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Neuro-Linguistic Psychotherapy

**An Inquiry Into Its Scientific and Practical Status Among the Systems and Schools
of Present-Day Psychotherapy.**

Psychotherapy exists since cc 100 years. Its origins go back far into the history of healing and psychology but it can be regarded as founded when a group of people had gathered around Freud in Vienna in the early 1900s and had formed an association to define and safeguard what is psychological illness and therapy according to their views. They worked not only to elaborate their orientation but also to maintain their boundaries and to decide over what does not belong to their theories and methodology.

The hundred years of history of psychotherapy thus consists not only from positive development of thought and scientific observations but also from debates, – mainly not primarily over objective truth in the field of psychopathology and techniques of behavior change, but over differences /i. e. orthodoxies and heresies as well as loyalties to a conventional corpus of premises, explanations, practical rules, nosological categories, etc./.

Schools, orientations became established, with different degrees of official recognition and different elaboration of training, licensing and incorporation into health insurance systems. Today the number of basic orientations is estimated between 36 and 48 and schools may exist in even higher number, between 200 and 300, many of them having had emerged only in the recent years while others having lost influence and are closing to extinction. Some leading schools dominate the field, cc 10 to 16 major systems /differently strong and visible in different countries/. The obvious model or prototype is psychoanalysis, which is known to be simultaneously a theory of personality and psychotherapy, a view of psychological development of the person, a methodology of research, a complex set of techniques of therapy /i.e. behavior change or restoration of growth of self/ as well as a sort of psychological anthropology /in the sense of Gadamer/ and an approach to humanities, creativity and civilization.

1.

Changes in Western societies created a somewhat unbalanced and unjust situation in the field of psychotherapy: during the so-called psycho-boom of 1950s and 1960s some orientations gained acceptance into academic structures, universities and health care systems while others, not only newcomers but also bona fide schools in the countries where developments had been most free and varied, which did not reach enough influence, were refused, or not recognized. Practical regulations not everywhere took into account the fact that psychotherapy is still in flux, there are no unequivocal standards, there are continuous debates and discussions, and some schools have power and rights which can not be substantiated by scientific research. Modern trends in public administration, e.g. quality control and improvement, auditing, evidence based evaluation, etc. created more trouble in psychotherapy than order, ethical clarity or consumer protection.

From the 1990s it is increasingly clear that schools or orientations of psychotherapy do not deserve special own ontological status, they have rather historical importance or role in training and licensing regulation, and they need today a theoretical and methodological integration. Metaphorically, they are more different approaches or narratives to or of the same phenomena than paradigms of the field /in the sense of Thomas Kuhn/, or different but related languages which describe differently the same or similar realities. Integration is a growing claim in modern professional literature /e. g. Zeig, Munion, 1990, Giles, 1993, Stricker, Gold, 1993, Bergin, Garfield, 1994, Roth, Fonagy, 1996, Hubble, Duncan, Miller, 1999, Nathan, Gorman, 2002, etc./, especially well elaborated in the works of Klaus Grawe and his co-workers /Grawe, Donati, Bernauer, 1994, Grawe, 1998/. A very serious warning against any school dominance in psychotherapy is the fact that no method, school or approach is more effective in regard of result or outcomes of therapy, than others are a fact standing in pure contradiction to quality thinking of today, and to the different scientific or social power of the schools.

The tendency behind integration aims to demolish or relativize the boundaries between psychotherapy schools and to encourage to adopt theoretical or methodological frameworks which are missing or underdeveloped in some systems from other orientations where they are more elaborated. There is a need for this, since some orientations which became strong and have now big influence and power are based only upon techniques and practical procedural rules /e.g. behavioral and cognitive psychotherapy, hypnosis, etc. – there are strong arguments supporting that in these schools theories or methods do not reflect the wide spectrum of

learning theories, cognitive systems or dynamics or research on the essence of suggestive or trance inducing influences etc. existing in the literature/.

Along the lines drawn previously, it can be stated that in the present developmental situation of psychotherapy a neuro-linguistic psychotherapy should be recognized as a school of its own right. It is an original synthesis of several streams of thought and first of all it is an original and creative application of modern communication theory, e. g. psycholinguistics, pragmatics, cognitive programming and regulation, constructivism, etc. Its historical emergence made it possible to take over and to use essential perspectives from other schools as evident premises /e. g. models of dissociation from hypnosis, concept of unconscious, mechanisms of defences, transference, etc. from psychoanalysis, contingency principles and cognitive control of action /e. g. T. O. T. E. model/ from behavioral and cognitive theories, etc./, among them to ecological view of Bateson, the system thinking of family therapy, the strong solution focus of Ericson, etc. were the most important elements. The orientation emerged as a new approach to the experiences and human relationships as well as a set of techniques of corrective behavior change and enhancement of personal and interpersonal /co-evaluative/ growth.

Bandler and Grinder /e. g. Bandler, Grinder, 1981, Grinder, Bandler, 1982/ attempted just an integration of the existing theoretical frameworks and technical procedures of psychotherapy, following a line of thought what had been initiated by Haley /1963/ and later by the Mental Research Institute of Palo Alto. All these efforts took M. H. Erickson's innovative, „unusual” psychotherapy as example which had arisen from hypnotherapy but had departed early from it and which had been a sort of instinctive practice without theoretical underpinnings. First the metaphor of strategy and tactics, later the basic ideas of Bateson /like the levels of learning, ecology of mind, etc./ were used by Bandler and Grinder, later they had borrowed the views of cognitive constructivism, conversation approaches, the concept of cognitive schemes and restraints, and the perspectives of cultural anthropology concerning creation of cultural and subjective realities. This was a really new integration, and a fruitful one in the sense, that the theory took into account the linguistically conceived functioning of images and definitions of self and interpersonal relations as well as meanings of social situations and allowed the description and use of a rich spectrum of communicative interventions suitable for quick and effective corrections of clients' experience and behavior.

This was a fundamentally new approach then in psychotherapy and the new approach became visible in a time where the traditions of psychotherapy professionalisation were

3

seriously questioned and where new practice specifications of the helping roles were required in social work, community, business and administration without a basic training in psychiatry or psychology. The market demands motivated quick applications, training standards become in many countries and training centres diluted, at some places methodologies were patented, and thus neuro-linguistic programming has lost its scientific reputation in many circles of professional psychotherapy and seemed to have sold the paternal heritage for a mess of potage, to use the old biblical parable. Many other schools of psychotherapy did the same, organization development market e. g. is not regulated even today and even in countries where health insurance certifications are rigorously scrutinized and where great emphasis is laid upon registering certified practitioners in the therapy market. In these places a vast array of group techniques, skill training programs, coaching methods, etc. are used without evaluation and standards.

The relative freedom and interdisciplinary nature of the development of neuro-linguistic programming did not make systematization necessary until the last couple of years and interestingly mainly here in Europe. The evolving works of Bandler and Grinder and their followers /e.g. Andreas, 1988, 1992, Storman, 1990, Lankton, 1990, etc./ came closer to a theoretical synthesis, but the highest degree of it has been reached in the work of Peter Schütz and his co-workers /2001/ which has aimed to adopt to the standards of the European certification and licensing requirements in psychotherapy. This work not only presents a set of arguments that neuro-linguistic programming can be conceptualized as a school of psychotherapy, having a coherent theory of personality functioning and a view of psychopathology /on the basis of trauma, imprinting, faulty learning, dysfunctional contingencies and ecological fields of forces, etc./ which can be elaborated further, can be expanded, e.g. the developmental perspective can be stressed, the prevailing biopsychosocial model can be used /and neurobiological vulnerabilities, e. g. can be taken into regard/.

The elaboration and extension of any coherent theory or orientation of psychotherapy can be done along the lines the integrative efforts had set up. E. g. psychopathological background or psychiatric nosology can not be original for any school, they have to be taken over from other sources, in our days mainly from national or international systems like DSM or ICD. This can be done without theoretical compromises to the theory and methodology of the therapy uses /e. g. Ruf, 2005/. In the meantime practically every orientation in psychotherapy adopt a relative view of pathology and use such concepts as dysfunctions, problems, discomfort, inability, tasks of learning or adaptation, etc. even in cases of psychiatric

4.

diagnosis, enabling them to offer help to also „normals” or to those struggling with problems of living, and at the same time to break down complex pathologies into manageable goals of therapy.

The book of Peter Schütz and alii shows convincingly how the NLPt can deal also with symptoms and states of depression and schizophrenia, enumerates efficacy studies of NLPt carried out in different countries which are related to use of the orientation in psychosomatic illnesses as well as in average cases requiring counseling and therapy.

The NLPt fits into the schemes of present-day training systems, which are basically similar to each other worldwide and represent a sort of integration in themselves. All of them teach skills for different applications realms beside providing training on the master level. Schütz and his co-workers /2001/ devised NLPt's own system of training which makes order in the market where regulation did not exist.

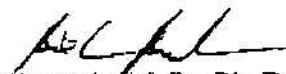
The claim of NLPt for the recognition of status of an independent orientation in psychotherapy can be supported also by considerations concerning professional ethics, supervision and consumer protection. All of the existing ethical rules can be applied to NLPt practices, the place of supervision is clear in courses of training and contains ethical safeguard, because supervision can be made live, ongoing, open, thus practice can be made transparent, like in the most forms of systemic therapies, and internal standards can be described for clients. In the prevailing schools of psychotherapy supervision and ethics are based more on principles of traditional professionalism, procedures being closed for the public and guaranteed only by professional organizations.

A final argument: NLPt is an open system which can go along with the development of psychotherapy integration. Similarities and differences related to other schools can be discussed by making clear the empirical, observational bases of NLP and by the possibility of the operationalized description of every term used. Especially joint efforts to devise a common perspective with hypnosis, Ericksonian therapy, cognitive-behavioral therapy and systemic therapy approaches seem to be promising and thereby this family or cluster of therapy orientations or schools can be really evidence based. It must be stressed that in the field of psychotherapy the evidence based movement of evaluation and legitimation is still underdeveloped and rests on weak premises /e. g. instead of randomized clinical trials selected, biased samples are accepted, as for example in the case of interpersonal psychotherapy or cognitive therapy of depression, while even classical bastions of scientific

5.

therapies like the treatment of depression by antidepressants are going today to fall under the attacks of new critical research/.

Our present state of knowledge about psychotherapy, mainly the results of the outcome studies and the new critical overviews of the markets of psychotherapy would allow a more detailed argumentation to support NLPt, but it would need a new volume, similar in size to Schütz et alii's book, going farther outside the boundaries of the NLP history and research. But the conclusion is obvious: NLPt merits and deserves the same place and rights in every levels of training, licensing and financing in every democratic and industrially developed countries as other schools have.


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Appendices

A. Personal details: Béla Buda is now a director general of the Hungarian National Institute of Addictology and scientific director of the Hungarian National Institute of Drug Prevention. Formerly he was a director general of the Hungarian National Institute of Health Promotion /1992-1996./ and was a professor of communication at the Gáspár Károli Calvinist University /1998-2002/, after having been university teacher at Semmelweis Medical University, Budapest and having spent decades as a director of different outpatient services and head of an inpatient department of psychotherapy in Budapest. His field of interest is psychotherapy research, communication theory and techniques of behavior change as applied in health psychology, prevention and mental health promotion and correction of deviant behavior. He was founder and editor-in-chief of the Hungarian Journal of Psychiatry /1986-1992/ and of the Hungarian Journal of Psychotherapy /1992-2002/. He had have and has contact to many personalities who had worked in the field of NLP or had exerted influence on it, e. g. Virginia Satir, Jay Haley, Richard Bandler, Jeffrey Zeig, etc.

6.

B. Hungarian situation concerning psychotherapies:

During the Communist period psychotherapy was only formally recognized in the country without an official system of training and licensing. Only after 1990 were standards set up aiming to join the European efforts for certification. In the beginning traditional schools of psychotherapy were easily recognized, even if representants of the schools did not have a proper training. In the end of 1990s the leaders of psychotherapy schools formed a national council of psychotherapy which claimed decisions over acceptance of orientations and granting them access to national training standards /e. g. being the basis for a psychotherapy specialization which has been recognized in health care as a secondary medical specialization, i. e. after gaining a degree in some classical specialization, which has been mainly psychiatry in the case of psychotherapy, but in some cases it could be also internal medicine, or in psychology, the degree of clinical psychology/. The official recognition has become unclear because health insurance remunerations are only symbolic now and practice is not clearly regulated neither in health care or social services nor in private sphere. Nevertheless the council has a policy which is conservative, traditional schools have their status even if their training and activity are regarded as insufficient by the community of helping professionals, while new schools are refused or get such high levels of requirements for recognition which most of schools would not meet e.g. having a „proper” training by international training institutions in the school, having number of leading personalities who have Ph. D. degree and habilitation at universities /due to „hard” and traditional scientific profiles of Hungarian universities only few psychotherapists have these qualifications even in traditional schools/. Thus e. g. transactional analysis is not recognized as a school of psychotherapy in Hungary, despite having a group of professionals who have got international training, and despite of publishing scientifically valuable works which have an impact in professional communities. NLP is not an independent orientation, but the approach is fully accepted by the powerful Hungarian Association of Hypnosis, and even training practice can be carried out within this framework. Hungarian NLP experts had participated at international training courses and some of them work also in NLP training in abroad. NLP is thought also on graduate level at some places, e. g. to psychology students at the Gáspár Károli Calvinist University. There is a sizable and good quality literature on NLP in Hungarian.

7.

Budapest, 6. November 2006.

Literature

- Andreas, C. & S.: 1988, Gewusst wie. Arbeit mit Submodalitäten und weitere NLP-Interventionen nach Mass.
Junfermann, Paderborn
- Andreas, C. & S.: 1992, Mit Herz und Verstand. NLP für alle Fälle.
Junfermann, Paderborn
- Bandler, R., Grinder J.: 1981, Metasprache und Psychotherapie.
Struktur der Magie. I.
Junfermann, Paderborn
- Bergin, A. E., Garfield, S. L. /eds.: 1994. Handbook of Psychotherapy and Behavior Change. 4. edition
J. Wiley and Sons, New York, Chichester
- Giles, T. R. /ed.: 1993, Handbook of Effective Psychotherapy.
Plenum Press, New York, London
- Grawe, K., Donati, R., Bernauer, F.: 1994, Psychotherapie im Wandel.
von der Konfession zur Profession. 4. Auflage
Hogrefe. Verlag für Psychologie. Göttingen, Bern, Toronto, Seattle
- Grinder, J., Bandler, R.: 1982, Kommunikation und Veränderung.
Die Struktur der Magie. II.
Junfermann, Paderborn
- Haley J.: 1963, Strategies of Psychotherapy.
Grune and Stratton, New York

8.

- Hubble, M. Duncan, B., L., Miller, S. D. /eds./: 1999, *The Heart and Soul of Change: What Works in Therapy.*
American Psychological Association, Washington, D. C.
- Lankton, S., R., 1990, *Practical Magic. A Translation of Basic Neuro-Linguistic Programming into Clinical Psychotherapy.* 2. ed.
Meta Publications, Capertino, CA
- Nathan, P., E., Gorman, J., M. /eds./: 2002, *A Guide to Treatments What Work.* 2. ed.
Oxford University Press, New York, Oxford
- Roth, A. Fonagy, P.: 1996, *What Works for Whom? A Critical Review of Psychotherapy Research.*
The Guilford Press, New York, London
- Ruf, G. D.: 2005, *Systemische Psychiatrie. Ein ressourcenorientiertes Lehrbuch.*
Klett-Cotta, Stuttgart
- Schütz, P., Schneider-Sommer, S., Gross, B., Jelem, H., Brandstetter-Halberstadt: 2001,
Theorie und Praxis der Neuro-Linguistischen Psychotherapie /NLPt/. Das Wissenschaftliche Fundament für die Europa-Anerkennung von NLPt.
- Stricker, G., Gold, J. R. /eds./: 1993, *Comprehensive Handbook of Psychotherapy Integration.*
Plenum Press, New York, London
- Zeig, J. K., Munion, W. M. /eds./: 1990, *What is Psychotherapy? Contemporary Perspectives.*
Jossey-Bass Publishers, San Francisco, London

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Professional CV

Born (1939) and educated in Budapest, and has been living in here ever since.
M.D.: 1965, specialist degrees: psychiatry: 1967, psychotherapy: 1993, addictions: 1993,
Ph.D.: 1998, habilitation: 2000

Professional jobs:

- 1963-1973:** *Metropolitan Centre for Psychotherapy*
- 1973-1977:** *National Institute of Nervous and Mental Illnesses*
- 1978-1985:** *Department of Psychotherapy, National Institute of Sports Medicine:*
department chief
- 1992-1995:** *National Institute for Health Promotion:*
general director
- 1990-2000:** *National Institute of Alcoholology:*
scientific director
- 1995-2001:** *Budapest Semmelweis University, Faculty of Medical Science, Institute of Behavioural Sciences:*
deputy director
- Department of Communication, Department of Medical Anthropology:*
department chief
- outpatient services:*
director
- 1999-2002:** *Department and Institute of Communication Faculty of Humanities, Károli Gáspár Calvinist University:*
professor and director

10.

- 1995-2001:** *Erasmus Institute of Public Communication, Budapest:*
scientific director
- 2001-** *National Institute of Drug Prevention:*
scientific director
- 2003-** *National Health Promotion Program, Alcohol and Drug
Prevention Subprogram:*
coordinator
- 2004-** *National Institute of Addictology:*
director

Fields of interest: psychotherapy (individual, couple and family, group-therapy), communication theory, group processes, addictions, sexual dysfunctions, suicide, health promotion (general and mental) etc.

Publications: 50 books (author, editor, co-author or co-editor of, cca 10 volumes in English and German), 200 major articles and book chapters (cca 50 in English and German).

Editorial jobs: 1986-1991: *Psychiatria Hungarica* (founder and editor-in-chief), 1992: *Psychotherapy*, (founder and editor-in-chief), 1993: *Hungarian Journal of Addictions*, (founder and editor-in-chief), membership in cca 20 international journals' editorial boards.

Budapest, 9 November, 2006.

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Latest publications in English:

Béla BUDA, Anna GONDOS, Zsolt DEMETROVICS (eds.): *Costs of Rights in Psychiatry*. 1997. Constitutional Legislative Policy Institute (Soros Foundation) Budapest

Vol. 1. Interim Report
Vol. 2. Comparative Data from Five Eastern-European Countries
Vol. 3. Hungarian Study and Conclusions

Béla BUDA: *Psychiatry and Pharma Industry: Ethical Issues of a Strange Relationship*. *Dynamische Psychiatrie* (Dynamic Psychiatry, 2001. 34. 1.-2. 45-54.

Recent major publications in Hungarian:

BUDA B., KOPP. M. (eds.): *Handbook of Behavioural Sciences*. 2001. Medicina, Budapest

BUDA B.: *Mental Health Promotion. Basic Issues*. 2003. Tankönyvkiadó, Budapest

BUDA B.: *Mental Health Promotion in School Education*. 2003. Tankönyvkiadó, Budapest

BUDA B.: *Psychotherapy. Communication and Relationship*. 2004. Akadémiai Kiadó, Budapest

BUDA B.: *Empathy. The Psychology of Emotional Understanding*. 2006. (5. revised and expanded edition) Urbis Kiadó, Budapest