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Neuro-Linguistic Programming

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INTRODUCTION

Neuro-linguistic programming (NLP) is a systemic way of working. This means we see people as a system of interactions (for example, physical, mental, emotional and spiritual) and also see the system within a system (for example, a child within a family, living in a village, living in England and so on).

NLP arose from studying the structure of an individual's everyday experience in detail, particularly focusing on people, on how people do things. From this NLP developed:

- a set of presuppositions (guiding principles and attitudes)
- a methodology for modelling (a detailed process to establish, with a particular skill, how they do what they do)
- a system of coding (a detailed description of the process)
- a series of models (ways of thinking that bring new perspectives or insights)
- a trail of techniques (processes that can be taught to other people, who wish to learn the skill that has been modelled).

An NLP therapist will encourage us to interact trustingly with our unconscious, and help us learn how to do that using movements, sensations, sounds, language and visualisations. The words we use will be taken seriously and literally. By paying close attention to language, and sharing an understanding of the deeper implications of using certain words, phrases and tenses, the therapist will help us to explore and experience different ways of thinking, and consider alternative meanings behind our hopes, behaviours and experiences. When coming for help we will probably have explored most of the conscious solutions (those we are aware of). The NLP process is designed to help us become more aware and use all the possibilities that are within us, including the unconscious ones, which have been out of our awareness, lying dormant and unknown.

DEVELOPMENT OF THE THERAPY

Richard Bandler and John Grinder, two Americans at the University of Santa Cruz in the early 1970s (Richard a student of mathematics, and John a professor of linguistics), became fascinated by the question ‘What is the difference that makes the difference between everyday competence and excellence?’ They decided to do an in-depth study of Fritz Perls (the founder of Gestalt therapy), Virginia Satir (a founder of family therapy and systemic therapy) and Milton Erickson (founder of the American Society of Clinical Hypnosis). They observed what Perls, Satir and Erickson *actually said and did* when doing their work, as opposed to what they *said* they were doing. The modellers discovered that their conscious maps were very impoverished versions of their actual practice, and discovered a rich variety of extra unconscious (out-of-awareness) attitudes and skills. Bandler and Grinder also drew on and incorporated relevant skills, information and models from the fields of systems theory, anthropology, behavioural psychology and linguistics.

In Britain the governing body for NLP therapy is the Neuro-Linguistic Psychotherapy and Counselling Association (NLPtCA), which was established in 1992 and has its own code of ethics. NLPtCA is a member organisation of the United Kingdom Council for Psychotherapy (UKCP) in the Experiential Constructivists section.

THEORY AND BASIC CONCEPTS

NLP is curious about the rich complexity of people. The broad tools that each person uses to process the world (sight, sound, sensations, etc.) are the same, yet the way in which they use those tools is individual. It is an underpinning concept of NLP that the processes of generalisation, deletion and distortion will be common to all.

Generalisation, distortion and deletion

Humans need to selectively edit their experience of the world. Not to do so would be overwhelming. We all make generalisations. I have generalised that chairs are for sitting on.

We also delete large parts of our experience. No doubt as you read this you are not aware of the pressure of your feet on the floor (or were not until I brought it to your awareness). By the way, how aware are you of the sounds outside your window? Much of what is happening around us is selectively deleted.

The third process that happens is that we distort. For instance, we turn processes into completed events. Have you ever stereotyped a person on one short interaction or impression? Maybe later you realised that you had made an error of judgement. That is an example of distorting. Because we are continuously generalising, deleting and distorting, we each live in a ‘model of the world’, in NLP called your **map of**

the world, which will be an impoverished and distorted version of what is actually there. However, many people believe their maps to be *the* truth.

Modelling and coding

One of the skills NLP has crystallised is the ability to capture an individual's experience or skill, which is known as modelling. It involves exploring that which is conscious, *and* also the things outside their awareness (for example their beliefs, or physiology). Detailed information is captured, so that ultimately, the skill can be taught to someone else. This modelling has various applications. We can model 'excellent' abilities, for instance how people who had a strong phobia about spiders overcame it (apparently) spontaneously. This skill can then be taught on to other people who have a phobia and want to live free of that. We can also model 'stuck states' (for example, how a client sustains jealousy), and thereby gain greater awareness, understanding and choice about maintaining this state, so that they can move beyond it.

From modelling Perls, Satir and Erickson, a set of supportive and empowering beliefs about people emerged. These are known as presuppositions, and in NLP we act 'as if' these were true. As Robert Dilts, a co-developer of NLP said, 'An NLP technique used without a deep understanding and demonstration of the presuppositions is not actually NLP.'



Basically there are two *key* presuppositions out of which others emerge, 'The map is not the territory' and 'Life and mind are systemic processes'.

'The map is not the territory'

This phrase, coined by Alfred Korzybski, the father of semantics, means that each person is responding to his or her *perception* of how things are in the world, not to the world itself. It follows that if we are all responding to our own perceptions of reality then *each person will have his or her own individual map of the world*. Gregory Bateson was an anthropologist, psychologist and biologist interested in systems and their interaction. He had a profound influence in NLP. He once wrote:

The story is told of Picasso, that a stranger in a railway carriage accosted him with the challenge 'Why don't you paint things as they are?' Picasso demurred, saying that he did not quite understand what the other gentleman meant, and the stranger then produced from his wallet a photo of his wife. 'I mean', he said, 'like that. That's how she is.' Picasso coughed hesitantly and said, 'She is rather small, isn't she? And somewhat flat.' (p. 161)¹

A photo is a representation of reality, but we equate it with reality.

NLP further assumes that *people already have (or potentially have) all of the resources they need to act more effectively, and that people make the best choices available to them given the possibilities and the capabilities that they perceive available to them.*

‘Life and mind are systemic processes’

Each individual is a system, and our relationships with our families and societies form systems, creating an ecology of systems and subsystems, all of which interact with and mutually influence each other.

Seeing things in this systemic way, like a series of wheels and cogs that turn and are inextricably linked, brings an awareness of, and sensitivity to, the larger system. Since *it is not possible to isolate completely any part of the system from the rest of the system*, and people cannot *not* influence each other, any change in clients in therapy may also cause a shift in client’s relationships – with their partner and other significant people.

People form feedback loops for each other, so that a person will be affected by the results that their actions have on other people.

Systems are ‘self-organising’ and naturally seek states of balance and stability.

NLP presupposes that *all behaviour has a positive intention* and there is a context in which every behaviour has value. For example, the positive purpose behind fear is often safety; and the positive purpose behind anger may be to maintain boundaries. So when exploring a problematic behaviour, we trust in and seek the positive intention.

Another guiding presupposition is that *there are no failures, only feedback.*

Human nature and health

In NLP we believe that living by these presuppositions will enhance people’s lives. Bandler and Grinder say.

In coming to understand how it is that some people continue to cause themselves pain and anguish, it has been important for us to realise that they are not bad, crazy or sick. They are, in fact, making the best choices from those of which they are aware, that is, the best choices available in their own particular models [maps of the world]. In other words, human beings’ behaviour, no matter how bizarre it may first appear to be, makes sense when it is seen in the context of the choices generated by their model. The difficulty is not that they are making the wrong choice, but that they do not have enough choices – they don’t have a richly focused image of the world. The most pervasive paradox of the human condition which we see is that the processes which allow us to survive, grow, change, and experience joy are the same processes which allow us to maintain an impoverished model of the world. (p. 14)²

So how does all this work in practice?

PRACTICE

The practice of NLP will vary according to the way individual practitioners choose to use their skills, tools and techniques, with each individual client. There is no set format for an NLP session. There will, however, be some broad goals that may generalise for all NLP practitioners, and some key points to which NLP practitioners will pay attention.

The goals of NLP

Building a relationship, rapport, and working alliance between the therapist and the client, with the therapist holding the NLP presuppositions and attitudes (of respect, curiosity, open-mindedness and possibility), is the key to creating a space where the client can change.

Initially a conscious contract will be agreed, with clear goals for the work. The therapist will seek an explicit and detailed understanding of how the client (and therapist) will recognise that those goals have been achieved, the 'evidence'. What will the client be feeling, what will they see, what will they be saying to themselves?

The therapist will be particularly careful to ascertain the level at which the client is wanting and able to work. An NLP therapist will work differently with an identity level issue – 'I'm not that kind of person', to an issue at the level of capability – 'I don't know *how* to ...'.

The therapist will encourage the client to ask questions of themselves, to find a wider map of the world, so more choices become available. He/she will strengthen the client's awareness of their conscious/unconscious feedback loop, thus helping the client to become aware of the signals that their own mind/body system is sending to them, and help them be curious about what these signals may mean.

The therapist may wish to guide the client to explore and understand the deeper structure of the problem, for example the **secondary gains**, the benefits of maintaining the 'problem' state, and limiting beliefs that may have been formed. They will work to uncover deletions, generalisations and distortions of the problem so that a richer perception of the underlying issues and patterns can be obtained.

The relationship between the therapist and the client

One of the processes that Grinder and Bandler observed was the art of building deep rapport with the client, in order to enter into the client's world. Indeed, the way Milton Erickson entered the system has been described as so complete that he was in the 'weave of the total complex'. Robert Dilts, a leading NLP trainer, author and co-developer, wrote that:

The process of healing requires an intention [a goal], a relationship [rapport], and a ritual [technique]. While external techniques and tools may be used mechanically to ... aid the healing process, the source of healing is within the system of the individual. (p. 293)³

Non-verbal clues from the client provide feedback to the therapist

The therapists who the originators of NLP observed had an acute degree of sensitivity to tiny physiological changes, for example facial colour change, the size of the lips changing, tightness across the forehead, eye movements and breathing shifts. They used these non-verbal clues from the client as feedback, often without being consciously aware of what they were doing.

In NLP we place strong emphasis on reading tiny changes in body language. The therapist will use this as a guide in helping the client achieve their *desired state*. It becomes possible to explore and understand much of the unconscious internal communication, and how the client both manages and expresses what is happening for him/herself. Clients learn to know, trust and appreciate their own unique system.

NLP techniques

The therapist, having paid attention to how the experience of a particular client is coded, by noticing language patterns and physiological changes, can offer a myriad of specific techniques that enable him or her to experience the effects of conscious and unconscious patterns of behaviour, memories and goals. Much NLP work uses such experiential play, which can be engaging, often amusing, whilst 'moving' clients profoundly. In outline, a few of these are as follows.

Creating well-formed outcomes

Establishing goals that

- are achievable
- are stated in the positive ('I don't want to hold back in that meeting' may become 'I want to speak up')
- fit with the kind of person the client sees him or herself as being
- will have effects on the people around the client that the client is willing to tolerate
- have clear evidence that will let both the client and the therapist know when they have achieved the goal
- acknowledge the resources that are needed to achieve the goal

Anchoring techniques

These use the process of association to create a ‘trigger’ or an ‘anchor’ for a response. A naturally occurring experience of this is the smell of newly cut grass. When later we smell newly cut grass again, it acts as an anchor to elicit a state, taking us back to an earlier time when we smelt that before.

In therapy we may help clients learn how to re-experience, for instance, a delightful and creative occasion. By reliving this in the present, they explore and learn how they can ‘trigger’ this response for themselves, discovering how to re-access that ‘creative’ state appropriately and consciously whenever they wish, in the future.

First, second and third positions

This involves seeing a situation from three different perspectives. First position is standing in your own shoes, living the experience. Second position is becoming the other person, seeing the world as if through their eyes, taking on their ‘map of the world’, beliefs and physiology. Third position is taking that of an objective observer, as if you are standing on a balcony. In third you are able to see from a dispassionate perspective the two people over there who are having a discussion or dispute and you are not involved in the emotional reactions. By being able to get multiple perspectives on a situation, and also see yourself from someone else’s point of view, this model can allow complex information to become available, often changing the way a situation is perceived and experienced.

Reframing

An event is given meaning according to the ‘frame’ within which it is set. When meaning changes, then a person’s responses and behaviours also change. A client who complained of tiredness two weeks after a serious operation realised that this was in fact her body slowing her down to allow her to heal. This reframe allowed her to accept her condition and rest, thereby speeding her recovery. By changing the frame, we change the meaning.

Talking to parts

For many of us there is an internal dialogue which continues at a level that is barely conscious. This can be energy-consuming. Talking between different parts of ourselves is one of the techniques used to enable clients to become more aware, and allow these conversations to happen more usefully. An NLP therapist may have the client communicate directly with different parts of the body, or different aspects of the self.

These are examples of some of the powerful therapeutic techniques NLP uses. We would like to stress that such techniques need to be underwritten by a developed self-awareness and integrity, respect for other people and appreciation of diversity.

The process of change

Bandler and Grinder say:

People who come to us in therapy typically have pain in their lives and experience little or no choice in matters which they consider important. All therapies are confronted with the problem of responding adequately to such people. Responding adequately in this context means to us assisting in changing the client's experience in some way which enriches it. Rarely do therapies accomplish this by changing the world. Their approach, then, is typically to change the client's experience of the world. (p. 156)²

People get stuck in habitual ways of looking at things, making it difficult to think creatively and flexibly. By **reframing** their own experience, working 'as if' the presuppositions are true, we discover that people 'seem' to heal in a natural self-organising manner. A behaviour that may have been seen as problematic, being depressed, may come to be seen as a useful, but ultimately ineffective form of self-protection.

WHICH CLIENTS BENEFIT MOST?

As NLP has such wide interpretation, and there is no prescriptive format to follow, it can be of value to a wide variety of clients.

Traditionally NLP has been thought of as a short-term, effective therapy. However, many practitioners also use it for deep and long-term work. The basic orientation of NLP is solution-focused, looking forward to changes people want, and to how they might achieve those. It therefore has an orientation towards the future.

NLP has realised the benefits of being able to be fully 'in' an experience (associate fully into a particular state), and also to be able to step back and see a problem as separate from oneself (disassociate). The ability to associate and disassociate appropriately is particularly useful, and NLP has some particularly valuable techniques using this skill in relation to exams, phobias and traumas.

CASE STUDY

The Client

Jenny is in her mid-forties. Her mother died two years ago, which she found very difficult to accept. She came to therapy to resolve issues around her mother. My intention here is to show one piece of work she did, and the subsequent impact.

The Therapy

(J.G.) I suggested that we use a model to elicit information. Sorting out where different pieces belong allows the client to step back and see the problem clearly delineated, and separate from herself. I asked if she would like to explore and experiment with this. She seemed enthusiastic. We used a model called the SCORE:

- S Symptom
- C Cause
- O Outcome
- R Resource
- E Effect

First we looked at the 'Symptom' space, and I said, 'Let's look at the situation now, how is it for you now – what's the problem?' She said, 'I'm not able to look at a photograph of Mum.' As she said this she moved her head and body back, her face reddened and her breathing quickened. She described how she literally could not look at a photograph of her mother, and so had no photos of her in her house. She could not visit her father because he had photographs of her on show.

I asked her gently what she wanted ('Outcome') and she said 'I want to be able to look at a photograph of my mother.' As she said this she breathed out a long sigh, and her hands became still and rested on her lap. I felt some resolution, that she had clarified her goal, and I supposed that she did too. I suggested exploring the 'Cause'.

'So what led to this situation arising, a situation where the idea of looking at a photo of your mother has seemed so challenging?' Jenny talked of the close relationship she had had with her mother, and how hard her death had been, how Jenny still could not believe it was true. Jenny's voice became quieter, her breathing more shallow still, and she clutched her hands tightly across her chest.

It seemed time to move on to the 'Effect'. A number of things influenced this decision. She had been in a tense and distressed state for a while. I was also aware of the time and the need to sustain the rhythm of the process. I began by pacing (carefully reflecting what she had said), then leading her on to look at the 'Effect'.

'So the situation has been about not wanting to look at a photograph of your mother [using my language to put the problem into the past tense, thus opening up another possibility] and you had a very close relationship with your mother, and she was always nearby. Let's leave those feelings behind for a moment, let's step out of all of that, and think instead of what you want. You want to be able to look at a photograph of your mother. Imagine now, that you can do this, and I know this may seem difficult right now, but just imagine being at a time in your life, in the future, when you can enjoy looking at a photograph of your mother, and it feels absolutely OK. What does that do for you? What will the effect of that be in your life?'

Jenny began talking. At first I could see she was still in a state of distress, a necessary stage of the process but one in which it is almost physically impossible to tap fresh resources. However, as she talked I noticed her face

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began to light up and she gradually became more animated as she imagined herself and associated into the new possibility.

'Well, I guess that being able to look at the photograph of Mum would mean that I have accepted her death, and then I could begin to remember her, and some of the happy times we had.' Jenny began to make larger gestures as she spoke of this.

'So ... as you are able to remember the happy times with your mother, because you can look at her photo and feel OK, what does that bring you, or allow you to do?', I asked, in a tone of gentle curiosity, reflecting back not only her words, the varied tone and faster speed, but also her gestures, thus matching the way she had expressed herself.

'Well,' said Jenny, 'If I can bear to look at photos of my Mum then I'll be able to go to their house and visit Dad. At the moment he has to come round to me. I can't bear to go into his house and see pictures of her all over the place.'

At this point I felt it was time to move on. Jenny seemed to have a sense of the benefits, and I could see from her physiology, from the tone and speed of her voice, that she was in a very different state from earlier in the session. I asked what 'Resources' she might need. She told me that talking it through had helped, she had realised it was important not only to her, but also to her father. She felt that remembering this would help in any difficult moments. She also remarked that breathing more deeply changed how she felt, and she could use that. She also said she just needed more time and said, 'When I look at the photo it will mean that I have accepted that I'm never going to see my mother in the flesh again, that she really has gone. A part of me knows that, but there's part of me that still doesn't want to accept that. Whilst I don't look then I can feel her to be alive and just away for a while.' This demonstrated an acceptance of the positive intention of what she had perceived as problematic.

I encouraged her to trust that her own wisdom would let her know when it was time to look at the photo, and that she would know when, and how, she wanted to do that.

When we considered what the original 'Symptom' had been, Jenny realised that her experience of it had shifted. She no longer felt it to be such a problem. It wasn't that she would be able to look at a photo yet, but she no longer saw not looking as a problem. Now she saw it as a choice. She had already begun to organise her own healing in relation to this issue.

Jenny and I continued to work together for the next few months, working on issues mainly to do with Jenny's health, which was not good at this time. We did not discuss the photograph again until about three months later, when Jenny walked in and said, 'I've brought the photo of my mum; it's in this carrier bag. I may not look at it today. I haven't looked at it yet.'

I said, 'You let me know if you feel you want to look. I'll leave it up to you to decide when or whether you want to look.'

Twenty minutes later Jenny said, 'OK, let's look now', and we spent the rest of the session with her looking, crying and talking to her mother in the picture. It was a very beautiful experience for me, and I was delighted to have been privileged to share it with her.

In the earlier session a number of things had been achieved. She had begun to make clearer distinctions and discovered extra information. Realising that her physiology was linked to the state associated with each space, she had discovered the power of changing her breathing and noticed how that changed her state. She also began to trust the wisdom of her own self, and her ability to understand her own healing process.

REFERENCES

- ¹ Bateson, G. and Bateson, M. C. (1988) *Angels Fear: An Investigation into the Nature and Meaning of the Sacred*. London: Rider Books.
- ² Bandler, R. and Grinder, J. (1975) *The Structure of Magic: A Book about Language and Therapy*. Palo Alto, CA: Science and Behavior Books Inc.
- ³ Dilts, R. B. (1995) *Strategies of Genius*, Vol. III: *Sigmund Freud, Leonardo da Vinci, Nikola Tesla*. Capitola, CA: Meta Publications.

SUGGESTED READING

Bandler, R. and Grinder, J. (1993) *Frogs into Princes*. Utah: Real People Press. Written by the originators of NLP, this book teaches you about the basic NLP techniques in an immediate and humorous way.

Hall, M. (2004) *The Sourcebook of Magic: A Comprehensive Guide to NLP Change Patterns*, 2nd edn. Carmarthen: Crown House Publishing. A handbook for therapists which is studded with frequent stories, interesting background and why/how the intervention works.

Jago, W. and McDermott, I. (2001) *Brief NLP*. London: Sage. A guide to the underpinning core concepts of NLP as used in a therapeutic practice. Includes case studies.

Lankton, S. (1993) *Practical Magic: A Translation of Basic NLP into Clinical Psychotherapy*. Capitola, CA: Meta Publications. A book for established therapists who wish to use NLP in their work.

DISCUSSION ISSUES

1. (a) Close your eyes, and for a moment take on the belief that 'the world is a truly dangerous place'. Step fully into believing that ... take your time to build the internal feelings, and notice any sounds or pictures. After a few minutes open your eyes, look around and notice what you see.
- (b) Shake that off.
- (c) Now close your eyes, and take on the belief that 'the world is a friendly and completely safe place'. Spend time allowing that sensation to build. After a few minutes open your eyes, looking around you notice what you notice.

- (d) In small groups discuss the different experiences. Be aware that you just utilised two very different maps of the world. How fully were you able to engage in each one? What caught your attention when you opened your eyes?
2.
 - (a) Imagine a particular issue that you consider a problem.
 - (b) Now think of the wisest person you know. Step inside their skin, take on their beliefs and their physiology (posture, the way they hold their body, facial expression, gestures, etc.), *become the wise person*. Look at the problem from their perspective. What supportive insight would you, as a wise person, offer them about that problem, and what steps would you have them take in relation to moving the situation forward?
 - (c) Now become a very young child. Step inside his/her skin, and take on all of his/her beliefs. What supportive insight would you, the child, offer them about that problem, and what steps would you suggest he/she takes in relation to moving the situation forward?
 - (d) Discuss the experience, and the insight you have gained. What particularly surprised or delighted you in this exercise?
3. Think of something you have avoided doing (e.g. dancing in public, or writing a report). In small groups brainstorm what the positive intentions of this behaviour could be.
4.
 - (a) Work in twos. One of you think of a problem, and state it in one brief sentence: e.g. I lack confidence with my work colleagues.
 - (b) The coach re-states the problem using the past tense: e.g. So you have been having a lack of confidence with your work colleagues.
 - (c) Notice the impact of putting the problem into the past. Discuss.