

A Brief History of NPI How Good Enough Boundaries Among Trusted Colleagues Created a Threshold of Change

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Psychotherapists are expected to be competent at recognizing boundary issues and encouraged to seek supervision or consultation when we are lost in confusion. We use the term boundary for three entities: (1) the internal psychological processes that protect the self from unregulated drives or a condemning superego; (2) a necessary component of healthy relationships with significant others; and (3) the protective frame within the psychotherapy hour, the container for our relationship with a patient. Our organization, the Nashville Psychotherapy Institute, is one of our greatest resources for staying competent in understanding boundaries and their violation.

It would be incomplete, however, not to mention a fourth type of boundary we face in our work as well as in our own daily living: the *horizon of change*, the *threshold of growth*. While that aspect of our development is not often referred to as a boundary, it seems useful to me to think of it that way. And to take that junction on the road of our life seriously, we are required to understand boundary as something more than a prohibition. We must respond to it with a reasonable amount of risk-taking.

Our habit is to think of boundaries as, according to the number one definition in one dictionary, as *a limiting value*. Early on, the NPI board realized that we could not be silent the boundaries between therapists and patients. Our by-laws say that to be a member one must be licensed or certified in a discipline that has a written code of ethics. NPI has for over twenty years now set standards for professional behavior. More important to our survival, however, has been our focus on connection and community. It follows, I believe, that our problem with boundaries may not be the one we assume it to be: recognizing and monitoring the limiting value. That is part of it, but our primary task as therapists is to assist the client in achieving integration. We must do so without doing our patient or ourselves harm psychologically. To accomplish such demanding objectives, we must rely upon our colleagues for support, consultation, supervision, and appreciation.

About 20 years ago a confluence of persons, each of with a decent quotient of coherence and integration, wisdom and peer support, vision and the ability to do what Bob Newbrough calls “open-field problem solving” collected and created NPI. This inspired gathering grew out of events going back several decades in which psychotherapy as an academic discipline and a professional practice developed in Nashville. It took both strong internal boundaries and a willingness to take risk with external boundaries for NPI to emerge. What follows is a brief history, speed history for sure, of how NPI came to be.

In 1948 Henry Hill, president of Peabody College, decided to build the psychology department and to do so, he hired Nick Hobbs away from LSU. Dr. Hobbs was interested already in pushing against boundaries, and interested in children particularly. He was

thinking that the paradigm of care was more wisely the fresh air camp than the mental hospital, and that the primary caregiver was a decent, trained, skilled adult rather than the expensive and too-rare professional. Nick started recruiting Jules Seeman, who was research director for Carl Rogers at the University of Chicago. Jules had been working with Rogers since 1947, investigating the *process* of psychotherapy. Nick recognized that Jules Seeman's clinical research and experience were needed at Peabody. Jules was persuaded to come to Peabody in 1953. Jules told me that he came because he recognized that Hobbs was interested in children and wanted a researcher who shared that commitment. Dr. Seeman recalls that when he joined the Peabody faculty he was already convinced that *organic order* was the course of our development. That conception underpinned his decades of research and teaching.

Bob Newbrough first got wind of things at Peabody while he was a fellow at NIMH, over lunch meetings with William Rhodes, an earlier Peabody colleague of Nick Hobbs. Bob was fascinated by John Dewey and his notion of transaction, but was also thinking about deviance; his phrasing was "just perceived difference". He thought the transaction concept was a promising way to think about the deviance process and the movability of boundaries. Rhodes told Nick Hobbs about Bob Newbrough. Jules and his wife Esther joined in the arm-twisting. Jules felt that the emphasis on community that Bob would bring would fit snugly with the climate at Peabody, so before long Bob was at Peabody. I believe Jules picked him up at the airport.

Bob Newbrough brought the emerging intellectual seeds of community psychology and was one of the founders of a new field within academic psychology, first called community psychology and now at Peabody, called Community Research and Action. Bob has a lengthy resume, but his keystone concept is the Third Position, which for me is an elegant, concise, and conflict-busting concept for us as psychotherapists. (I hope NPI will invite him to speak on this at a luncheon in the near future.) Bob holds that transaction, translated into behavioral terms, implies that you cooperate, not that you agree, but you stay engaged with the chance for change. A footnote of particular interest to psychologists is that it was Nick Hobbs who chaired the first committee within the American Psychological Association charged with drafting a code of ethics.

When Hans Strupp arrived at Vanderbilt University, the department was focused on the laboratory, with little community outreach. It was in that setting that Hans conducted an extensive research project now known as Vanderbilt I. He investigated psychotherapy outcomes, comparing cases in which the therapist was a licensed professional with those in which the therapists were non-professionals recruited from the faculty at large. He found no significant differences. This outcome convinced him that the *relationship* between therapist and patient was more predictive of change than the training of the therapist. He later conducted Vanderbilt II, and I, along with David, was among the trained therapists selected to participate. Hans' theory was based firmly in the psychodynamic tradition, with transference and counter transference playing a central role in understanding the therapeutic encounter. But he also recognized that "individuals come to therapy because they are hurting, are in pain, and that insight, even if interesting to the psychotherapist, is an indulgence when that pain goes unaddressed." He would later join with Jules, Bob Stepbach, and Jennie Adams as the senior leaders of the

organizing group.

Bob Stepbach died in 1995. Because he lived and worked with such a calm demeanor, spoke volumes with so incredibly few words, he remains about as absent yet present today as he was while he lived among us. Bob had a great deal of influence on the formation of NPI, but stayed mostly in the background. But his contribution was essential, and Jennie Adams remembers it well. She and Bob first became colleagues when near the ending of their training they joined the staff at Nashville Mental Health Center, which was just beginning, with Bill Fitts, another member of the founders group, as clinical director. Jennie and Bob remained friends for the rest of Bob's life, bonded by the trials in pioneering the work of community mental health Jennie set out to muster a volunteer program at the center and one of her early recruits was Dede Wallace. The center would later change its name in her honor, before becoming a part of Centerstone, the large regional mental health agency in the mid-state.

This brief historic tour reveals that an organism, a team of colleagues, linked in a circular fashion through professors, colleagues, students, old and new friends, was the seeding ground for NPI. In 1985, these leaders were the right cast of characters. This group embodied collectively a high level of success, esteem, self-confidence, openness, integration, coherence, flexibility, and expressiveness. The collective of leaders with adequate internal boundaries allowed its members to think outside the box and take risks. By that time, it just seemed so natural, such a good fit. They all respected each other's work and were in some way influenced by each other as well as Nick Hobbs, Bob Newbrough, and others at Peabody. As NPI was getting started, others quickly joined the effort: Peter Scanlan, Larry Hester, a little later Gloria Calhoun. Jim Nash was the first psychiatrist to serve on our board. Dick Breuhl came on board about then, and later served as chair.

I am unaware of an organization in any other city quite like NPI. There was no single guru, no uniting theory, and boundaries in the real sense, not metaphorically, were crossed and in the process redefined. I remember when we decided on our trademark: Unity in Diversity. Everyone was doing his or her thing. Bob Stepbach even drew our first logo, the triangle that used to be at the top of our letterhead. He would have applauded the new one.

Bob Newbrough (1973) said:

“the mark of success is when someone else takes credit for one's own ideas. The goal is to have impact and influence, not to be eponymously famous. By giving ideas and skills away, one can provide in a supportive way the transactions that {stimulate} change. . .”

NPI has grown more useful to its members each year. We are learning to rely on each other for peer consultation and therein continue to push against our boundaries of knowledge, confidence, and effectiveness in the work we do in our community.