. Presby did not respond to this statement.]

Question 3: General semantics together with psychotherapy is very fascinating. Where did you start working this way? What did you read? How long have you done it?

Answer: Apparently this approach seems to be something that's just very compatible with me. When I did my first practicum, seeing my first clients and taping sessions, and my supervisor listened to what I was doing, he pulled his old precious 1946 copy of Wendell Johnson's People in Quandaries off of his shelf and said, "Here, I think you should read this. It seems to be what you're doing." I really hadn't known that before. So I read the book, which I thought was terrific. As I wrote my papers developing my counseling theory, etc., I incorporated Johnson's ideas. Then I had training at the Institute for Rational-Emotive Therapy as well as personal therapy there. Rational-emotive therapy is largely applied general semantics. I think I use more general semantics and a little less of Ellis' formulations when I work with people, but the approaches are very similar.

Question 4: Have you written anything?

Answer: One article in the journal Rational Living.

Question 5: I've started to become educated in family systems theory. It seems to me that there's a lot of general semantics that is implicit in systems work. Would you agree with that?

Answer: I think systems theory, whether it's family or any other, is structurally oriented, as is general semantics.**

*See recent papers by Kenneth Johnson (General Semantics Bulletin 48), Bernard Basescu (General Semantics Bulletin 46), Robert Pula (General Semantics Bulletin 44-45) and the interview of Douglas Gordon Campbell conducted by Helen Haffner, Mary Morsin and David Waggoner in General Semantics Bulletin 47.

BIOGRAPHY

Dr. Susan Presby is Staff Therapist and Supervisor at the Institute for Rational-Emotive Therapy in New York. She also engages in private practice and works part-time as a counsellor at New York University, from which she received her Ph.D. in 1979.

An editorial assistant for the General Semantics Bulletin, she attended Institute seminar-workshops in 1981 and 1982. Her continuing examination of (and evaluation of) general semantics involves her in in-depth reading of the literature and attendance at meetings, symposia, etc.

The mother of two children (Joan, 20; David, 17), Dr. Presby states: "Many educational, career and family changes have contributed to an appreciation for indexing, dating, etc., and an understanding of the importance of general semantics formulations in and out of therapy."

Cartoon from CARA, Aer Lingus inflight magazine Vol. 15 No. 2 March/April 1982

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