Tuning-in to clients: The use of semiotics in counselling

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Introduction

Definitions of counselling that highlight empowerment and goal attainment are valuable for they describe what counselling hopes to achieve but, nevertheless, they fail to adequately describe what counselling *is* (American Counseling Association, n.d.). From the perspective of the therapeutic exchange, as commonly conceived, it can be argued that counselling is actually a grand act of *semiosis* (i.e., meaning-making), in which thoughts are clarified, emotions understood, memories reconsidered, and a client's life reimagined.

Shifting from *semiosis* to semiotics, we encounter that academic discipline concerned with the meaning of signs. Semiotics is a discipline that has found relevance in fields as diverse as literature, politics, advertising, medicine, and psychology. Given its broad application, and use within the health sciences, it is posited that semiotics may also find applicability within counselling. More so for the fact that signs are the data which counsellors collect and meaning-making is fundamental to multiple counselling traditions.

Key semiotic tools to be discussed in this paper are:

1. The classification of signs according to C. S. Peirce that enables counsellors to see, organise, and interpret vastly more client information, leading to better case conceptualisation.
2. The identification of a sign's *denotic* (i.e., literal) and *connotic* (i.e., implied) meanings, which are valuable in understanding a client at multiple levels.
3. The use of syntagmatic/paradigmatic analyses of a client's story to better understand their narrative and uncover hidden meanings.
4. The value of rhetorical tropes to enrich therapeutic conversations and as diagnostic indicators.
5. The importance of engaging with a client's language code to build rapport and minimise inaccurate clinical judgements.

Collecting and Classifying Signs

Counsellors are curious and naturally collect information about their clients. In broad terms, each piece of information collected may be regarded as a "sign" for it signifies something. However, a semiotically aware counsellor deliberately collects a vast array of signs and organises them into categories, or even into sign systems, before engaging with both their own interpretation of each sign as well as their client's interpretation.

To prevent being overwhelmed by the number of client signs available to the semiotically aware counsellor, one must first learn to categorise signs effectively. Although somewhat esoteric, Peirce's triadic classification system remains persuasive. Peirce recognised three elements to working with, and classifying, signs. They are the sign itself (or its essential elements being the sign-vehicle), its object, and the interpreter who imbues the sign with meaning related to the object that it signifies (Chandler, n.d.). In formal terms, the relationship between these three elements can be described thus: "A Sign mediates between its Object and its Meaning…" (Peirce, 1907, as cited in Fisch, 1982, p. xxxii).

At a deeper level, Peirce also recognised that each of these elements has within it three additional categories related to: those *qualities* that are being communicated; *existent factors* that are present (e.g., causation/relationship); and any *conventions* being adhered to (Sutton, 2014). Unfortunately, Peirce used arcane language and complex arguments to elucidate all nine aspects of his model of sign classification (Stjernfelt, 2011).

When discussing Peirce's system from the perspective of the sign interpreter (i.e., counsellor) we need to consider *rhemes* (i.e., qualities), *decisigns* (i.e., existent factors), and *arguments* (i.e., conventions). Rhemes are common in counselling and include statements such as "____ is happy/depressed/anxious/angry." While the statement, "Dave loves his Harley-Davidson more than me!" is an example of a decisign, as Dave rides his Harley-Davidson. A decisign can also be recognised by the fact that it is a truth-based statement whereby something is, or is not (Stjernfelt, 2011). Finally, wedding rings, a coffin, or the water for baptism are all examples of arguments for the interpretation made is based in convention and culture (see Table 1).

Shifting our perspective from the interpreter to the sign, three other terms are used to express qualities, existent factors, and conventions. If discussing the qualities of a sign, we talk about *qualisigns*. Consider, for example, a client who clutches a piece of charred wood from a recent house fire. It is the quality of "charredness" as the sign-vehicle that makes it a qualisign. Whereas, crying is a *sinsign* (i.e., existent factors) as the sign vehicle, being tears, roll down the client's cheeks. Finally, when a client hands you a letter from their doctor, they are giving you a *legisign*(i.e., convention) (see Table 1).

Yet Peirce is best remembered for his work on the object that a sign refers to. Understanding objects is critical for an object constrains, or works with, its sign to impart a particular meaning. From the perspective of an object, only three types of signs are possible: *icons*, *indexes*, and *symbols* (Berger, 2004). Icons, which speak of qualities, are often part of counselling and include drawings and other art projects, flowcharts, or even a client describing a traumatic car crash with words characteristic of onomatopoeia. By contrast, indexes relate to existent factors and are many and varied. They can even

include a finger being pointed at a spouse during a heated couple's session signifying that person. Finally, symbols (i.e., conventions) are, for all intents and purposes, arbitrary. This could even include the symbol "BPD" within a client's notes. As such, symbols are only understood within a particular professional (i.e., cultural) context (Chandler, n.d.) (see Table 1).

Table 1: An overview of Peirce's triadic sign system (adapted from Atkin, 2010).

Interpretant	Object	Sign-vehicle	Example
Rheme	Icon	Qualisign	A feeling of red
Rheme	Icon	Sinsign	An individual diagram
Rheme	Index	Sinsign	A spontaneous cry
Decisign	Index	Sinsign	A weather cock
Rheme	Icon	Legisign	A diagram (type)
Rheme	Index	Legisign	A demonstrative pronoun
Decisign	Index	Legisign	A street cry
Rheme	Symbol	Legisign	A common noun
Decisign	Symbol	Legisign	Ordinary proposition
Argument	Symbol	Legisign	An argument

Yet the value of Peirce's work to counsellors goes beyond the simple categorisation of signs. For instance, what is the clinical relevance when a client over-uses one sign category at the expense of others? For a client to focus their communication on icons can be useful for they are representative of what is being described. But to do so without the relational aspect of indexes presents a form of communication that is either disconnected from the here-and-now or possibly self-centred. Similarly, what does it mean when a client has a preference for symbols? Given that they are created by the conventions of an in-group, they can serve the purpose of excluding people, even the counsellor. For these reasons, the semiotically aware counsellor takes note of what sign categories are used, when and why.

Semiotics in Psychology and Counselling

Semiotics has been part of medical diagnostics since antiquity, for every symptom is a sign (Sebeok, 2001). Yet, importantly, not all signs are symptoms. For this reason, semiotics has had a more complex relationship with psychology, being variously investigated within a number of sub-disciplines but often ignored in clinical work (Daddesio, 1994; Guo & Mackenzie, 2015; Michon, Jackson & Jorna, 2003; Petrilli, 2004). This oversight is even more egregious given that semiotics is aligned to communication theory and devoted to meaning-making, which are foundational to clinical practice. Even so, a limited number of studies have touched upon semiotics when considering emotional expression (Glazer, 2017) and empathy (Vasilyuk, 2016), in matters of cultural psychology (De Luca-Picione & Freda, 2016), and in diagnostics (De Luca-Picione & Freda, 2016; Kuperman & Zislin, 2005). Indeed, very few studies have applied semiotics to clinical problems, such as eating disorders (Bell, 2013), childhood bereavement (Bailey, 2013), and trauma (Stockall & Stickels, 2003). Given this, semiotics may have considerable value for clinicians, even if its tools are not yet an established part of clinical training or practice.

As mentioned above, the basic value of semiotics to clinical work is in helping counsellors to identify and organise the vast array of client signs that must be attended to (see Table 2 for a list of common signs). A semiotic awareness thus makes the counsellor more attentive as well as providing them with an intellectual framework to aid discovery. This is exemplified in the clinical case study extract reproduced below in which a semiotician worked alongside a therapist to optimise results:

Semiotic analysis first provided the tools … for an ordered description of the different happenings in the sessions; it thus helped to distinguish types of [signs and what they signified] … Secondly, … the semiotician was able to indicate to the therapist the recurrence of certain models [of behaviour] and the total absence of some others. … Therefore, it was through his capacity to abstract and classify that the semiotician was helpful to the therapist … (Bastide, n.d., pp. 5–6)

By implication, being aware of more client signs, and in organising them appropriately, one's knowledge of a client is improved, which leads to better therapeutic outcomes.

Table 2: Common client signs organised according to the primary sense by which the counsellor experiences them

Sight	Facial expressions such as crying/smiling/grimacing/pouting/etc.
	Physiological manifestations including blink rate (high or low), a client's face changing colour (e.g., to white or red), or sweating.
	Body language such as a client wringing their hands, sitting with arms crossed, or tapping their foot repeatedly. Couples may also point fingers or hold hands.
	Grooming (good or poor).
	Style of clothing, jewellery, a crucifix or talisman worn, or the type of bag carried.
	Bruises, needle tracks, or tattoos seen.
	A client leaving the room abruptly.
	Noticing the type of car a client drives.
	A photograph, death notice, or displaying some artwork made.
	All spoken words.
	A raised voice/wailing/laughter/giggling/an exclamation etc.
Sound	Changes in a client's voice pitch/volume.
	The noise of tapping feet/fingers or of knuckles cracking.
	A song played in session or the recording of a deceased loved one's voice.
Smell	The presence of cologne/perfume, the fragrance of soap vs. body odour.
	The smell of cigarette smoke/marijuana/alcohol.
	The smell of ethnically-specific cooking ingredients.
	The pressure of a handshake, which can be extended to feeling the clamminess or warmth of a client's skin.
Touch	Feeling the texture of a stuffed toy or artwork handed over in session.
Taste	Tasting a client's birthday cake or unusual cultural delicacy.

However, some counsellors have taken semiotics further by instituting a semiotically-potent form of practice. For example, Stockall and Stickels (2003) discussed how a semiotically-informed way of working with a client, Shari, allowed her to gain emotional control over work stressors and personal relationships. In brief, Shari presented with a history of childhood sexual abuse, a chronic hearing impairment, homelessness in her teenage years, and an intermittent work history with associated episodes of panic (e.g.,

rheme), fleeing (e.g., decisign), and malingering (e.g., rheme). Shari's counsellor also recognised that she had been primed for mental health problems in subtle ways given that, "[w]ell-meaning teachers, professionals, and family members often projected signs of sickness, abnormality, craziness, and retardation onto her…" (Stockall & Stickels, 2003, p. 38).

Shari's presenting issues pertained to her employment at a local video store. In particular, Shari had recently walked off the job and had been threatened with termination. When asked why she left Shari responded, "[I]t's not the rooms that are hard to clean, it's what's in them…" (i.e., a sinsign;) (Stockall & Stickels, 2003, p. 39). This being an oblique reference to pornographic videos (i.e., icons).

In working with Shari, her semiotically aware counsellor deliberately kept an openness of mind so as to collect as many signs as possible. In this way their conversation became incredibly rich. More so, the therapeutic process had key signs marked and renegotiated through an ongoing dialectic which is in keeping with the criticality inherent in multiple semiotic traditions. For Shari, the renegotiation of signs occurred at two levels. Broadly, her indexical signs had to be renegotiated. This was important as indexical signs are about relatedness and so help construct one's social identity, and therefore one's place within society. For a woman with a disability her indexical signs were often problematic. As part of this renegotiation Shari's counsellor had to be particularly careful to stay away from a "[p]roblem-saturated dialogue [which] … illuminates indexical signs of illness, frailty, and weakness … [while] other signs … of ability … are overshadowed…" (Stockall & Stickels, 2003, p. 36). More specifically, when considering the workplace "…Shari and her counsellor collaboratively examined … signs of escape, renegotiating them as survival responses to perceived threats" (Stockall & Stickels, 2003, pp. 39). This helpful shift in perception then allowed Shari to consider signs of safety, which were also present in the workplace but were previously unseen. Ultimately, it was through this semiotic process of renegotiation that Shari gained increased opportunities for work and relationships given that she was now not bound to old ways of thinking (Stockall & Stickels, 2003).

Taken together, that semiotics has not often been considered in the clinical literature is both a serious oversight and an opportunity to explore its relevance for counsellors and their clients.

First Impressions of a Client: Interpreting a Visual Sign System

Having now shown the applicability of semiotics to counselling, as well as how signs are classified, it is possible to apply semiotic tools to particular counselling problems. In the first instance, let us consider a new client about whom we know little but must, quite quickly, develop some therapeutic working hypotheses.

Usefully, signs do not occur in isolation but as part of a larger sign system which, when identified, can be of great help to the counsellor in quickly understanding their client's deeper motivations. A sign system therefore aids meaning-making. For example, and

somewhat simplistically, we understand that, "a drawing of a glass… is the icon of a glass, but if it is placed on [the side of] a crate, then it… [becomes representative] of the legisign signifying 'fragile'…", given the newly created sign system (Everaert-Desmedt, 2011). Similarly for clients a sign divorced of its sign system carries, at best, only limited meaning and thus provides only a limited understanding for the counsellor. Given the importance of the sign system to understand the meaning behind a particular sign, the semiotically aware counsellor thus always seeks the connection between signs while holding the interpretation of any one sign provisionally. As to this point, the provisional nature of any interpretation of a sign within an emerging sign system relates directly to the fact that a sign has both a denotic and connotic meaning (Berger, 2004; Chandler, n.d.). While the denotic meaning of a sign is often obvious (e.g., sunglasses denote bright light), what a sign connotes may change according to the situation and person making the interpretation (e.g., wearing sunglasses can have a variety of meanings dependent upon context).

To begin working with a sign system, including the denotic and connotic characteristics of each sign, let's consider our first impressions of a client (Barker, 2012; Chandler, 2007). To do this we will take as our example a young man with presumed acute stress disorder. In particular, the author refers readers to Sir Don McCullin's famous 1968 photo of the "*Shell-shocked US Marine, The Battle of Hue [Vietnam]*" (https://www.nationalgalleries.org/art-and-artists/130204/shell-shocked-us-marine-battle-hue). For those readers not familiar with the image, it is a front-on, half-length, photograph of a crouching soldier. Dominating the image are three elements: (1) the marine clutching the barrel of his rifle; (2) the vacant stare of the marine into the distance behind the photographer's right shoulder; and (3) the dominance of the marine's dome-shaped helmet, which comes down to almost cover his eyes.

To begin the analysis, let us simply consider potent signs within the photograph. Take, for example, the barrel of the marine's gun. This is an important sign vehicle signifying a rifle. Moreover, the muzzle denotes a combat rifle and so connotes the marine's power over life and death. Notice also that the gun barrel is held in front of, and close to, the marine's chest, if not his heart. While this posture could just signify tiredness, it may also connote the gun's role as a protective weapon, or even an emotional attachment between the marine and his rifle.

In addition, the image has a number of other important signs that contribute to the larger sign system. Two signs that reinforce each other are the marine's utilitarian jacket and his helmet. Denotically, they signify a uniform but, connotically, may suggest that the marine is hiding his identity, or humanity, behind the signs of his profession. Interestingly, the helmet has its own significance, especially for the fact that it dominates the upper part of the image. For, while the helmet denotes protection, it nevertheless conjures up the image of a turtle hiding in its shell. Could it, therefore, connate fear?

Finally, we must consider the physical signs displayed by the marine. For instance, consider his bulky face and chiselled jawline. These facial features denote maleness but also connote, within an Anglo-American context at the very least, a heroic form of

masculinity. And what of his stare? Denotically, we could say that he is alert, yet connotically we can suggest much more. For example, the marine's distant stare might connote that he is alone in the world. It could suggest a need to protect us, or he may just disregard us as civilians. The marine may even have become so dehumanised as to not consider us at all. Whatever the intended connotic meaning of the marine's stare, this sign alone has gravitas.

Considering a client's sign system provides rich possibilities for counselling, while shifting from the denotic to the connotic meaning of particular signs opens-up a client's inner life to us. Using these ideas, a range of interesting clinical questions beyond traumatic symptomology emerge for us in relation to the marine. They include issues of personal/professional identity, power, death/mortality, dehumanisation, safety/fear, masculinity, loneliness, etc. As such, semiotics promotes an inquisitive and rich engagement between client and counsellor.

Common Semiotic Tools for Understanding a Client's Story

Although counsellors do assess clients by their physical appearance, our profession is one typically based in spoken language. Given the variety of semiotic tools available to analyse text, we will, for brevity, restrict our discussion to:

1. *How* to listen to a client's narrative (Berger, 2004; Chandler, n.d.);
2. *What* to listen for (Chandler, n.d.); and,
3. *When* to be alert to potential miscommunications (Chandler, n.d.).

How to Listen to a Client's Narrative – Syntagmatic and Paradigmatic Analyses

Listening to a client's story is core business for counsellors. But how we listen makes a big difference. If all we listen for is a chronology of events, or for emotive words, we miss important details that would be useful in bringing about positive change. To overcome any superficiality in this regard, semioticians perform both a syntagmatic and paradigmatic analysis (Berger, 2004).

A syntagmatic analysis is an adaptation on what counsellors already do. It is a thoughtful consideration of the client's story, recognising that all narratives are constructed for both explicit and implicit purposes (Berger, 2004). What makes this sort of analysis valuable is that one does not listen for people or events so much as for *functions* which involve people/events made meaningful by their placement in the narrative sequence (Aguirre, 2011).

For counsellors, recognition of functions, such as those developed by Propp (1928), can alter how a client's narrative is understood. This ultimately shifts the direction of counselling towards more fruitful outcomes. Listening for functions provides important information as to where a client is at on their therapeutic journey, whilst also suggesting work still to be done.

In addition to a syntagmatic analysis is a paradigmatic analysis. Rather than looking at narrative structure, a paradigmatic analysis considers the client's descriptive choices. That is, *how* they describe their story, not *what* is being described. Therefore, a paradigmatic analysis provides useful information regarding a client's perception of themselves and their world. Given this, a paradigmatic analysis assists the counsellor to understand the deeper personal meanings hidden within a client's story.

While a simplistic paradigmatic analysis involves listening to a client's story, recognising key words/phrases and then applying word substitutions to see their effect on the narrative, this is not always helpful (Brodley & Lietaer, n.d.). A better approach is to explore opposite, or alternate, descriptions within a client's story. The simplest way to do this is to identify categories within a client's narrative that form binary couplets (Brodley & Lietaer, n.d.). For example, a discussion of "men" most often suggests the binary couplet of male/female, or "evil" implies the binary couplet of good vs. evil. We can even extend this sort of analysis to include binary life choices. By doing so, a paradigmatic analysis shifts a counsellor's thinking from their client's daily life to deeper tensions that may be the source of distress.

But there is a problem with this sort of paradigmatic analysis, since the counsellor must recognise when a binary couplet is being implied, or elicit such a couplet from the client. Therefore, it is better to use this approach only when both halves of a binary couplet are present in the client's narrative. For example, in the famous interaction between Carl Rogers and Gloria we hear comments such as, "I like to see myself as being so honest…" *and* "…I'm a little ashamed of my shady side too." (Brodley & Lietaer, n.d.). Here, Gloria provided the evidence of a binary couplet, thus making any paradigmatic analysis robust. Moreover, she unmasked her core therapeutic issue as being the tension inherent in a divided self-image; not sexuality, parenting, or family of origin as some observers have suggested. In this way, a paradigmatic analysis uses evidence, not intuition, to uncover deep issues of which the client might only be vaguely aware.

What to Listen For – Rhetorical Tropes

Semioticians pay special attention to the figures of speech people use and these are known as rhetorical tropes (Berger, 2004; Chandler, 2007; Chandler, n.d.). The four master tropes are: metaphor, metonymy, synecdoche, and irony. For counsellors, these figures of speech provide valuable insights, given that they have epistemological importance.

Given the importance and widespread use of metaphor and irony within the English language, and the need for parsimony, let us put metonymy and synecdoche aside. Metaphor and irony are of particular value to both the client and their counsellor in expressing, and understanding, all sorts of truths. For example, metaphor provides a counsellor with a unique perspective into how their client views the world. This comes about as metaphor has something described symbolically according to something else

(Berger, 2004; Wagener, 2017). Two examples of metaphor are: (1) Shakespeare's 18th sonnet when he writes, "Shall I compare thee to a summer's day?"; and (2) from a recent song by 5 Seconds of Summer, "And I'm just a dead man walking tonight".

By contrast, irony plays with the reality of a situation and may, therefore, utilise a twist, contradiction, or comedic element in its description. It also shows a subtle appreciation for cultural norms and how to manipulate them and so becomes the master trope *par excellence*. For example, a client might use irony to describe their nasty boss as "a barrel of laughs".

Metaphor and irony are also clinically important (Grantham & Hall, 2013). Inappropriately applied, or oddly constructed, they may suggest altered cognition (e.g., autism spectrum disorder or psychosis). When used darkly, they may imply depression. Even the absence of these two master tropes may be diagnostically valuable (e.g., dementia). Alternatively, when used appropriately within a therapeutic exchange, metaphor and irony can enrich communication, understanding, and empathy. That being said, irony can be difficult to use cross-culturally and may add an unintended emphasis to what is being implied. Given this, irony is best used with a client with whom one has already developed a strong therapeutic relationship and must never fall into sarcasm or mockery. Table 3 discusses the various uses of metaphor and irony.

Table 3: Various clinical uses for metaphor and irony

Metaphor

Uses for a client	Uses for a counsellor
As a statement of fact. For instance, when a newly bereaved client says, "My grief is this big ocean!"	Challenging a client in a non-threatening way. Given that metaphor does not speak directly, but by comparison, a counsellor could say, "Someone is as tough as shoe leather today".
Conveying important information. Such as when a client with a history of depression acknowledges, "The black dog is snarling again".	Engaging a distressed client with empathy. For instance, a counsellor may speak to their client's problems by saying, "Wow, that's one big mountain you're trying to climb".
Communicating discovery. For instance, when a client states, "Well I'll be a monkey's uncle!"	Improving the therapeutic alliance. The counsellor may remark, "On this issue, we're like two peas in a pod".
Clarifying a situation. As when a husband comments in couples counselling, "I don't know how to be romantic. She's the ice queen".	In clarifying a point. The counsellor could say, "You know, what I'm hearing is as clear as mud."
Providing a mechanism to seek reassurance. This includes client statements such as, "I'm just a fool".	To assist a client to recognise looming burnout. Their counsellor could remark, "You're as busy as a bee!"

As a probe. For example, when Gloria said to Carl Rogers, "What a demon am I!" (Brodley & Lietaer, n.d.)	To encourage a client. Their counsellor might say, "Go get 'em tiger!"
Marking therapeutic progress. A new client might say, "My life is a roller coaster"; or towards the end of counselling remark, "I'm a new person."	In noting a client's anxiety. One could say, "You're all wound up like a spring." To improve the therapeutic alliance. This includes when a client shares their emotional pain by stating, "I'm being tossed around on the sea," and their counsellor helpfully responds, "So let me throw you a life raft".

Irony

Uses for a client	*Uses for a counsellor*
Can be used as a break-point in an intense session when a client says to their counsellor, as if a lover, "Well I hope that was as good for you as it was for me."	Has the effect of making a client pause and ponder. For example, when a client is a Star Wars fan, one might remark with a knowing smile, "Jedi Master have you become?"
Provides a way for a client to probe at their new counsellor who appears a little unsure as to what to do next. This may include comments such as, "Go on, live dangerously."	Can be used to make a point during a session. For a client in their 40's who is aware of the pop-culture reference a counsellor could quote the following song lyric in an ironic manner, "It's like rain on your wedding day…".
Allows a client to be defensive by saying to their counsellor, "So, Dr Freud…"	Can be used to hold a boundary with a client. For example, "And to think, I thought I was the counsellor around here".
Can be used manipulatively. As when a high-needs client does not want to be held accountable for some action, saying instead to their counsellor (mimicking Austin Powers), "Do behave!"	Is a way to have a client re-evaluate a poor choice. To do so one might simply quip, "This should work-out splendidly; or not…".

When to Be Alert to Potential Miscommunications – Language Codes

To conclude our discussion of relevant semiotic tools for counsellors, let us briefly consider language codes. Littlejohn (2002) discussed language codes as, "a set of organizing principles behind the language employed by members of a social group" (p. 278). From this succinct definition, we learn two things: (1) that language has culturally based meta-rules of which we are often only vaguely aware (Eagleton, 1983); and, (2) how fraught clear communication can be when a client and their counsellor are from different ethnicities/generations/classes/genders, for all groups have their privileged meanings to which outsiders are excluded.

One simple way to observe language codes in operation is to consider word choices used by people of different classes. For example, an early study of language codes investigated British school children. Specifically, upper-class children at lunch would ask for a "table-napkin," not a "serviette"; "vegetables" were eaten, never "greens"; "pudding" was enjoyed following mains, not "sweets"; and, after lunch, the "wireless" was listened to, not the "radio" (Chandler, n.d.).

Beyond learning to listen for, and use, clients' language codes to improve rapport and therapeutic outcomes (Chandler, n.d.), the most important issue facing counsellors is the potential for unjustified negative value judgements placed on clients stemming from a poor appreciation of these same language codes. Extrapolating from the discipline of education, people with an elaborated language code, marked by a larger vocabulary and more complex sentence construction, are often regarded more positively/intelligently than those people who use a restricted language code. Yet both codes are fit for purpose. For example, an elaborated language code is well purposed for people who have to engage many others in their life, and thus often have to seek clarification. However, a restricted language code is ideal for those who live and work in contexts which require the identification of "the stranger", for each word is now imbued with great meaning available only to trusted others. This issue of unjustified negative value judgements pertaining to a client's language code is of particular importance when counselling some males and teenage boys who may demonstrate a paucity of verbal communication. Yet, all things considered, a perceived lack of engagement from such clients may not reflect defensiveness, a middling IQ, or gender-based developmental delay, but simply be the purposeful application of a restricted language code (Bernstein, 1971; Chandler, n.d.; I love english language, 2010, June 4; Kalantzis & Cope, n.d.).

Given this, language codes are well worth considering, for they colour the work of the counsellor. Not only do they help frame our clinical judgements, for better or for worse, but, when used well, the provide the basis for a trusted connection with our clients.

Implications and Conclusions

Counselling is a semiotically rich profession. While students may benefit from learning about semiotics when engaging meaning-making modalities in their training, including narrative therapy, grief/loss work, and trauma-informed practice, its greatest benefit pertains to experienced practitioners.

Initially, semiotics may assist experienced counsellors to observe a greater diversity of client signs, leading to better clinical judgements. A semiotic awareness should also help a counsellor become aware of the effect of their own signs upon their clients. This is not a trivial issue for signs of professional status may put clients at ease while signs of class distinction, or religious difference, may impede the therapeutic alliance.

Semiotics also provides new tools for counsellors by which a client's story can be understood in novel ways. For example, a paradigmatic analysis is useful when wanting to shift the therapeutic dialogue from day-to-day concerns to deeper issues. Or,

alternatively, engaging the connotic meanings of clients' signs allows them to be held provisionally and renegotiated in positive ways.

Semiotics may even assist experienced counsellors to become aware of subtle diagnostic issues, which may otherwise go unnoticed. Cultural differences aside, the inappropriate use of master tropes, or their absence, should be a point of interest for counsellors. While a counsellor who has taken the time to engage Peirce's triadic sign classification system may also be able to glean important clinical information by what sign categories a client favours or, for that matter, shies away from.

Yet arguably the greatest benefit semiotics offers experienced counsellors is the ability to consider each client as embodying a large and integrated sign system that opposes reductionistic clinical frameworks. Not only does this linking and cross-linking of signs provide interpretive clarity to individual signs that might otherwise appear odd, but represents a true gestalt mindset, from which emergent meanings come. When this occurs, counselling becomes imbued with both surprise and creativity, if not delight.

Biography

Dr Edwards has a PhD in Behavioural Neuroscience from Monash University, where he began his career as an academic in the School of Psychological Sciences. He then earnt a Masters in Counselling, also from Monash University. Since then, Dr Edwards has divided his time between academia and clinical practice. He is currently the Senior Counsellor at LifeCare (Melbourne), is a counselling supervisor, and an Honorary Research Fellow at Eastern College Australia. Dr Edwards' scholarly interests have shifted over the years from memory formation to the intersection of neuroscience and clinical practice, with a current focus on virtue and meaning-making. Finally, his main area of community engagement is in chairing the board of the Christian Research Association.

Acknowledgements

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