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# HEALING AND PERCEPTION

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How we heal depends largely on how we perceive. A former GP, now a counsellor and member of the Clean Research Group who works with NLP and Clean Language, suggests there is more to perception than meets the eye.

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**Perceive: become aware; come to realize or understand;  
become conscious of something via one of the senses;  
interpret or regard something in a particular way.**

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As a doctor who worked in general practice, I was particularly aware of the difficulties of communication where doctor and patient each had their own way of perceiving. To perceive is not just about sight; it is about all the senses. It is also about becoming aware or conscious; of realizing or understanding. These are the kinds of perceiving we do all the time and usually we don't think twice about them, but they have profound implications for the healing process.

NLP tells us that if we don't like the world as we perceive it, we can change our perception. A facilitator, therapist, or coach can help the patient or client perceive differently. Using Clean Language in a clinical setting to work with a patient's perceptions can take a little while longer than working in the traditional conversational way, but is invaluable in helping provide for the special needs of each individual. It reduces the problems of patient/doctor transference, helps reduce misunderstandings, and minimizes the doctor's interference with the power of patient self-healing.

A facilitator using Clean Language ensures that the self-healing client is exploring their own patterns of perception without bias or interference from the facilitator's patterns. As Marcel Proust said, "Each reader reads only what is already within themselves. The book is only a kind of optical instrument which the writer offers to the reader to enable them to discover in themselves what they could not have found but for the aid of the book."

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Here are a few considerations for facilitators of all kinds to bear in mind when working with clients:

1. How we perceive for ourselves
2. How we communicate with other perceivers
3. How we perceive in different ways
4. How perception works in self-healing

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## 1. How we perceive for ourselves

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A question to bear in mind here is: *Is the client using a wider range of their attributes?*

Perceptions include their perceivers. People perceive and whenever they do, their *attributes* influence what they perceive at any given time. These attributes are both *archetypal* and *individual*. Archetypal attributes are the prototypes and the original models of our societies that we hold in common.

Some *archetypal attributes*:

parent/child/adult    demon/maiden/wise person  
thinking/feeling    big chunk/small chunk

Take my perception of a cat as an example of how an individual can be influenced by *archetypal* attributes. As a *child*, I perceive a soft, lively, interesting cat. The attributes of an *archetypal child*, which influence the child's perception, are being playful and explorative. This results in my perceiving a soft, lively, interesting cat. An *archetypal adult's* attributes involved in perceiving a cat are being playful, explorative and responsible for the cat's well being. Thus as an *adult*, I perceive a soft, lively, interesting cat that needs regular feeding, litter trays, and visits to the vet.

*Individual* attributes might include particular likes and dislikes and different energy levels. One of the *individual* attributes that affects my perceptions is my liking for chocolate. Seeing, smelling, or tasting chocolate is a pleasurable perception for me. The perception of someone who dislikes chocolate will be different. For someone who likes chocolate but is forbidden to eat it, the perception will be more complicated.

The process of perceiving may be represented as a constellation of *filters* we apply to the information we take in. As with attributes, some filters are common to us and others are individual. When information is brought into awareness to create our personal version of 'reality', the particular filters we use allow us to choose and select the perceptions we want. In a therapy situation, Clean Language helps the therapist remain with the meaning that the client makes of the world. The therapist does not have to guess or speculate about the filters operating for the client. When I worked in general practice, I used my own filters to assess the patient's situation, even though the patient perceived the world using quite different filters. When I use Clean Language now as a counsellor, my clients have no need to connect or adjust to my perceptions. I acknowledge the client's archetypal and individual attributes, and work with the client's world as perceived through their personal filters. Since using Clean Language, I am confident that my clients achieve their outcomes in fewer sessions.

## 2. How we communicate with other perceivers

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Questions to consider: *Where is the client perceiving from, with what filters, and what form is the perception taking?*

*Where is the client perceiving from?*

You might equally ask this question of yourself as facilitator. NLP recognises three basic perceptual positions:

- 1<sup>st</sup> from the perceiver's position and perspective
- 2<sup>nd</sup> from the other perceiver's and
- 3<sup>rd</sup> overall to the communication between them.

Body language is often a clue as to where a person is perceiving from. If this is 2<sup>nd</sup> or 3<sup>rd</sup> perceptual position, the perceiver, whether therapist or client, may move slightly from the position used for 1<sup>st</sup> position. They might move their chair back when perceiving from 2<sup>nd</sup> position or tilt their head up for 3<sup>rd</sup> position. The different body positions people take for the three perceptual positions are likely to be consistent over the course of any one session.

*Which filters are involved?*

The facilitator may attempt to perceive from the client's position using their perception of the client's filters or from their own position using their own filters. The intensity and quality of the perception can vary in different perceptual positions depending on the filters operating at that moment. For example, feet perceived by a chiropodist may differ from the perception of feet by a therapist. A chiropodist may see feet that have muscle imbalance with the arch support. A therapist using Therapeutic Metaphor may see the alignment of the same feet as a pointer to the location of a symbol in the client's metaphor landscape.

The particular words and phrases we use affect communication because of the filters we have in use. NLP and Ericksonian teachings show different ways that words may impact on perception. A business manager might describe a project in terms of 'battling on', 'against the odds', or 'winning a victory over competitors.' The works manager might perceive the project through filters that are more to do with 'team sharing' and 'pooling resources for all to benefit.'

*Filters and consciousness*

Some perceptions are subliminal, filtered out of conscious perception and accepted by unconscious perception. Nonverbal communication is often subliminal. Hence the quality and quantity of our communication will vary between our use of email, answer machine, telephone, and face-to-face methods.

When perceivers are physically close, they can use all forms of perception; there is a potential for rich and varied communication. Conscious and unconscious filters can limit perception, however. The clothes a person wears can affect the result of a job interview - a clearer exchange of information might be possible if the outfit isn't too funky!

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*Filters and physical, mental and spiritual states.*

If I am healthy and newly in love, I perceive a different world from the world that exists for me in bed with 'flu. People with multiple personality disorder or manic depression perceive very different internal and external worlds at different times.

Cultural norms are filters. In Western cultures, perceptual positions are coded grammatically - "I am, you are, s/he is" - whereas in some African cultures people tend to use the more encompassing "we", which becomes a whole village's rather than one person's perception. Western perceivers may perceive from the head rather than the heart or the gut. Academically-oriented, cognitive-based achievement has traditionally been the norm in paternalistic Western systems.

*What forms does the perception take?*

Our perception may have the form of visual, auditory, kinaesthetic, olfactory, or gustatory representations or any combination of these. Communicating our perception may be via language, music, visual art, or touch. The form itself will contribute to, and potentially limit, the perception and the communication. A client perceiving or communicating in one kind of form may get new information if invited to perceive or communicate in another.

If a client is helped to identify the forms of their perceptions and the perceptual positions from which they perceive those forms, they can consider an experience both in its parts and in its entirety. In a therapy session, the client may describe an argument with their partner when there were raised voices, gesturing hands, and feelings of fright and despair. Clean Language can be utilized to explore any of these forms.

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### 3. How we perceive in different ways

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Question: *Is "it" there, not there, or somewhere in between?*

We have multiple simultaneous perceptions and we select from these to perceive the world at any moment in time. The selection is partly unconscious and partly conscious. We can decide what we wish to concentrate on at a given moment. If I am facilitating a client, I am directing my attention to the individual and their outcome. If the fire alarm goes off, my perception of the situation changes.

**We** perceive **ourselves** as having a **place** in the **universe** with a **role**, an **intention**, and at a certain **time**. All of these in turn affect our perceiving.

I can imagine a perception in vision, in sound, or in bodily feeling. Take a situation where I strike a match to light the gas stove. I can imagine what might happen if I drop the lighted match into a bin of waste paper, so I decide to blow out the match first.

Some agoraphobic clients restrict their lives severely with imagined perceptions, such as being trapped underground in a tube train. They may perceive, "what is there", "what is not there", and "the part in between." For example, they may perceive the inside of the tube train and themselves sitting on a seat ("what is there"). They may also perceive the possibility of an explosion in the station that would block their exit from the underground system ("what is

not there”). And they may perceive feelings such as a fear that they will not complete the journey safely in the usual manner (“the part in between”). A therapist can help an agoraphobic client explore their perceptions in the safety of the therapy room by leading them through the actual, the imagined and the part in between.

Question: *Is a time element involved?*

Incorporating time is another way of perceiving. We can perceive multiple things simultaneously, sequentially, or with grades of fuzziness in between. I arrive at a workshop and perceive, simultaneously, groups of people, a table of books, an array of chairs and the registration area. To continue effectively, I must then perceive these things sequentially. Some clients may be overwhelmed by simultaneous perceptions and find it useful for the therapist to direct their attention to a more sequential way of perceiving.

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## 4. How perception works in self-healing

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Question: *Is there a physical, mental, spiritual, or logical level change?*

Communicating our perceptions in the therapy setting usually involves speech, but may also use writing, sound, diagrams, and pictures. Each medium has its limits and constraints. With each, there is a spectrum of attention for facilitator and the client that can be represented in various ways:

one/many	single/multiple	whole/part	central/peripheral
	broad/narrow	diffuse/concentrated	

The facilitator can direct the client’s attention to a way of perceiving that may be less familiar to the client. The expectation would be that new information appears. Take a client who wants to cope better with organising a wedding. They describe the issue as *central* and frightening. The therapist can direct the client’s attention to the *periphery* of this centre, the wider considerations of the problem, perhaps even to the cousin who is between jobs and able to take some of the responsibilities.

Change across the spectrum of attention can be achieved as a result of:

switching	moving to	transitioning	shifting
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A client with painful or difficult material may achieve their outcome by completely switching attention - for example, from seeing their forthcoming aeroplane flight in full technicolour to seeing it in distant monochrome, or by switching attention from the means to the end. At other times, a gentle moving towards or gradual transitioning may be more appropriate.

Appreciation of the NLP logical levels of *environment, behaviour, capability, belief, identity, and spiritual* can help the therapist perceive the client’s world. Recognising that a client *believes* that they cannot travel on an aeroplane, the therapist may direct the client’s attention to elaborating this belief in the knowledge that the client is *capable* of getting on, staying on and getting off the aeroplane.

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## Conclusion

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During a consultation, a client may say, “*Something has just happened; I see it differently. I haven’t understood it in this way before. I feel different.*” Facilitator and client have worked together and a new perception has emerged. In developing and maturing this change, we might ask ourselves:

<u>Is the client using a wider range of their attributes?</u>	<i>Section 1</i>
<u>Where am I/where is the client perceiving from, and what form is the perception taking</u>	<i>Section 2</i>
<u>What modifying filters are in use?</u>	<i>Section 2</i>
<u>Is “it” there, not there, or somewhere in between?</u>	<i>Section 3</i>
<u>Is a time element involved?</u>	<i>Section 3</i>
<u>Is there a physical, mental, spiritual, or logical level change?</u>	<i>Section 4</i>

We are perceiving beings from before birth until we die. Modifying perception is central to the interaction of facilitator and client in the healing process. Many clients find it easier and more effective to modify their perceptions in metaphor rather than cognitively or from within their familiar unproductive patterns. Clean Language is a facilitatory model geared specifically to helping clients realise what they want to have happen as perceivers of their own-healing process.

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The Clean Language, Metaphor, and Emergent Knowledge Research Group was formed in London, England in 2001 by a group of therapists, coaches, educationalists, and medical professionals who had trained with David Grove, James Lawley and Penny Tompkins. Membership is by invitation. The group meets three or four times a year for a day devoted to research around Clean-related themes.