

Michael Heap:
MSc. Ph.D.

Neuro-Linguistic Programming – A British Perspective

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Michael Heap MSc, PhD is Principal Clinical Psychologist at Middlewood Hospital, Sheffield, England and Lecturer in Psychology at the University of Sheffield. Since 1979 he has been Honorary Secretary of the British Society of Experimental and Clinical Hypnosis. He has recently completed an edited volume entitled 'Hypnosis: Current Clinical, Experimental and Forensic Practices' (Croom Helm, London) available in early 1988.

Abstract

The assertions and therapeutic claims of Neuro-Linguistic Programming (NLP) are overviewed, as well as its impact and status in Britain. It is noted that most of the experimental investigations on NLP have concerned the assumptions relating to the idea of representational systems, their proposed relationship to predicate usage and eye movements, and the presumed benefits of matching the client's predicates. Recent reviews suggest that there is little substance in any of these ideas. The limited number of studies of the efficacy of therapeutic procedures described by NLP practitioners have failed to demonstrate their alleged potency. Comparisons are drawn between NLP and Ericksonian therapy and alternative medicine. It is speculated that they may be more usefully understood as cultural phenomena.

Sammanfattning

Michael Heap, Ph.D. lämnar här en kort översikt över NLP-metoden och gör en kritisk granskning av de försäkringar om terapeutisk framgång som metodens förespråkare gör.

Ett begränsat antal studier har genomförts för att undersöka NLP-teknikernas effektivitet, men man har ännu inte kunnat få belägg för att metoderna är så effektiva som man påstår.

Dr. Heap jämför också med "Ericksonian therapy" och alternativ medicin och menar att metoderna kanske bäst kan förstås som kulturella fenomen.

Correspondence address:
Michael Heap, Msc, Ph.D.
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Neuro-linguistic programming (NLP) is a model of human behaviour and cognition which describes how people represent their world, how they interact and communicate with it and with one another, how it can be that they can experience distress and disappointments in these interactions, and how they can be helped to change their representation of the world to alleviate their distress and cope with life more effectively and with greater fulfillment. Based on the tenets of NLP, strategies have been formulated whereby it is asserted that counsellors, therapists and communicators may enhance their effectiveness in helping their clients, and therapeutic procedures have been outlined which it is claimed bring about far more rapid and effective changes than hitherto in the formal practice of psychotherapy.

The Origins and Literature of NLP

The original and most oft-quoted texts on NLP were published between 1975 and 1980 by Richard Bandler and John Grinder and their associates. Bandler and Grinder have backgrounds in mathematics and linguistics respectively but they had the good fortune to know Milton Erickson in his later years, and like a number of NLP and Ericksonian writers they were able to study his methods directly. Indeed Bandler and Grinder (see references below) state that some of the postulates and assertions of NLP are derived from close observation of Erickson and other therapists of note, such as Virginia Satir and Fritz Perls, in interaction with their clients. Early accounts of NLP are contained in Bandler & Grinder (1975a, 1975b), Grinder & Bandler (1976), Bandler, Grinder & Delozier (1977) and Dilts, Grinder, Bandler, Delozier & Cameron-Bandler (1979). Perhaps the most popular exposition of NLP is contained in the book "Frogs into Princes" by Bandler & Grinder (1979), which is based on a training workshop given by the authors. Other accounts of NLP are given by Lankton (1980), Cameron-Bandler (1978) and Dilts (1983). Cameron-Bandler describes the application of NLP to couples with problems. Grinder & Bandler (1981) describe therapeutic procedures combining NLP with hypnosis.

The Assertions of NLP

Perhaps the central philosophy of NLP is most aptly summed up in the sentence 'The Map is not the Territory' (see Lankton, 1980, p.17). That is, each one of us only ever operates on the basis of our internal representation of the world (our 'map') and not the world itself (the 'territory'). This emphasis on internal representation, as the proponents of NLP acknowledge, is of course neither new or unique; existential therapies and cognitive approaches such as those of Kelly (1955), Ellis (1962) and Beck (1976) adopt the same stance.

The map that we create may be limited in many ways, impoverished, distorted and inflexible. The choices which we thus make available to ourselves are restricted, and our transactions with the world will accordingly be frustrating and difficult. It is therefore the therapist's task to understand and operate on the basis of the client's map of the world in order to assist the client to overcome these restrictions and thus provide him with more choices. NLP writers have described ways of tuning into the client's map - e.g. by carefully observing and modelling the client's use of language and other verbal and non-verbal behaviour.

Of course a person's map may be particularly rich and varied and some people are accordingly extraordinarily successful in various aspects of their life. Consequently, by employing the NLP model it is claimed that one can understand how certain people are so effective and one can then use that understanding to enhance one's own effectiveness in that field. This is what Bandler & Grinder (1975a) claim they have achieved in the case of skilled therapists such as Milton Erickson.

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It is not possible here to present more than a brief review of the assertions of NLP. I shall consider a number of what I understand to be the most important basic principles and therapeutic strategies.

The Meta-Model

This is described in detail by Bandler & Grinder (1975a). Briefly, it is asserted that our representations of reality are influenced by the processes which operate on our experience, namely generalisation, distortion and deletion. These processes are vital to the adoption of an effective representation of the world, but they are also the very processes which, when inappropriately applied, lead to a limited representation and a restriction of choice. These processes are evident in the language a person uses and the therapist is thus able to confront the client whenever he is limiting himself in this way. Bandler & Grinder (1975a) describe the kinds of linguistic patterns which reveal these limitations, and the challenges which the therapist can make in order to help the client recognise them. This process largely involves the therapist asking the client to elaborate on his statements (or, as Bandler & Grinder say, the surface structure) whenever they appear to be incomplete or involve distortions or over-generalisations of one sort or another. For example, if the client says "I'm scared", the therapist may say "Of what?" (op cit, p41), or if the client says "Nobody specifically?" or "What specifically do you say?" (p82).

Although crucial to NLP, little research appears to have been conducted on the meta-model (see Hagstrom, 1982, for an application of the analysis of psychotherapy, and Atwater, 1983). A highly critical analysis was presented by Watt (1984) who questioned the association made by Bandler & Grinder between their model and Chomsky's concept of deep structure.

The Primary Representational System

One of the important concepts of NLP is the primary representational system (PRS). The maps that people make of their world are represented by the five senses; visual (V), auditory (A), kinaesthetic (K), olfactory (O) and gustatory (G). V, A and K are thought to be the major ones and individuals differ in the way they employ these representational systems. For example, a person may tend to represent his world in the V mode, i.e. through feeling; and a third person may have a predominantly A representation, through sounds and verbalisation. Bandler & Grinder (1976) assert that "From this fact - namely that person X has a most highly valued representational system that differs from that of person Y - we can predict that each will have a dramatically different experience when faced with the 'same' real world experience", (p.9). They, furthermore, stress that it is advantageous for the therapist to ascertain the client's PRS.

How is this achieved? Firstly it is claimed that at any time the representational system being employed is revealed by a person's style of speaking, specifically in the predicates he uses - verbs, adjectives and adverbs. A person with a V PRS will tend to use predicates such as "I see...", "It appears to me" and "I have a clear picture..."; someone with an A PRS will use phrases such as "I hear...", "It sounds to me...", and "I tell myself..."; and expressions such as "I feel", "He's out of touch" and "It's heavy going" will be favoured by someone with a K PRS. A second indication of representational system is direction of eye movement. It is claimed that a person accessing V information will tend to look upwards (left for remembering, right for constructing); a person looking horizontally left or right will be accessing A information (remembered and constructed, respectively), likewise looking downwards and to the left; a person looking down and to the right is accessing K information; and a final eye position is eyes unfocused and looking ahead which is interpreted as accessing visually represented information (Lankton, 1980, p.46).

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Another phenomenon inferred from eye movements is that of "lead system". Lead systems appear to be the precursors of the PRS and are revealed in eye movements; sometimes the eye movement and the predicates used represent different systems - that is, information is being accessed or processed in one modality but is expressed in another. Bandler & Grinder (1976) call these "fuzzy functions"; they may arise when there is a mismatch between representational systems and the input or output channel (op.cit. pp.100 - 101). It is apparent, however, from examples given that congruency may be expected from predicate usage and eye movements, and the PRS may be ascertained by observing predominating tendencies in both (see Bandler & Grinder, 1979, p. 24).

Matching of Primary Representational Systems

NLP writers contend that by matching, mirroring or pacing the client's verbal and non-verbal behaviour (e.g. aspects of speech, gestures, body posture, breathing and blinking) one is tuning in on the client's representation of the world and thereby facilitating rapport, understanding, trust, communication and so on. This may be done directly - e.g. copying the client's body movements or pacing the client's breathing with one's own: or indirectly - say, by slightly nodding one's head in time with the client's breathing or matching the client's blinking with a finger movement. NLP writers are also emphatic that by matching the client's PRS - e.g. using predicates in the same mode - rapport and therapist effectiveness will be considerably enhanced. Conversely, mismatching the client's PRS will impede communication, lead to misunderstandings, loss of rapport, and resistance. Bandler & Grinder (1979) claim they have made extensive studies of therapists in action: "We spent a lot of time sitting in on professional communicators. It's very depressing. And what we noticed is that many therapists mismatched in the same way that we demonstrated" (op.cit. p.11). Consequently, according to the NLP model, to enhance one's effectiveness as a communicator one must establish the other person's PRS and match one's predicates, as well as other verbal and non-verbal behaviours, with those of the clients.

Anchoring

NLP literature is rich (and becoming increasingly so) in ideas and techniques and it is impossible to give an adequate coverage in a single ~~Chapter~~ ^{Chapter}. One more idea will, however, be briefly mentioned, namely anchoring. An anchor is any stimulus which reliably elicits a particular response, usually, in practice, a feeling associated in some way with that stimulus, even only by temporal contiguity. Thus defined, it appears to be similar to the concept of conditioned stimulus and is obviously an everyday phenomenon which can involve any one or more modalities - the smell of a particular perfume, a melody, a pat on the back, a souvenir, and so on. An anchor may be identified in interactions in close relationships - e.g. a particular habit or mannerism may provoke annoyance in a spouse or a way of smiling may elicit sensual feelings. Anchors may be internally represented and accessed, along with the associated cognitions and feelings, by imagery. This attribute has long been exploited in hypnosis - e.g. a posthypnotic suggestion might be "As soon as you become aware of these feelings of anxiety, your mind will immediately switch to this relaxing image" or "...you will think of the world "relax"...".

In the tradition of Milton Erickson, NLP practitioners hold that their clients already have the resources to overcome their problems; one task of the therapist is to help them access these resources at the appropriate time. One way of facilitating this is through anchoring and Bandler & Grinder have described ways of setting up anchors. For example, a positive anchor can be set up by asking the person to vividly imagine a situation in which he has the desired feelings or resources, and the therapist then touches the client (see Bandler & Grinder, 1979, p.82 onwards). It is claimed that touching him in the same place is now

an anchor for those positive feelings and resources. The same kind of anchoring can be employed for negative feelings associated with a situation in which the client has need of those same resources. Bandler & Grinder (op.cit.) then describe a routine, which, amongst other things, entails simultaneously touching the client on those parts of the body associated with positive and negative anchors. It is claimed that the problem can be very quickly resolved with these methods (which also involve mentally rehearsing using the anchored resources in future situations).

The Claims of NLP

The NLP writers describe a number of therapeutic routines involving the meta-model, representational systems, anchoring, reframing and other ideas. They are keen to stress its power and scope as an account of human psychological processes, as an effective system of therapy, and as a means by which people may promote their personal effectiveness and well-being in their interactions with the world. Publicity materials for NLP training courses and NLP books are replete with such accolades as "one of the most powerful and brief ways of facilitating change", "one of the fastest growing developments in human communication", and "can be used to reproduce any form of human excellence". NLP therapy is often referred to as "magic" and its early instigators and model figures as "magicians" and "wizards".

It is explicitly stated (e.g. Bandler & Grinder, 1979, p. 9; Lankton, 1980, pp. 9 - 13) that by using NLP, problems such as phobias and learning disabilities may be disposed of in less than an hour's session (whereas with other therapies progress may take weeks or months). If this were so, then, the problem of long waiting lists for psychological treatment in our Health Service would be eliminated by giving all psychologists NLP training. In fact, using their methods of observation and analysis, Bandler & Grinder (1979) seem to imply that non-NLP practitioners are using NLP ideas inadvertently and in an unsystematic way. One of the authors say "I've seen a therapist take away a phobia and give it back nine times in a single session without the faintest idea what she was doing" (op.cit., p.103). Moreover, NLP appears to be applicable to the full range of problems which psychologists are likely to encounter - phobias, depression, habit disorder, psychosomatic illnesses, learning disorders, and so on. It is even alleged (Grinder & Bandler, 1981, p.166) that a session of NLP combined with hypnosis can eliminate certain eyesight problems such as myopia, and even cure a common cold (op. cit., p.174).

Some of the effects of therapy also appear to be quite unusual. For example. Grinder and Bandler (op.cit., p. 169) make the claim that by combining NLP methods with hypnotic regression a person can be not only effectively cured of a problem but also rendered amnesic for the fact that they had the problem in the first place. For example, after a session of therapy, smokers may deny that they smoked before, even when their family and friends insist otherwise, and they are unable to account for such evidence of powerful recall cues would be a phenomenon of human memory which cognitive psychologists might have some difficulty explaining.

Further examples of the alleged potency of NLP techniques may be seen in the uses of anchoring and mirroring or pacing. For instance, it is claimed that by touching oneself (not just one's client) while one is imagining a state of comfort, relaxation and well-being, one can elicit those same feelings again by touching the same part of the body (see, e.g. Dolan, 1986 p.177).

In the case of mirroring and pacing it is stated that positive effects (such as rapport) may be obtained by using subtle and indirect methods - e.g. by following the client's breathing rate with a simple finger movement or modulating

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voice volume with the client's blinking (Dolan, 1986, p.67). The latter writer (op.cit. p.152) also claims to have exercised a controlling influence on an agitated patient by covertly moving her finger in phase with the patient's gross body movements.

With such skills at their disposal, psychologists, not to mention other health-care professionals, communicators, businessmen, public relations personnel, and even lay persons in their everyday interactions, would greatly enhance their professional and personal effectiveness, given proper training in NLP.

Training in NLP in the U.K.

How does one train in NLP? Formerly, aspiring British practitioners had to travel to the U.S.A. to enrol for formal training and qualifications. However NLP introductory workshops began to be held in this country about the end of the '70s and early '80s and as interest developed a Diploma in NLP issued by the U.K Centre for Neuro-Linguistic Programming became available, based on a series of training workshops in London, for a fee of £1.200. Trainers at present appear to be mainly American practitioners who have qualified in the U.S.A., often with the originators of NLP. The number of workshops held in this country appears to have accelerated, and the variety of topics broadened, and in 1986 an Advanced Training course was offered to Diploma holders by the U.K. Training Centre, again for a fee £1.200. Another organisation, the NLP Training Programme, offers certification for £800. (The present writer has attended a number of NLP and combined NLP and Ericksonian workshops since 1980 but has not undertaken any of the qualifications on offer.) Finally it appears that as with the Ericksonian movement, the proliferation of books on NLP has accelerated in recent years.

The Impact of NLP in the U.K.

In the U.K. my impression is that NLP has made its greatest impact on lay practitioners. Certainly it seems obligatory for most announcements of lay courses and lay colleges of hypnosis to insert a reference to both NLP and Ericksonian training. There has been a stirring of interest amongst clinical and educational psychologists, but the British Society of Experimental and Clinical Hypnosis has not, to my knowledge, organised any workshops on the topic. Informal soundings amongst academic psychologists reveal an almost total absence of awareness of NLP, so it is unlikely that it is represented on any first degree syllabuses and I am not aware of any formal training on postgraduate clinical and educational psychology courses. I believe some training on NLP has been organised by the British Society of Medical and Dental Hypnosis and some enthusiasm is evident amongst medical persons (Ebrahim 1986a, b, c).

The Evidence for the Assertions of NLP

A system of therapy is testable in at least two major ways. Firstly one can investigate the hypotheses on which the therapy is based. The NLP model contains a number of hypotheses which are stated in unequivocal terms and ought to be easily testable. In fact, the term "hypothesis" may not always be the most appropriate one to use, since some of the major assertions describe observable events rather than theoretical processes underpinning those events - e.g. the descriptions of predicate usage and eye movements. In this respect it is unusual that the originators of the model did not provide any empirical data to back up these kind of assertions. For instance, when one says "people move their eyes horizontally to the left when accessing auditory information", it is customary to present the objective data on which one made this observation. These are not presented by the NLP proponents; they merely claim that they have observed these phenomena by looking at therapists such as Milton Erickson and Virginia Satir and their patients.

A second area of investigation concerns the efficacy of the therapy. It is likely that if the theory is valid then the therapy stands a better chance of being successful, but therapies may work for reasons unconnected with the theory behind them. It may also be useful to compare the efficacy of the therapy with that of other therapies.

Most experimental studies of NLP have examined the assertions and hypotheses underlying the model, rather than the efficacy of the therapy. The majority concerns the assertions that each of such has a PRS in the V, A or K modes which is observed in the predicates a person uses; that direction of eye movement is related to representational system in the manner described above, and that matching a person's PRS in one's speech will facilitate rapport and communication.

A review of such studies was presented by Sharples (1984) who concluded that there was no consistent support for any of these assertions. His conclusions and the work on which they were based were challenged by Einspruch & Forman (1985) but Sharples restates his position in a 1987 article, where he concludes that of 44 studies of NLP, only 13.8 % were supportive.

Heap (1987, 1988a) has presented an exhaustive review of experimental investigations into the NLP assertions concerning representational systems. He concludes:

'...in view of the absence of any objective evidence provided by the original proponents of the PRS hypothesis, and the failure of subsequent empirical investigations to adequately support it, it may well be appropriate to conclude that there is not, and never has been, any substance to the conjecture that people represent their world internally in a preferred mode which may be inferred from their choice of predicates and from their eye movements... These conclusions, and the failure of investigators to convincingly demonstrate the alleged benefits of predicate-matching seriously question the role of such a procedure in counselling. It may be, however, that the general process of matching linguistic style and other verbal and non-verbal behaviours is of value, and this would be still consistent with NLP formulations'.

Evidence for the Therapeutic Effectiveness of NLP Procedures

Apart from the studies of the perceived qualities of counsellors, there have been few studies of the effectiveness of the therapeutic procedures described by NLP writers.

There are a number of reports on general counsellor effectiveness following NLP training. Thomason (1984) reports that counsellors trained in NLP were rated higher on the Counsellor Effectiveness Scale. Ehrmantraut (1983) found no differences on a relationship inventory between trainee counsellors exposed to 8 hours of training either in NLP or in the Carkhuff method. Haynie (1983) reported that half the undergraduates undergoing a Systematic Human Relations Training course received a "cognitive learning style based on NLP" of 30 minutes' duration. No significant gains for these students were observed in facilitative communication skill and they rated their training as less helpful than those who did not receive this additional learning. Finally, Atwater (1983) had clients, counsellors and independent assessors complete a number of counselling evaluation scales following a session of counselling based on either the NLP meta-model or techniques from the general systems model. No differences were found, although both methods were judged favourably.

Practitioners of NLP claim that powerful and rapid effects may be obtained by the application of NLP procedures to problems such as simple phobias (see earlier). There have so far been few systematic evaluations of these methods.

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Lieberman (1984) studied the NLP anchoring and dissociation technique (Bandler & Grinder, 1979, Part II) in a sample of 12 simple phobias. There were two treatment sessions of less than one hour within the same week. Clients imagined scenes related to their anxiety from a dissociated standpoint. The control condition consisted of imagining pleasant scenes and there was a three-week follow-up. The NLP method was significantly more effective than the control procedure in reducing phobic behaviour and subjective fear and distress. Hypnotic susceptibility did not influence outcome.

Krugman, Kirsch, Wickless, Milling, Golocz and Toth (1985) also explored the effectiveness of these NLP procedures in a group of speech anxious students. Claims that this therapy is effective within a single session were tested by comparing it with a session of self-controlled desensitization and time spent waiting. No differences were observed between the three groups. A similar study by Allen (1982), with student snake phobics, gave the same results. Oddly, though, significantly more Ss in the NLP group thought they had overcome their fear. It should be noted that no claims are made in the literature that desensitization is effective over a single session.

These studies are not sufficient to allow us to draw any firm conclusions. The last two, however, call into question the dramatic claims that NLP procedures are extremely rapid and potent in changing behaviour.

NLP and Alternative Therapies

In a recent article (Heap, 1988b) the present author gave some thought to the nature of alternative medicine. In Britain, as, I imagine, elsewhere, alternative medicine appears to be a growth industry at present, although I conceive that the distinction between 'conventional' and 'alternative' medicine has been around for a long time. The aforementioned article described certain characteristics of an alternative therapy; for instance: the lack of any significant supportive scientific evidence (either as to the validity of its assumptions or its effectiveness as a therapy), the appeal of the therapy to the lay practitioner, the association of the therapy with one or more remarkable personalities or celebrities (e.g. the attribution of the therapy to some genius or person of rare qualities), the promotion of the therapy as something capable of extraordinary and powerful effects, and the persuasive marketing of the therapy. The reader may therefore be reasonable in thinking that in some ways NLP and Ericksonian therapy have attributes in common with alternative medicine.

The social and economic conditions in Britain, as I suspect in other countries, are very appropriate for the development of service industries, manufacturing industries having suffered a severe recession. Accordingly there appears to be a growing number of therapies and therapists (of the lay variety), including private 'hypnotherapists' (in some cases actually receiving 'enterprise grants' from the government). However, services, like manufactured products, need successful selling - that is they must be put together and packaged in a way that maximises their appeal to the prospective customer, who must also be persuaded that he is in need of the therapy.

There is, however, another growing market; namely those wishing to learn the skills of therapy. Accordingly, training courses for lay persons appear to be proliferating as do courses and workshops for professional practitioners, not to mention books on therapy. Indeed, in Britain at least, it is usually more lucrative to teach therapy than to actually do it with patients. (I have not, I confess, been slow to realise this myself.) With this more attractive market in mind, therefore, the product has to be created and presented to appeal first and foremost to the learner - i.e. the would-be therapist - rather than the patient. I contend that NLP and Ericksonian therapies have been created very much

in this mould. Firstly observe, as I mentioned earlier, how the product itself is advertised. We are told that by learning to use NLP we will be well-nigh capable of performing miracles with our clients. Note, also, how there is always something new on the market, some workshop coming up offering us YET EVEN MORE ADVANCED TECHNIQUES, or some book that gives the very latest word on Milton Erickson. Secondly, observe how the authors or trainers are advertised - wonderful, gifted individuals, sometimes even described, as noted earlier, as 'magicians' or 'wizards'. 'Knew Milton Erickson' or 'worked with Richard Bandler and John Grinder' appear to be strong selling points. Finally, notice how NLP training is offered to such a wide range of people, unlike hypnosis which traditionally has been jealously guarded as the property of the few. Why this difference? A cynic might say that if your product has been designed for patients, then you will want to restrict those who have been trained to dispense that product, so reducing competition. But if your product has been designed to be taught, then you don't want to limit your market by only offering it to restricted groups.

Conclusions

Is it reasonable, then, to regard NLP and indeed Milton Erickson (the phenomenon and not the man himself), very much as products of our consumer culture? A culture that puts a premium on the saleability of a commodity rather than its real value to the purchaser (two different things); a culture with an eager curiosity for the magical and the miraculous, and one that promotes the celebrity and the 'cult figure'? To the present author these questions seem at least as interesting and relevant as any of those posed by the NLP model; but it is often the case that what a person says is less fascinating than why he says it.

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