"If you always do what you have always done, you'll always get what you have always gotten"

Bendová, M. & Kadlec, F., 2014

NLP

Neurolingvistické programování
- současný stav poznání

Bendová, M. & Kadlec, F., 2014

NLP - teorie

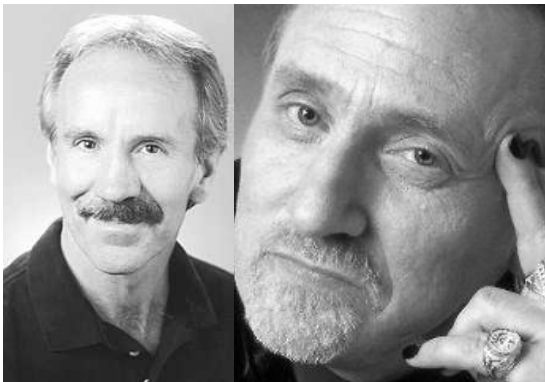➔ počátky v 70. letech - **John Grinder & Richard Bandler**

➔ jak to ti dobří dělají? - **Perls, Satir, Bateson, Erickson**

práce s predikáty + oční pohyby

→ PRS *(preferred representation system)*

● formulace NLP jako

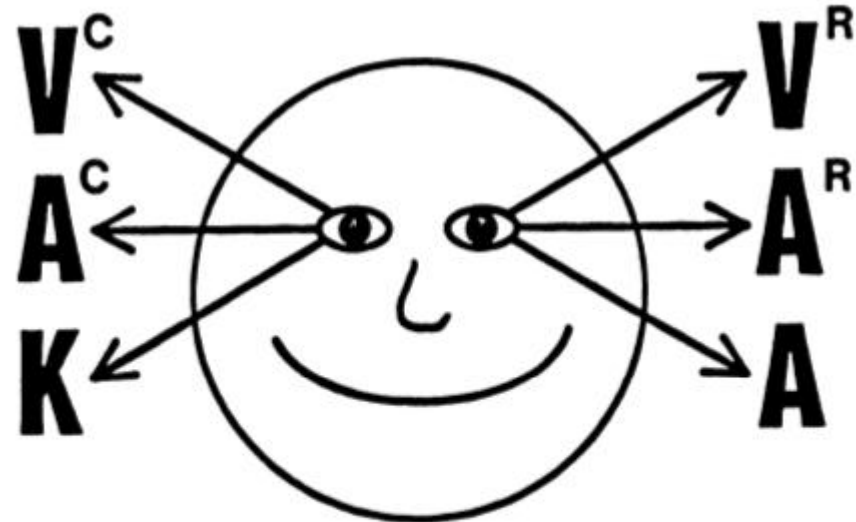**"zkoumání struktury utváření osobní zkušenosti"**

NLP - teorie

PRS

➔ vizuální
➔ kinestetický
➔ auditorní
➔ olfaktorický
➔ gustatorický

➔ Jedinec si vytváří "mapu terénu" ve svém okolí na základě zkušeností, které k němu skrze PRS přichází

Visual accessing cues in a 'normally organized', right-handed person.

V^C Visual constructed images.

V^R Visual remembered (eidetic) images.

(Eyes defocused and unmoving also indicates visual accessing.)

A^C Auditory constructed sounds or words.

A^R Auditory remembered sounds or words.

K Kinesthetic feelings (also smell and taste).

A Auditory sounds or words.

NLP - terapie

➜ ani ne TERAPIE, spíše MODEL

5 kroků interakce:

➜ vytvoření rapportu

➜ pozorování verbálních a neverbálních projevů

➜ vyhodnocení okolností a současného stavu

➜ NLP techniky - přesun od současného stavu k požadovanému stavu

◆ *osobní historie; klasické podmiňování...*

➜ upevnění požadovaného stavu

NLP - současné "možnosti" aplikace

➔ business, management

➔ vzdělávání

➔ právo

➔ medicína

➔ sport

➔ rodičovství

➔ osobnostní rozvoj

…a teď trochu kriticky

NLP argumenty

"PRO" (neškodné)	PROTI
užívání slovníku klienta ("vyladění se")	teorie očních pohybů
práce s minulostí ("přerámování")	manipulace (rapport)
metafora "mapy a terénu"	nepřesvědčivé výsledky výzkumů
	"neškodné" metody jsou v podstatě užívány i jinými etablovanějšími psychoterapeutickými metodami

NLP oblasti výzkumu

KOMUNIKACE

➔ Dixon, P. N., Parr, G. D., Yarbrough, D., & Rathael, M. (1986).
**Neurolinguistic programming as a persuasive communication
technique.** *The Journal of Social Psychology*, 126(4), 545-550.

◆ 3 skupiny; studovali přesvědčivost (persauzi) aspektů NLP (podávání
zprávy nepřímým způsobem) v porovnání s podávání přímých
informací a placebovou situací přesvědčování v kontextu skupiny →
výsledkem nebyly žádné významné rozdíly.

➔ **Neuro-linguistic programming treatment for anxiety: Magic or myth?**
Krugman, M. et al., *Journal of Consulting and Clinical Psychology*, Vol 53
(4), Aug 1985, 526-530

◆ studie zabývající se speech anxiety

◆ „Results indicate that neither treatment was more effective in reducing
anxiety than merely waiting for 1 hr. Data suggest that Bandler and
Grinder's claim for a single-session cure of anxiety may be
unwarranted."

NLP oblasti výzkumu

MANAGEMENT

➜ Dowlen, A. (1996). **NLP-help or hype? Investigating the uses of neuro-linguistic programming in management learning.** *Career Development International*, 1(1), 27-34.

◆ „In summary the research evidence is both inconclusive and contradictory. On balance the evidence that does exist tends not to support NLP. There appears to have been considerable debate about methodological problems surrounding an empirical examination of NLP, possibly it just does not lend itself to this type of evidence.“

NLP oblasti výzkumu

PSYCHOTERAPIE & MEDICÍNA

➔ Sturt et al. (2012). **Neurolinguistic programming: a systematic review of the effects on health outcomes**. *British Journal of General Practice*, 62(604): 757-764

◆ „There is little evidence that NLP interventions improve health-related outcomes. This conclusion reflects the limited quantity and quality of NLP research, rather than robust evidence of no effect. There is currently insufficient evidence to support the allocation of NHS resources to NLP activities outside of research purposes."

NLP oblasti výzkumu

PSYCHOTERAPIE & MEDICÍNA

➔ Stipancic et al. (2010). **Effects of Neuro-Linguistic Psychotherapy on psychological difficulties and perceived quality of life**. *Counselling and Psychotherapy Research*, 10(1): 3949.
  - „A total of 106 psychotherapy clients were randomly assigned to a therapy group or a control group. The outcome was assessed by the Structured Clinical Interview for DSM-IV Personality Disorders (SCID II) with respect to clinical symptoms and by the Croatian Scale of Quality of Life (KVZ) with respect to Quality of Life."
  - „This study confirms that NLP is an effective therapy method in supporting people to resolve psychological difficulties and develop a more positive perception of their quality of life, regarding current life circumstances as well as overall attitude."

NLP úskalí výzkumu

➜ obtížná operacionalizace teorie NLP (přinejmenším některých částí)

➜ obtížná ověřitelnost úrovně praktikovaného NLP

◆ roztříštěnost

➜ výzkumy se nereplikují

➜ výzkumy v podstatě nelze srovnávat

NLP Česká Republika

NLP Česká Republika

NLP Česká Republika

Závěr

Přestože může být Neurolingvistické programování (NLP) prezentováno jako fungující metoda (psycho)terapie, v současné době nelze dohledat žádné důkazy toho, že by byla skutečně účinná. Případný pozitivní vliv na osoby této "terapii" vystavené mají na svědomí především prvky, které jsou součástí i jiných etablovanějších terapeutických metod. Vzhledem k nedostatečnému vědeckému opodstatnění a ukotvení i k zřejmému manipulativnímu podtextu teorie a praxe samé je aplikace NLP jako psychoterapeutické metody přinejmenším sporná.

Děkujeme za pozornost!

Literatura

Dixon, P. N., Parr, G. D., Yarbrough, D., & Rathael, M. (1986). Neurolinguistic Programming as a Persuasive Communication Technique. *Journal of Social Psychology*, *126*(4), 545.

Dowlen, A. (1996). NLP - help or hype? Investigating the uses of neuro-linguistic programming in management learning. *Career Development International*, *1*(1), 27–34. doi:10.1108/13620439610111408

Krugman, M., Kirsch, I., Wickless, C., Milling, L., Golicz, H., & Toth, A. (1985). Neuro-linguistic programming treatment for anxiety: Magic or myth? *Journal of Consulting and Clinical Psychology*, *53*(4), 526–530. doi:10.1037/0022-006X.53.4.526

Steinbach, A. M. (1984). Neurolinguistic Programming: A Systematic Approach to Change. *Canadian Family Physician*, *30*, 147–150.

Stipancic, M., Renner, W., Schutz, P., & Dond, R. (2010). Effects of Neuro-Linguistic Psychotherapy on psychological difficulties and perceived quality of life. *Counselling & Psychotherapy Research*, *10*(1), 39–49. doi:10.1080/14733140903225240

Sturt, J., Ali, S., Robertson, W., Metcalfe, D., Grove, A., Bourne, C., & Bridle, C. (2012). Neurolinguistic programming: a systematic review of the effects on health outcomes. *The British Journal of General Practice*, *62*(604), e757–e764. doi:10.3399/bjgp12X658287

Witkowski, T. (2012). A Review of Research Findings on Neuro-Linguistic Programming. *Scientific Review of Mental Health Practice*, *9*(1), 29–40.

PŘÍLOHY

Table 1. Details of included studies

Author, country and health issue	Study design and setting	Population and participants	NLP Intervention details	Assessed outcomes and measures	Results
Randomised Controlled Trials					
Krugman et al [19] US Speech anxiety	Design: RCT Setting: University Assessmen: Baseline and immediately post-treatment Groups: arm 1) NLP single session; arm 2) self-controlled desensitisation; arm 3) waiting list control	Participants: university undergraduate students Recruitment: response to advertisement for a programme to alleviate anxiety in public speaking situations. Study baseline, $n = 55$, 28 male/27 female. Numbers randomised, analysed and completed not reported Single session	NLP interventionist training: three graduate clinical/counselling psychologists with additional 4 months of NLP training. Training fidelity checks employed NLP intervention: phobia intervention from 'Frogs into Princes':[2] Kinaesthetic Anchoring techniques, visualisation	Public speech anxiety. Personal Report of Confidence as a Speaker Scale. Paul's Modified Behaviour Checklist. Observed global rating of speech anxiety	Between group differences; no statistical difference between groups (results data not reported). Within group differences (pre-post tests): t values (pre-post tests): t values attained statistical significance ($P<0.05$) showing reduction in all measures of speech anxiety (including fear expectancy and fear survey) in all three arms.
de Miranda et al [20] Brazil Maternal emotional disturbance and child emotional development	Design: RCT. Setting: day care centre. Assessment: baseline and 9 months post-intervention. Groups: arm 1) NLP; arm 2) control, no further description	Participants: mother and infant pairs. Mothers' age unreported, child age 18–36 months, sex unreported. Recruitment: not described. Randomised $n = 45$ (23 NLP/22 control). Completed $n = 37$. Analysed: children $n = 27$, mothers $n = 37$ (10 NLP/27 control)	NLP interventionist training: not described. NLP intervention: arm 1) not described beyond 'NLP', 15 sessions over 1 year	Child development (Bayley scale). Home environment variation (Home Observation for Measurement of the Environment [HOME] questionnaire). Maternal Mental Health (Self Report Questionnaire)	Between Groups: Non-significant trend towards improvement in the HOME environment ($P= 0.09$). Variations in child mental development (OR 1.21, 95% CI = 0.0 to 23.08, $P= 0.669$). Maternal mental health: $P= 0.26$.
Stipancic et al [21] Croatia Psychological difficulties	Design: RCT waiting list controlled trial alternately allocated. Setting: private psychotherapy practice. Assessments: arm 1) baseline, post-treatment and 5 months post-treatment. Arm 2) baseline, 3 months. Groups: arm 1) NLP psychotherapy, arm 2) Wait list control	Participants: self-referred for psychological difficulties to 'reduced rate' psychotherapy: 79% female <21 years = 9%; 21–40 years = 59% >40 years = 31%. Married 24%; employed 56%; college educated or higher 100%. Recruitment: multiple methods. Alternately allocated $n = 106$ (54 int/52 wait list) Number completed not reported. Analysed $n = 54$ in int group. Control group analyses not reported.	NLP interventionist training: Seven psychotherapists trained to NLP master practitioner level. NLP intervention: individual neurolinguistic psychotherapy (NLPt). Weekly x 60 min sessions. Mean $n= 20$ (range 5–65).	Baseline/screening structured clinical interviews for DSM-IV Personality Disorders. Croatian scale of Quality of Life	Between groups: ANOVA test found NLP arm resulted in QOL improvement and decreased clinical symptoms (F = 8.114, $P = 0.000$). Within group findings at 5 months found improvement in intervention compared to baseline (F=3.672, $P = 0.019$. A small significant interaction was found between number of sessions and size of improvement.
Sorensen et al [22] Denmark Weight maintenance	Design: RCT. Setting: weight loss clinic. Assessment: baseline pre randomisation, post intervention and at 2 and 3 years. Groups: arm 1) NLP therapy, arm 2) a course in gourmet cookery	Participants: overweight or obese adults aged 25–55 years. Recruitment: At weight loss clinic following >8% weight loss during 12-week programme. Number in study: randomised $n = 48$ (23 to NLP, 25 cookery); completed $n = 41$ (17 NLP, 24 cookery); analysed at 3 years $n = 34$ (16 NLP, 18 cookery)	NLP interventionist training: experienced NLP practitioner (certified by Danish NLP institute). NLP intervention: NLP course arm 1) 10 sessions over 5 months, arm 2) 10 sessions over 5 months	Fasting weight in light clothes to nearest 0.1kg on digital scales	Between groups: during the 5 months of treatment, there was no significant difference observed between groups for additional weight lost: NLP: –1.8kg versus cookery course: –0.2kg (ANCOVA, NS). After 3 years 57% in the NLP group and 50% in the cookery group had maintained a part of their initial weight loss. There was no significant difference observed between groups (ANCOVA)

Study	Design	Participants	NLP interventionist/intervention	Outcome measures	Results
Simpson and Dryden [23] UK Panic Disorder	Design: equivalence randomised trial. Setting not reported. Assessments: screening, baseline post randomisation, immediately at intervention completion and 4 weeks post completion. Groups: Arm 1) REBT, arm 2) VKD (NLP arm)	Participants: adults meeting DSM-IV criteria for panic disorder age range 23–65 years. Recruited via media advert. Randomised $n=22$, completed $n=18$, (12 females/6 males) nine in each arm. Mean duration = 9.52 years. Follow-up numbers	NLP interventionist: trained hypnotherapist (registered with UK Council for Psychotherapists as a hypno-psychotherapist) NLP Intervention: VKD also known as Fast Phobia technique. Four sessions at weekly intervals	Hospital Anxiety and Depression Scale (HADS) Agoraphobic Cognitions Questionnaire (ACQ) Panic Attack Symptoms Questionnaire (PASQ) Global Panic Rating (GPR)	Between groups: 4 week follow-up — no between group differences: HADS depression: $F=0.106$, $P=0.749$ HADS anxiety: $F=0.003$, $P=0.96$; ACQ: $F=0.374$, $P=0.549$; PASQ: $F=0.659$, $P=0.429$; GPR: $F=3.586$, $P=0.076$. There was a greater change in the pre-post scores for the VKD arm as follows pre-post intervention: GPR 18.78 reduced to 4.78; PASQ 74.78 reduced to 30.67; ACQ 2.37 reduced to 1.48; HADS anxiety 15.56 reduced to 7.11; HADS depression 9.67 reduced to 4.89
Pre-Post Study Design (uncontrolled)					
Einspruch and Forman [24] US Phobia	Design: pre-post design. Setting: phobia and anxiety outpatient clinic. Assessment: baseline and 8 weeks	Participants: people with simple or multiple phobias. Mean age 44 years. Male 29%. Mostly college educated. Recruitment: not reported. Baseline and number completed not reported. Analysed $n=48$: group, $n=31$, individual $n=17$. NB: Reports only those who completed both baseline and follow-up assessments	NLP Interventionist training: not reported. NLP intervention: group or individual intervention according to assessed need. Individual: mean 2.8 sessions per person. Duration not stated. Group: weekly 2-hour sessions for 8 weeks plus three one-to-one sessions	Mark's Phobia questionnaire and Beck Depression Inventory	16/17 individual participants and 27/29 group participants reported reduced phobia severity at follow-up (both $P=<0.01$). Group participants reported statistically significant improvements in depression scores (M=3.26; $t=5.18$, $P=<0.001$), 27/29 reported reduced severity.
Timpany [25] New Zealand Morning sickness in pregnancy	Design: pre-post. Setting: therapist office. Baseline and follow-up assessment. Follow-up time unreported	Participants: women with moderate to severe morning sickness. Recruitment: press advert. Baseline $n=12$, completed $n=12$ analysed $n=12$. Single 2-hour session	NLP interventionist training: NLP trainer. NLP intervention: combination of NLP time line therapy, well-formed outcomes/ goal setting and hypnotherapy	Percentage of time feeling nauseous. Number of vomiting episodes per day. Stress (unreported measure)	50% of women felt a significant reduction in symptoms in the week after the session. Four women went from feeling nauseous 100% of the time to 20% of the time and two women from 100% to 40%. 5/8 women who had been vomiting noted improvement
Konefal and Duncan [26] Denmark Social anxiety	Design: pre-post. Setting: residential training course. Assessment: baseline (T0), post intervention (T1) and 6 months (T2)	Participants: people with self-reported social anxiety. 15 male and 13 female, aged 20–60 years. Recruitment not reported. Baseline 28, completed = not reported, analysed $n=23$	NLP interventionist training: not stated NLP intervention: 15 skills and techniques detailed. Residential 21-day programme	Liebowitz Social Phobia Scale	Social anxiety fear T0 M = 20.3 (SE 1.8); T1 M =12.9 (SE2.0); not reported, analysed $n=23$ T2 M = 12.4 (SE1.7). Fear avoidance T0 = 20.1 (SE1.7), T1 = 14.5 (SE2.2), T2 = 14.0 (SE2.2). These findings were statistically different from T0 to T1 ($P<0.001$), but not statistically significant from T1 to T2
Gray [27] US Substance misuse	Design: pre-post. Setting: community. Assessments: baseline and 16 weeks	Participants: substances mis-users. Recruitment: compulsory attendance through criminal justice system. Baseline $n=127$ of which 99 described as valid cases. Completed $n=80$, analysed $n=99$	NLP interventionist training: not stated. NLP intervention: visualisation, anchoring, well-formed outcomes 2-hour weekly group session and two one-on-one sessions over 16 weeks	Urinalysis for illegal substances	Non-significant difference between completers and non-completers. Abstinence after programme: completers = 55%; non-completers: 16%
Bigley et al [28] UK Claustrophobic patients undergoing MRI	Design: pre-post. Setting: NHS radiography department. Assessment: on day of NLP session and follow up on day of MRI prior to scan. Time lag unreported	Participants: patients who had previously failed to undergo MRI. 24 males/26 females. Median age 52 years (range 17–75) Recruitment: NHS radiography department. Baseline $n=50$, completed $n=50$, analysed $n=50$	NLP interventionist training: MRI radiographer with NLP practitioner training. NLP intervention: 'Clare's fast phobia cure': collapsing anchor, stacked anchor. Single session of 1 hour duration	Successfully completed MRI. Anxiety measured by adapted Spielberger's State-Trait Anxiety Inventory	38 patients (76%) successfully completed MRI. A further nine (18%) went into the scanner but image was of insufficient quality. Anxiety scores significantly reduced after NLP in all participants, but no statistical difference between those completing MRI or not ($P=0.172$). Cost saving of £319 per MRI examination of MRI with NLP vs MRI under general anaesthetic

NLP = neurolinguistic programming. OR = odds ratio. RCT = randomised controlled trial. REBT = rational emotive behaviour therapy. VKD = visual kinaesthetic dissociation.

Table 2

Comparison of 11 studies investigating basic NLP tenets

Study	Focus of study	Study population	Study design	Dependent variable	Outcome Supportive	Outcome Nonsupportive	Uncertain	Comments
Schleh (1987)	EMs in children as an indicator of RS mode	Children, 3 age groups—1st, 5th grade, and high school	NROS	EMs agreement with mode of question		EMs were unrelated to modality of question		Results suggest a developmentally based bias in the direction of EM responses
Monguio-Vencino & Lippman (1987)	Image formation as related to a visual fixation point	16 right-handed undergraduates replication 33 Ss	NROS	The intensity of evoked visual images latency of image formation		Eye fixation was unrelated to the formation of imagery		
Buckner & Mera (1987)	EM as an indicator of sensory components in thought	48 graduates and undergraduates	NROS	EMs agreement with mode of thoughts	Visual and auditory thoughts were in agreement with SSs EMs	Kinesthetic mode of thoughts was not observed		
Bliemeister (1987)	EMs as an indicator of RS mode	40 right-handed and 9 left-handed	NROS	EMs agreement with mode of question		EMs were unrelated to modality of question		
Bliemeister (1988)	EMs as an indicator of RS mode	40 right-handed and 40 left-handed	NROS	EMs agreement with mode of question		EMs were unrelated to modality of question		
Jupp (1989a)	EMs as an indicator of RS mode	190 psychology and counseling students	NROS	EMs agreement with mode of question		EMs following questions were not associated with mode of question		
Jupp (1989b)	Effectiveness of matching PRS in hypnotic inductions	60 undergraduates	NROS	Behavior responsiveness and hypnotic depth		Tailored inductions did not affect hypnotic depth		
Baddeley & Predebon (1991)	EMs as an indicator of RS mode	62 female undergraduates	NROS	EMs agreement with mode of question		EMs were unrelated to modality of question	Post-hoc tests located some distinctive eye-movement trends	
Lichtenberg & Moffitt (1994)	The effect of predicate matching on perceived understanding and factual recall	99 male undergraduates (aged 18–29 yrs)	NROS	Objective and subjective understanding	Results only weakly supported enhanced accuracy of understanding when speaker and listener PRSs were matched			
Turan & Stemberger (2000)	The effect of matching language on perceived empathy	20 participants aged 15–40 yrs old	RCT	Perceived empathy	Participants whose language was matched rated the interviewer as significantly more empathic than participants who were mismatched.			
Burke et al. (2003)	Relation between eye-movements and thought processing	8 graduate and premedical students	NROS			Instead of a universal pattern, this study yielded subject-specific idiosyncratic EMs across all modal		

Note. EM = eye movement; RTC = randomized controlled study; NROS = non randomized observational study; PRS = primary representational system.

Table 3

Comparison of 10 studies investigating the effectiveness of NLP techniques in communication, education, and a normal life

Study	Focus of study	Study population	Study design	Dependent variable	Supportive	Outcome Nonsupportive	Uncertain	Comments
Hale (1986)	The effects of NLP on public speaking anxiety	8 introductory psychology students	NRCT	public speaking anxiety		None of the results favored one treatment over the other		Rogerian oriented therapy as a placebo treatment in control group
Dixon et al. (1986)	NLP as a persuasive communication technique	98 undergraduates	RCT (placebo)	Behavioral and attitude measures		No differences neither in behavior nor in attitudes		The direct message treatment was more persuasive than the other treatments
Daupert (1986)	A covert imagery intervention into test anxiety based on a chained-anchor model	155 psychology students	RCT	Measures of worry/emotionality and reading performance		No overall treatment effect demonstrated, and no statistically significant differences in reading performance found		
Macy (1987)	NLP as a factor in skills acquisition	23 students	RCT (placebo)	Skills		The hypotheses were not accepted at the .05 level		
MacMorran (1987)	EMs as an submodality procedure on disturbing memory	16 male and 28 female adults	RCT	Clients subjective evaluation of therapy	Partial support—NLP Submodality participants did report that they experienced change and that they were more satisfied with their treatment significantly more than the control group	NLP claims for permanent cure were not supported		
Prezas (1991)	Effects of NLP on state-trait anxiety and academic performance using self-hypnosis	Senior level students	RCT	State-trait anxiety		The difference in the mean scores were not significant	Difference in long term (trait) and short term (state) anxiety between the pretest and post-test in the experimental group	
de Miranda et al. (1999)	The impact of application of NLP on child development, home environment and maternal mental health	45 pairs mothers and children between 18 and 36 months of age	RCT	Child development, home environment variation maternal mental health		A trend was observed that indicated positive effects on the home environmental from the NLP intervention		At the end of the experiment 10 out of 23 children from experimental group remained
Fremder (1986)	Generalization of visual dot pattern strategies to number pattern stragies by learning disabled students	84 non- and learning disabled students between the ages of 12-0 and 15-11	RCT	Transfer to different visual pattern tasks, generalize to arithmetic sequencing		No difference between the treatment groups	Significant transfer effects for treatment groups when compared to the control group	
Lund (1995)	The effect of NLP on asthma symptoms	30 patients	RCT	Patients' lung capacity and their need for medication and hospitalization	Increase of lung capacity, reduction of: the rate of hospital admissions; The number of acute asthma episodes; The consumption of medication; Rate of sleep disorders, caused by asthmatic symptoms		Both the control group receiving only medical-treatment, as well as the group receiving the treatment combined with NLP showed improvement	
Stipancic et al. (2010)	Effects of NLPT on psychological difficulties and perceived quality of life	106 psychotherapy clients	RCT	Perceived psychological difficulties and perceived quality of life	In the therapy group, as compared to the control group there was a significant decrease of clinical symptoms and increase in the quality of life			Control group with no treatment

Note. EM = eye movement; RTC = randomized controlled study; NRTC = non randomized controlled study; PRS = primary representational system.