



Therapy

Caution NLP Psychotherapy

Stephen Bray

(adapted from the article of the same name published in Rapport Autumn, 1997)

It was in the last quarter of the 19th Century that medicine began to be thought of as scientific. Bacteriologists like Koch and Pasteur inadvertently changed the metaprograms of the 'healing' task. In 1847 Neumann had issued a manifesto arguing "Medical Science is intrinsically and essentially a social science, and as long as this is not recognised we shall have to be satisfied with an empty shell and a sham". Virchow used a different 'frame' to plea essentially the same cause stating: "medicine is a social science and politics nothing but medicine on a grand scale". However, by 1894 we find the German bacteriologist Emil Behring stating: "The study of infectious diseases can now be pursued unswervingly without being side-tracked by social considerations and reflections on social policy".¹

This 'bacteriological' position is broadly sanctioned by the current DSMIV. This states: "...each of the mental disorders is conceptualised as a clinically significant behavioural or psychological syndrome or pattern that occurs in an individual and that is associated with present distress ... In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event for example the death of a loved one. Whatever its original cause, it must currently be considered a manifestation of a behavioural, psychological, or biological dysfunction in the individual".²

When this paradigm shift occurred records show a curious phenomena taking place. Clinical history started to change. Instead of a history of a human being in a social context, and suffering symptoms, histories were simply of disease processes. It is not

possible to find descriptions of people in medical textbooks in the latter part of the 19th Century. The patient only begins to return in the 1930s when doctors started to notice that their prescriptions were not always being taken by those they sought to help.³

Psychotherapy did not escape this trend. Freud was originally interested in the physiology of the nervous system, he was, for example, the co-discoverer of the local anaesthetic effects of cocaine. His early work as a psychotherapist led him to believe that many of the problems experienced by his patients were the result of their being the passive victims of sexual seduction by an adult in childhood. His teacher and mentor Dr. Joseph Breuer, who had trained Freud in the use of hypnosis, broke off his association in 1894 because he would not support Freud's conclusions. To his credit Freud stuck to his views and in the period up to 1900 he developed theories of unconscious motivation, repression, resistance, transference and the aetiology of neurosis. The orthodox medical profession remained horrified by his seduction theory, and perhaps not surprisingly, against such a background of vilification Freud, began to develop alternative and more 'professionally acceptable' explanations of neurosis.⁴

One such explanation of neurosis which found more favour with the medical profession was that of masturbation.⁵ In 1897 Freud handed over his patient Emma Eckstein to his colleague and mentor Wilhelm Fleiss for treatment for her masturbation. Fleiss diagnosed her as suffering from 'nasal reflex neurosis' and in performing an operation on the nose, she nearly died when he left a surgical gauze in place which should have been removed. Freud's reaction to this was to tell Fleiss that her bleeding was not as a result of the bungled operation, but 'hysterical'.⁶

By 1900 Freud was considering allowing Fleiss to operate again on one of his patients - Ida Bauer, whose case was later published in 1905 under the pseudonym of Dora.⁷ Fortunately she terminated therapy with Freud before she could be persuaded or coerced into the procedure. Her story exemplifies many of the problems which may develop when psychological distress is seen to be rooted solely within the individual.

On the basis of Dora's gastric pains Freud wrote: "It is well known that gastric pains occur especially often in those who masturbate. According to a personal communication made to me by Wilhelm Fleiss, it is precisely gastralgias of this character which can be interrupted by an application of cocaine to the 'gastric spot' discovered by him in the nose, and which can be cured by the cauterisation of the same spot."⁸ This formulation totally ignored the context in which Dora lived and the background to her problem.

Dora was brought to see Freud by Herr K. His wife, Frau K. had nursed Dora's father several years previously and they became and had remained lovers. As she became older Her K. the cuckolded husband began to have designs on Dora and on two occasions he tried to kiss her. Dora told her mother about the incident and then fell ill. The adults rushed her off to Freud for treatment. It is tempting to agree with Rieff: "the sick daughter has a sick father, who has a sick mistress, who has a sick husband, who proposes himself to the sick daughter as her lover".⁹ However, such a formulation is a 'logical typing error'¹⁰ as it treats the individuals as a collection of finite points rather than subsystems within the wider contexts of family and culture. Erikson argues that Dora's illness must be seen as a legitimate adolescent protest against the hypocrisy of her parents and their generation.¹¹ This formulation adds richness to the 'individual model', but now analyses the situation from one perceptual position - Dora's.

In 1932 one of Freud's principle followers Sndor Ferenczi wrote: "Why should the patient place himself blindly in the hands of the doctor? Freud no longer likes sick people. He rediscovered his love for his orderly, cultivated superego. speaks much less about traumas, and the constitution begins to play a major role. Freud has returned to biology; he considers the psychological to be nothing more than the superstructure over the biological. He looms like a god above his poor patient, who has been degraded to the status of a child".¹²

What I want to convey as a result of this preamble is that in medicine there is a tendency to make the client/patient invisible. In NLP we talk of 'technologies' for 'change' or 'transformation', as if a person is a machine to be 'fixed' like a car. In doing so we 'ape' the medical paradigm. It is a trend which we psychotherapists must renounce if we are to avoid becoming like Freud who is reported to have said: "The only thing patients were good for is to help the analyst make a living and to provide material for a theory".*¹³ John Grinder warns us when he says:

"The preponderance of technical society operates in first attention and it's going to get us in deep troubleWe have certain filters to the world which bias the information through our sensory apparatus into second attention and then into consciousness, first attention, in such a way that our symbolic representations are always going to be an interesting integration of what we can represent and what's out there in the world ... you have to take both sides of the loop to have an appreciation of what epistemology might be"¹⁴.

In February, 1980 I had been practising social work for twelve years and was allocated

my first student/trainee. For the next five years I was to be involved with many more students. My practice even in those days was to allocate work which would pace the student's competence and then gradually 'stretch' the student, intellectually and in terms of the client/system allocated. The exception to this 'rule' was that each student would be allocated one multi-generation problem family with a history of receiving a service dating back to the previous decade. This was to be the student's introduction to 'reality', or so I thought. In fact it worked in reverse. In almost every case, these ex shop owners, armed forces personnel, teachers and nuns, whose training by that stage consisted of a just few lectures on intervention in an academic setting, would be capable of bringing about more radical changes than I seemed capable of achieving myself. This important information led me to examine how my limiting beliefs had hampered my effectiveness in co-operatively relating to these same clients and their professional and family networks.

This phenomena seems to be born out by research findings. In a 1979 study Hans Strupp and his colleagues compared psychodynamic therapists with an average of 25 years experience to college professors with no therapy training, experience or supervision in the treatment of anxious and depressed college students. The college professors did as well as the experienced therapists¹⁵. One problem is that studies that evaluate therapists' attributes or performance, rarely rely on therapy outcome as the primary criterion. The usual criterion of successful performance is the supervisor's evaluation rather than the client or patient's improvement.^{16 17}

Some people believe that an awareness of labels relating to psychopathology (as set out in DSM IV for example), enables us to translate NLP observations into the medical model.¹⁸

The problem with this formulation is that the medical model is not helpful to those of us who think systemically. The person tends to disappear in the discussion of a particular psychiatric disease. Siegler and Osmond describe no less than six explanations for psychological disorder of which only one is the medical model¹⁹. These models and those which have been added since have implications for aetiology, treatment and prognosis of individuals, society and civilisation. Research suggests that dynamic psychotherapy produces better results when the outcome is a measure of work or school achievement. Behavioural Therapy produces good results for the outcomes of fear/anxiety, vocational-personal development, global adjustment, or emotional-somatic complaint but are not indicated where there are issues of self esteem involved. Cognitive therapies are much more effective than other measures in respect of fear-anxiety and global adjustment, but

rather unsuccessful on measures of work or school achievement. Humanistic therapies, (e.g. client centred and gestalt) are more effective on measures of self esteem, especially life indicators of adjustment.²⁰

One of the most useful models that has been proposed recently is the Unified Field Theory of NLP²¹ ** which Robert Dilts describes poetically as: "The unseen system of our neurology which grows in the soil of our bodies, and the leaves and branches of the larger family, community and global networks of which we are a part".²² This model seeks to unite the differing frameworks for understanding and intervening in the human condition through one systemic unified whole. Prior to this concept although Steve Lankton²³ and Leslie Cameron-Bandler²⁴ had translated what were then the core patterns of NLP into clinical psychotherapy, NLP lacked a unifying principle. Unified field theory provided a Cabalistic Tree on which to peg the elements of 'NLP magic'. To attempt to translate NLP observations into the medical model is an attempt not simply to substitute apples for pears, but more accurately to swap a living, breathing, screaming suckling baby for a bunch of bananas!

The most dangerous thinking, in my view starts to occur when the reductionism of the Medical Model is applied to the 'cookbook'²⁵ attitude of NLP:

"An example of this might be attempting to use a six-step reframe with multiple personality disorder", (note the disappearance of the person SB), "or using metaphors about guns with a client suffering from paranoid psychosis"²⁶, (a category which is not specified in DSMIV - SB)²⁷

The implication of this statement is that defined psychiatric conditions, rather than patients suffering specific symptoms of intra and extra systemic distress (resulting in unwanted thoughts or behaviours), can be treated by specific NLP procedures, (of which six step reframing, or metaphors about guns are not considered to be appropriate to the examples cited).

Dyer suggests that NLP magic: "doesn't lie in an armoury of flash techniques, but a few simple principles practiced to perfection ... When well taught, it's the basics that give practitioners the magic of congruence and confidence that they'll always find something to help, no matter how harrowing the circumstances".²⁸ Tim Dyer is a Consultant Child Psychiatrist who, I suggest, is expressing the 'liberation' NLP training can offer health care professionals.

The late Todd Epstein, told me once that "NLP is primarily an attitude which embraces life by exploring questions". This attitude can be detected particularly in the 'New Code NLP' of Judith DeLozier and John Grinder²⁹; Peter Wrycza's illuminating thoughts presented in his book, 'Living Awareness'³⁰, and the reported change of direction for Julian Russell of PPD in Issue 37 of Rapport.³¹ Korzybski is often quoted as saying: "The Map is not the Territory".³² The first of the presuppositions of NLP is: "There are no substitutes for clean open sensory channels. The practitioner is trained to stay focused on what is happening".³³ Within this framework the suggestion of applying specific 'NLP recipes' to psychiatrically labelled conditions is a non sequitur.

I accept that: "being a psychotherapist is about being clear in your own boundary issues with clients and being clear about practising in a manner that takes into account your legal, ethical and moral responsibilities."³⁴

Some UKCP member organisations have attempted to address these by insisting that the therapists they train are qualified in a core profession, (medicine, nursing, psychology, or social work). Such people know about alternative psychological and social models of pathology and the strengths and pitfalls of working with other professionals. I am pleased that those without the benefit of such a background will now have the opportunity to be UKCP registered as NLP/PCS validated therapists. However, those of us who suffered a basic training in a 'core' profession, may have an advantage over NLPers, who did not start out by cutting up dead bodies, emptying bedpans, measuring the behaviour of rats or walking round potentially violent sub-standard housing estates. Core professionals have been 'released' and 'enabled' by the creative spark of NLP trainers.

I suggest that NLP models systemic^{35 36}, humanistic^{37 38}, existential³⁹ and constructivist^{40 41} principles of operation. Core professions such as those mentioned have long struggled to integrate differing conceptual frames to explain the pain and pathology of clients and patients. NLP thinking has enabled some, like me, to emerge from a porridge of linear thinking, conflicting models and positivism. Central to NLP is the concept of a 'Unified Field Theory' which allows those different skills modelled, to interlock through a reflexive circular process. Other branches of therapy and psychopolitics may not necessarily do so, hence this cautionary note.

Notes to accompany the text:

* My aim in this preamble is not to vilify Freud, who in many ways struggled against the prevailing culture of his time whilst also contributing to it. Space does not permit a detailed account of Dora's therapy. However, despite the criticisms written above, there is evidence that Freud was at times thinking systemically through time using an historical analogical circuit when treating her. In 1921 Freud published a paper called 'Group Psychology and the Analysis of the Ego', but always regarded the theory as insufficiently developed. Freud S (1953) SE, London, Hogarth Press Robert Dilts pays tribute to the debt we in NLP owe to Freud in: 'Strategies of Genius, Vol. 3', Capitola, Meta Publications. I hope, Ferenczi's report was not Freud's final psychological reality.

A term adopted by John Grinder in 'New Code NLP' from: Carlos Casteneda (1984) The Fire From Within, New York, Simon & Schuster. Attention is the harnessing and enhancing of awareness through the process of being alive. Everything that one can think about is part of the first attention. Second attention on the other hand is a specialised state to do with the unknown.

For an understanding of how these work see: Hardwick (1991) Families and the professional network: an attempted classification of professional network actions which can hinder change, Journal of Family Therapy, Vol. 13 No 2, Oxford, Blackwells for Association For Family Therapy and also :

Speck & Attneave (1973) Family Networks, New York, Vantage Books

** Paraphrased in: O'Connor & Seymour (1990) Introducing Neuro-linguistic Programming, London, Mandala

In about 1950 the paediatrician Donald Winnicott astounded a large conference of fellow paediatricians and obstetricians by declaring 'There is no such thing as a baby'. (quoted in: Clancier & Kalmanovitch, {trans Sheridan} (1987).) Winnicott and Paradox, London, Tavistock) - The sense of this early systemic statement could be preserved today by stating 'There is no such thing as NLP', 'the structures and phenomena we observe in nature are nothing but creations of our measuring and categorising mind'. Heisenberg (1963) Physics and Philosophy, London, Allen & Unwin..

In the Master Practitioner practical examination I undertook candidates were asked negotiate an outcome with the client and then report the 'technique' held in mind to the examiner. The examiner would then indicate that a different pattern be used. This provided a context in which the examination process itself generates 'flexibility' on the part of the programmer and increases the likelihood of their operating on the basis of TOTES for effective behaviour and communication, and from at least 3 perceptual positions.

Paradoxically one argument which has been levied against the formal registration of psychotherapists is that it has served to blur the boundaries of what was once a 'radical' group. Dave Pilgrim writes: "The role of therapists as 'the conscience' of the mental health professions was tenable only when psychotherapy was on the margins, where it could snipe at scientism in psychology and biological reductionism in psychiatry. Once professional self interest took over, client interest inevitably suffered". Pilgrim (1987) Psychologists and Psychopathy, Bulletin of the British Psychological Society, Vol. 40, pp 168-71

*** For a general introduction to Systems Thinking in particular 'Human Activity Systems', see: Checkland (1981) Systems Thinking Systems Practice, Chichester, John Wiley & Sons.

Core Transformation Process shares elements attributed to James Bugental MD in Assigoli (1975) Psychosynthesis, Wellingborough, Turnstone & also: Yallom (1980) Existential Therapy, New York, Basic Books.

Bibliography:

1 Treacher (1985) Families and Networks, Prevention and Change, AFT Newsletter Vol. 5 Nos. 1&2, Dundee, University of Dundee for AFT

2 DSMIV (1994) Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Washington DC, American Psychiatric Association.

3 Treacher (1985) op. cit.

4 Brown J (1964) 2nd Edition: Freud and the Post Freudians, Harmondsworth, Pelican

- 5 Masson (1986) *Dark Science: Women, Sexuality and Psychiatry in the C19*: New York, Farrar, Straus & Giroux.
- 6 Masson J (1989) *Against Therapy*, London, Collins
- 7 Freud S 1953, 'Fragment of an Analysis of a Case of Hysteria,' translated by James Strachey, Standard Edition, vol 7: London, Hogarth Press.
- 8 (Freud S 1953, op. cit.
- 9 Reiff P (1971) Introduction. *Freud: Dora-an Analysis of a Case of Hysteria*. New York, Collier.
- 10 Bateson G (1972) *Steps to an Ecology of Mind*, New York (1983) Balentine Books Edn.
- 11 Erikson E (1962) Reality and Actuality. *Journal of the American Psychoanalytic Association*, 10: 451-474)
- 12 Ferenczi S (*Journal clinique* (january-October 1932), translated from the German by Le Groupe de Traduction du Coq-Heron: Paris: Payot, (1985)
- 13 Ferenczi S op. cit.
- 14 Judith DeLozier and John Grinder (1987) *Turtles All the Way Down*, California, GDA
- 15 Quoted in: Christensen & Jacobson (1994), Who or what can do psychotherapy: The status and challenge of non-professional therapies. *Psychological Science* Vol. 5, pp. 8-13
- 16 Garfield and Bergin (1971) Therapeutic conditions and outcome. *Journal of Abnormal Psychology*, 77, 108-114
- 17 Garfield (1977) Research on the training of professional psychotherapists. In Gurman & Razin (Eds.), *Effective psychotherapy: A handbook of research*. New York, Pergamon.
- 18 Dinwoodie op. cit

- 19 Siegler & Osmond (1966) Models of Madness, *British Journal of Psychiatry*, 112, 1193-203
- 20 Smith, Glass & Miller (1980) *The Benefits of Psychotherapy*, Baltimore, John Hopkins Press
- 21 Dilts (1987) *A Unified Field Theory of NLP*, Private Publication for UKTC, copyright R B Dilts
- 22 Dilts (1995) *Strategies of Genius Vol. 3*, Capitola, Meta Publications.
- 23 Lankton (1980) *Practical Magic*, Capertino, Meta Publications
- 24 Cameron-Bandler (1985) *Solutions*, San Rafael, Future Pace Inc.
- 25 Norman (1994) *If you meet Bill O'Hanlon on the Road, Kill His Metaphors*, Rapport 24, ANLP
- 26 Dinwoodie op. cit
- 27 DSMIV op cit.
- 28 Martin (1995) *A Psychiatrist's View*, ITS Journal No. 7 June, 1995, London, International Teaching Seminars.
- 29 DeLozier and Grinder (1987) op.cit.
- 30 Wrycza P (1997) *Living Awareness - A heart-warming approach to NLP*, Bath, Gateway Press
- 31 McEwan G (1997) *A Profile of Julian Russell*, Rapport 37, ANLP
- 32 Korzybski (1941) *Science and Sanity*, New York, Science Press
- 33 Reese & Yancar (1986) *Practitioner Manual for Introductory Patterns of Neuro-linguistic Programming*, Florida, Southern Institute Press
- 34 Dinwoodie op.cit

35 Dilts (1983) Roots of Neuro-linguistic Programming (Part 1), Cupertino, Meta Publications

36 Dilts & Bonissone (1993) Skills for the Future, Capitola, Meta Publications

37 Bandler & Grinder (1975) The Structure of Magic Vol. 1, Palo Alto, Science and Behavior Books

38 Grinder & Bandler (1976) The Structure of Magic Vol. 2, Palo Alto, Science and Behavior Books

39 Andreas & Andreas (1994) Core Transformation, Moab, Real People Press

40 Bandler & Grinder (1979) Frogs into Princes, Moab, Real People Press

41 Bandler (1985) Using Your Brain for a Change, Moab, Real People Press

Copyright 1997 Stephen Bray
