Discuss the theory & philosophy of NLPt; how does it inform my exclusive therapeutic approach?

By

Andrew Pearce

Executive Summary

An exploration of the key elements of NLPt from my perspective & why this particular model suits me so well. I offer a snapshot of what is on offer to my clients & what they are buying when they choose to work with me. I aim to define my own model of NLPt by contrasting the NLP "territory" with my own "map". I have wrestled with defining these thoughts for years and aim to further understand why I am left with a sense of awe at the human capacity for spiritual connection & love.

If Corsini (1) is correct & successful therapists " adopt or develop a theory & methodology congruent with their personality", then it is vital to explore my own chosen modality of NeuroLinguistic Psychotherapy (NLPt). Of all the therapeutic models why does this one suit me so well? In exploring the theory & philosophy of NLPt, as I understand it, my aim is to offer a snapshot of the experience I offer my clients. If my clients "buy" me when they come to my practice, what is it that they are "buying"? Clarity of what is & what is not on offer seems to be at the very heart of an ethical practice. If I am unclear about who I am & what I offer, what hope for my clients? If I send out confused or conflicting messages, am I fit to practice therapy at all?

Rather than use any of the prescribed definitions of NLP, this paper is an opportunity to define my own model of what I am doing. By contrasting the NLP territory with my own map I can review my relationship with the territory so that it is "not too tight nor too loose". Gilligan (2) suggests, "Holding too tight, a person may fall prey to the fear & furies of fundamentalism, where the other is regarded as irreversibly separate & dangerous to oneself. Holding too loose, a person may become self-absorbed and indifferent to others, thereby slipping into the abyss of addiction to cynical & empty consumerism. When a person holds "not too tight, not too loose," the relational empathy and paradoxical logic of love as a skill may be cultivated."

For me this means letting go of the "trail of tools & techniques" into the unconscious mind and focusing wholly on the client in the moment. It is a spiritual experience and, as I see it, a privileged opportunity to engage with another on the spiritual plain for the purpose of creating profound change.

I always set the following frames, based on my beliefs & values, around any piece of work with a client:

Responsibility: I do not feel qualified to offer people advice. You know more about you than I ever will. What we can do together is to explore the presenting problem, desired outcome, underlying cause & possible solution. You have all the resources you need to succeed. You will have new choices about how you use those resources. What you do with that choice is your responsibility.

Reality: We all live in our own Model Of the World (MOW) and create our own reality. What we perceive of the world around us is a result of our projection onto it and vice versa.

Conscious Mind (CM) & Unconscious Mind (UCM): Our UCM will repress memories with unresolved negative emotion for our own protection. Issues are presented for resolution to the CM as part of our personal evolution. This is often when people present as clients seeking assistance. The root cause of unresolved issues and the key to their resolution lie in the UCM.

Mind and Body: Since these are part of the same system, what affects one will affect the other. Physical symptoms can be utilised as messengers or indicators to the underlying cause. As Jung (3) put it, "so intimate is the intermingling of bodily & psychic traits that not only can we draw far reaching inferences as to the constitution of the psyche from the constitution of the body, but we can also infer from psychic peculiarities the corresponding bodily characteristics." This is rapidly becoming an entity of its own in the field of Psychoneuroimmunology (PNI).

Outcome focus: Client defined & owned outcome with clearly defined evidence of success. This forms the basis of a contract between client & therapist. If necessary recontracting can occur as therapy progresses. I offer 2 guarantees; 1) We will use the

shortest number of hours possible to achieve the outcome (average 12hrs). 2) If I feel unable to help or believe the issue is beyond my scope of practice I will make an appropriate referral.

Permission: I gain the clients consent to go anywhere & ask anything in order to explore & model their model of the world. This seems to help develop rapport & trust and acts as a reference point should there be any resistance to questions or topics as the therapy unfolds. It also affords me the flexibility to "do whatever it takes" to facilitate the client towards their outcome.

There seem to be as many definitions of NLPt as there are NLPt therapists! There are two that have resonance with me in particular:

- ❖ The Art & Science of how we construct our Model Of the World (MOW) and reconstruct it through change.
- ❖ Assisting clients to change their subjective experience through an exploration of the relationship between experience & the context in which it was created.

 To which I would add my personal definition:

- ❖ Modelling & working with the subjective experience of the client to enable them to fulfil their *own* MOW differently.

Whichever definition you look at, there are some common themes: MOW, subjective experience, modelling and change. As with therapy itself, an understanding of history is vital to shed light on themes & patterns in the "here & now". There are innumerable contributors to the field of NLPt and it would take many thousand words to do them all justice.
I want to focus on what are, currently for me, the key contributions of the following six people who most influence my personal therapeutic approach.

Alfred Korzybski (1879-1950)
The founder of General Semantics he wrote Science & Sanity (1933). He suggests that our linguistic "maps" or models of the world represent our experiential "territory". It is from this origin that "the map is not the territory" and " all meaning is context dependent" are derived. By applying attention to the structure of a client's MOW through the structure of their language, we enable the process of therapy more effectively.
Fritz Perls (1893-1970)
Perls pioneered Gestalt Psychotherapy in the 1950's. The assumption is that any separation between mind and body is artificial and that a human being responds holistically to events. Richard Bandler modelled Perls transcripts to develop the Meta Model. Other key influences on NLP are: emphasis on sensory experiences, non-verbal cues, recognition of incongruence, spatial sorting & parts.
Gregory Bateson (1904-1980)
Bateson's work in communication theory provided the theoretical underpinning for NLP as a discipline. The notions of meta-position, meta-communication & meta-message and verbal/non-verbal incongruence all stem from him. Key concepts such as states, metaphor, CM/UCM relationship, levels of learning & change were all inspired by Bateson. He directly influenced Dilt's Neurological Levels. I believe the greatest notion is of the all pervading unity of phenomena, together with his combination of

"loose" and "strict" thinking enabling the following of "wild hunches" or intuition coupled with formal thought.

Virginia Satir (1916-1989)

This renowned family therapist was modelled by Bandler, focusing on the structure of verbal communication between therapist & client. Her straightforward approach and capacity to build rapport & trust, enabling her to go straight to the heart of the issue, are an inspiration to me. She took complex ideas & made them accessible to the layman & created powerful change, e.g. Satir Categories & Meta Model

Milton Erickson (1902-1980)

Widely acknowledged as the world leader in medical hypnosis his contribution to NLP cannot be overstated. His acute powers of observation enabled him to pace the clients experience moment by moment. He utilised this to create a theory of change based upon the impact of the therapist outside the conscious awareness of the client. He was masterful at entering his clients MOW, pacing their way of thinking & then leading them to create choice & change through metaphor & accessing their Unconscious Minds. So powerful were his rapport skills that clients followed his suggestions lest they break that rapport.

Virginia Satir took the attitude that "we are all born small"! Everyone around us is much bigger than us and as things happen to us we are exposed to the rules & attitudes of people & society. We form conclusions about these external events in order to make sense of the world around us. In so doing we create our subjective experience or MOW, which is a distorted, deleted or generalised version of the original event.
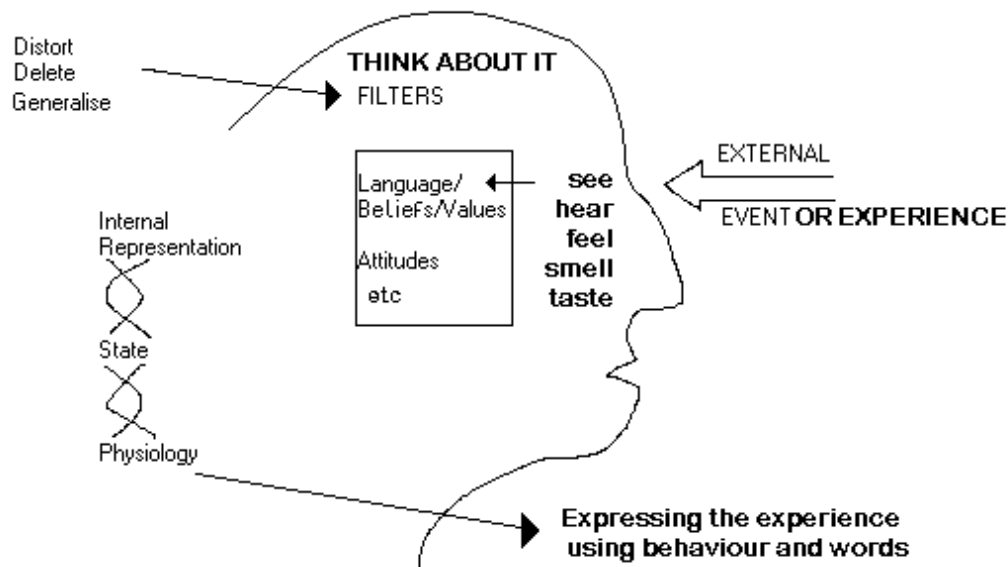
Since much of our fundamental MOW is established before age 3 and, as Satir suggests "adults are just kids grown big", our MOW from "there & then" is often inappropriate or dysfunctional to the adult "here & now".

My role as a therapist is to bring to consciousness that which is unconscious, to highlight patterns of behaviour, symptoms, gestures etc. displayed through the client's history, and to elicit beliefs, linguistic structure and strategies of which the presenting issue is a consequence. The client then becomes consciously aware of what has been

unconsciously present in their "deep structure". The clients are then able to focus back on themself with an identity.

The guiding principle of my theory & philosophy that emerged from my own "deep structure" goes beyond the realms of NLPt and into the realms of spirituality. It can be summed up in the in the 2,500 year old words of the Buddha:

"With our thoughts we make the world"

What then are the constituents of this simple truth and how do I interpret it & embody it in the 21st century in an accessible way as a means of therapy?

I believe my guiding principle can be broken down into four constituents:

> ➢ Judgement free engagement with the client and acceptance of their MOW wherever they are now. I am just plain curious!
> ➢ Suspension of my idea about what we might do & where we might go with the therapy today until I am with the client. I have all the knowledge & skills I need and remain responsive & flexible in order to model " in the moment". If it works keep doing it; I remain open to any other therapeutic process that fits with my clients MOW.
> ➢ I am accessible and aim to demystify what we do together. I want to breakdown/get rid of barriers. In so doing I act as a model for the client of how they can be and of my confidence in them & their resourcefulness.
> ➢ Everything counts and is relevant and can be utilised. I am focused on verbal/non-verbal cues, symptoms, patterns, resistance etc. They are all clues & indicators of something in the map or territory/deep or surface structure of the client's MOW.

So much for principles & constituents. How do they translate into practice?

I believe that in order to offer an intimate and spontaneous therapeutic relationship clear boundaries are essential. Once boundaries are explicit, I have a written document that I send to clients prior to our 1st meeting and outline my ethos as described above before we start, the stage is set.

The next step is to gain a clear definition of the presenting problem ("why are you here?") and an even clearer definition of the desired outcome ("what would you like to have happen?") and evidence of success. Once clear & agreed we contract to work together to achieve the stated outcome within the framework described. There is flexibility to recontract if necessary as the therapy unfolds.

Richard Bandler says that NLP is 95% information gathering and 5% change work. That means 57 minutes of each hour is spent modelling. My history taking certainly occupies the bulk of my contact time with a client. I approach this in a structured yet flexible way encompassing all aspects of a client's life from education to illnesses, family history to sexual history. I listen for patterns & themes (structure of history) and aim to facilitate clients to make connections in order to gain insight. I listen from the perspective of "what must be true in order for all of this to be true?"

Clients often describe examples of the same pattern in different contexts of their lives. Often the key to successful therapy is discovering what it is all pointing to.
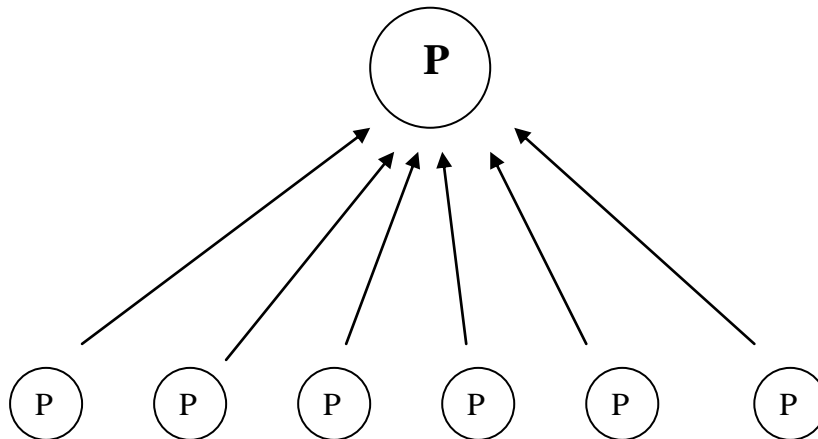

It's like holding the client's map with them in what O'Hanlon calls a "collaborative" way, without becoming entangled with it.

Once there is clarity about the pattern of problem and probable nature of the cause, it is important to decide the greatest point of leverage for an intervention. As illustrated below, clarity of which Life Context and which Logical level are vital. Once clear, I can make decisions about an appropriate intervention that is at least one level above the root cause of the problem. (i.e. problem held at belief level, intervention at identity or above.)
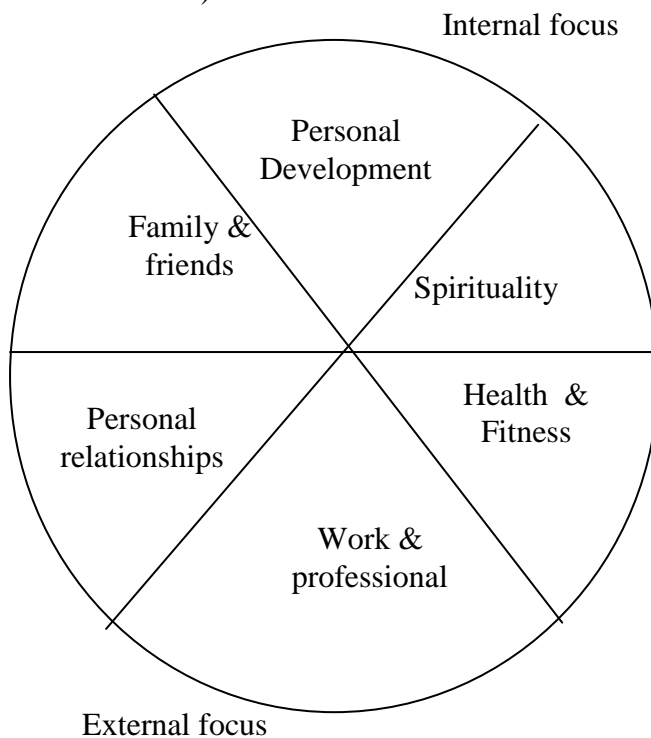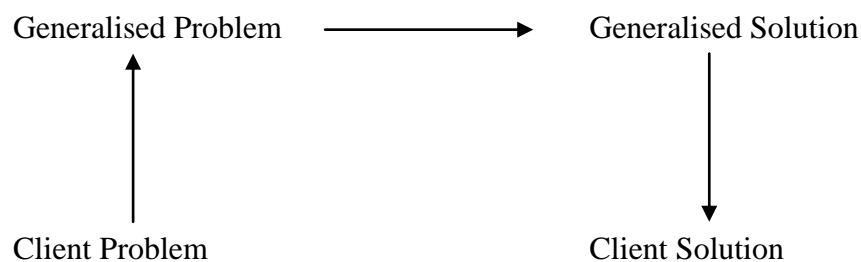

LIFE CONTEXTS
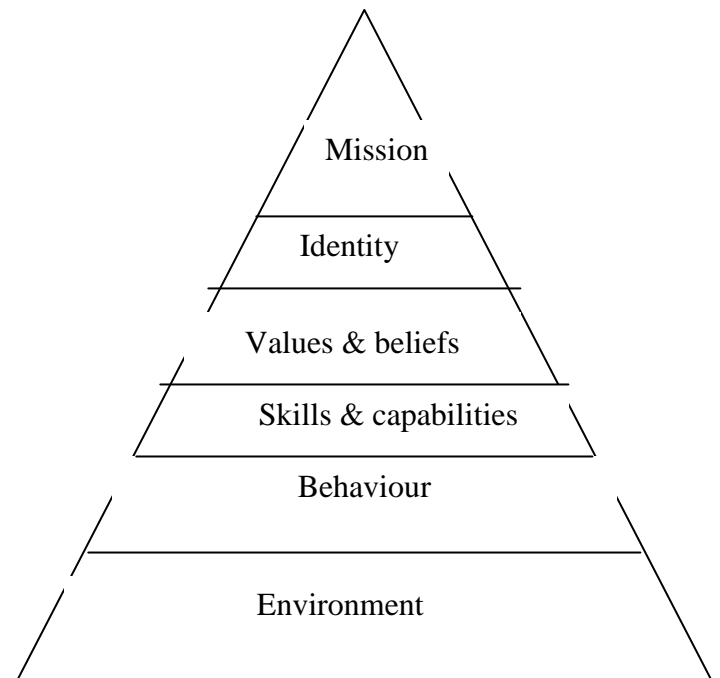
DILT'S NEUROLOGICAL LEVELS OF CHANGE

I like to imagine super imposing the triangle on top of the circle to form a cone. Thus a change at the level of identity or spirit will effect changes lower down the hierarchy & across all life contexts. As this integration occurs, behavioural & environmental changes happen to support the more abstract changes made in the consulting room. When there is alignment between mission & environment there is no dissonance and sustainable & ecological change has occurred.

This all sounds highly structured. Often powerful opportunities for change arise along the way to take the structure of the client's pure experience and reframe more positive forms of that structure. At structural level Erickson employed the model below, as elicited by O'Hanlon (4), to craft his "Teaching Tales".

Generalised Problem $\longrightarrow$ Generalised Solution

$\uparrow$ $\downarrow$

Client Problem   Client Solution

I aim to utilise everything for the purpose of displacing resistance and ratifying change. I aspire to use it to create metaphors & utilise events in the moment to create choice & change.

A recent example of a client who, whilst discussing personal freedom & choice, sat perched on the edge of her chair fingers & toes crooked & tense. I told her a metaphor of a caged bird sat on its perch looking at the open cage door for the first time. She described her emotions as a mixture of fear & excitement. There was a silence, which was broken by a cockerel crowing right outside my office door. I waited in silence holding the space with my client. The bird persisted. I said, " There are no coincidences. It's like he's trying to tell you something……. to wake up?" At which point she said "Oh my God, Oh my God." And there was a huge emotional release. We opened the office door & she stepped across the threshold into the sunshine as if for the first time entering her new MOW. It was truly a life altering moment.

I like Tompkins & Lawley's (5) description of what they call bottom up modelling in the moment, " Bottom up modelling builds a model out of what's presented by the client. It does not start with the preconceptions that the client organises their experience into a "timeline" or "perceptual positions" or "neurological levels"etc. However, it does presume that they *do* have a way to organise time, and perspective and hierarchy, but not necessarily as in the standard NLP models."
I believe this gives me freedom & choice to use all means at my disposal to model the client and make an appropriate intervention for their MOW to facilitate their outcome.

Working in this way as a client led human being is not without risk. It can feel a lot safer as a therapist if you stick to a process that is comfortable. It may feel safer but I believe it is less effective therapy. When tailoring an approach within a framework there is a greater potential to "get it wrong". If we use that sense of failure as a stick to beat self with then the therapy is doomed. If we use failure to inform the modelling process to suit the individual then spectacular results occur.

Gilligan suggests," The therapist is at best a sort of "holy fool" who knows that her way is not the client's way but must proceed with dignity nonetheless, waiting for the client to "pushback" the theory or technique in order to reveal a different perspective, one that is more true for the client. The capacity to accept & hold these differences leads to good therapy. It also leads to an appreciation that each client must discover her own uniquely deviant way of knowing & being in the world."(2)

Numerous great minds share this perspective:

- "Failure is the key to the kingdom" Rumi (6)
- "Ever tried. Ever failed. No matter.
   Try again. Fail again. Fail better" Beckett (7)
- "The psychotherapist learns little or nothing from successes. They mainly confirm in him his mistakes, while his failures on the other hand, are priceless experiences in that they not only open a deeper truth, but force him to change his views & methods." Jung (3)

Since safety is paramount for client & therapist in order to be intimate, spontaneous & vulnerable in the moment, there are a number of prerequisites. On the physical plain, clear boundaries & a Code of Ethics are key. As already mentioned, clients are given a summary of boundaries. I embrace the NLPt & UKCP Codes of Ethics. I aim to attract as inclusive a client base as possible and actively explore issues & dilemmas through regular supervision & Continuous Professional Development. I believe ethical dilemmas are best approached from the frame of, "The opposite of a correct statement is a false statement. The opposite of a profound truth maybe another profound truth." (8)

It is on the non-physical or spiritual plain that I believe the real key to successful therapy lies. By being open & engaging with a client at a spiritual level creates a context in which anything is possible & people feel totally safe, often in a way they have never experienced before. This is something that I know to be true from personal experience as a client, and only now am beginning to glimpse the potential of as a therapist. I can do no better than express my own thoughts in the words of Virginia Satir describing how people "blossomed" with her approach.

" I think now that this happened because I was working to contact their spirits, loving them as I went along. The question was never whether they had spirits, but how would I contact them. That is what I set out to do. My means of making contact was in my own congruent communication and the modelling that went with it. It was as though I saw through to the inner core of each being, seeing the shining light of the spirit trapped in a thick black cylinder of limitation and self-rejection. My effort was to enable the person to see what I saw; then, together, we could turn the dark cylinder into a large, lighted screen and build new possibilities.
I consider the first step in any change is to contact the spirit. Then together we can clear the way to release the energy for going towards health. This too is spirituality in action."(9)
To me personally this feels like a blessing and I feel compelled to take my chance to be the change they seek, to use it always.

REFERENCES

1. Corsini, R.J. Current Psychotherapies; 6th Edition 2000 F.E.Peacock.

2. Gilligan, Stephen; The Courage To Love, 1997, Norton

3. Jung, Carl.G. Modern Man In Search of a Soul; First published 1933. Routledge & Kegan Paul 1961.

4.O'Hanlon, Bill. H; Taproots, 1987, WW Norton

5. Article in Spring 2006 edition of Resource

6. Rumi; The Desire & Importance of Failing, Mathnawi, III, 4391-4472

7. Quote from Irish playwright Samuel Beckett 1906-1989

8. Quote from Niels Bohr, Danish Nobel Prize winning Physicist 1885-1962

9. Satir, Virginia; The New People Making, 1988, Sciences & Behaviour Books Inc.