

1 **ACCEPTED MANUSCRIPT**

2 **Comparative Evaluation of Neuro-Linguistic Programming**

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Abstract

In this paper we aim to highlight the characteristics of neuro-linguistic programming (NLP) and suggest possible directions for future research and study. The majority of NLP studies argue for more rigorous empirical support and standardised regulatory governance, in order to overcome academic biases and general misunderstandings. However, its popular practice for just under half a century and its global usage, suggest there is grounding for NLP to be accepted into the 'mainstream' of psychology. We compare NLP with more 'accepted' approaches (cognitive behavioural therapy, mindfulness, and coaching), and explore its practice regulations. While its efficiency (thorough analysis and applicability) was identified as its strength, more rigorous research and universal regulations of practice are needed for NLP to move onto the next level of acceptance.

Keywords: neuro-linguistic programming; rigorous research; universal regulations; characteristics; future direction; comparative evaluation

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Introduction

Although there have been various definitions to describe neuro-linguistic programming (NLP) (de Rijk, Derks, Grimley & Hollander, 2019), it can be simply described as a methodology to model human experience and communication (Bandler & Grinder, 1979). NLP is modelled by considering how ‘outstanding results’ are created (O’Connor, 2001). NLP (as a tool in psychology) was born from observations by Richard Bandler on the psychotherapy sessions of the excellent therapists, namely Fritz Perls, Virginia Satir, and Milton Erickson, increasing the effects of positive suggestions for clients (Bandler & Grinder, 1979). Because of its applicability, NLP was then utilised (and continues to be uptaken) by practitioners in order to assess and treat a variety of clinical symptoms including depression, anxiety, and stress (Bigley et al., 2010; Gray & Liotta, 2012; Simpson & Dryden, 2011; Stipancic, Renner, Schütz, & Dond, 2010; Wake 2011). In USA and the UK for example, more than 200,000 people have undertaken some form of NLP training (Tosey & Mathison, 2009). Indeed, even organisations in the UK, for example the National Health Services (NHS), have embraced the opportunities that NLP offers and 326 facilities invested approximately £800,000 in NLP between 2006 and 2009 (Sturt et al. 2012). Furthermore, NLP-based psychotherapy (Neuro-Linguistic Psychotherapy; NLPt) was recognised by the UK Council of Psychotherapy (UKCP) in the early 1990s (Grimley, 2013). The reasons for this uptake is that, when used properly, NLP can assist clinicians in understanding the internal world of their clients through application of sub-modalities and strategies (i.e., a sequence of one's subjective experience to yield a certain outcome; O’Connor & Seymour, 2011). This therefore leads to more effective and efficient interventions being recommended and implemented (Kotera, 2018). Similarly, in the education sector, NLP training has been provided to over 2000 teachers as part of the UK’s government Fast Track Teacher

51 Program between 2003 and 2010 (Carey et al., 2010). NLP enables teachers to understand their
52 students' preferred learning style (e.g., their primary sense of information process – visual,
53 auditory, or kinaesthetic-oriented learner). Furthermore, NLP offers flexibility, thus
54 communication of the teachers can be adjusted (Kök, 2013). Finally, NLP can assist students'
55 reading comprehension (Farahani, 2018). Other aspects of NLP such as the meta-model (a set of
56 linguistic patterns for accurate information gathering) and reframing (changing ones' perspective
57 to create a different meaning) have also been successfully utilised to support student learning
58 (Kudliskis, 2014). Indeed, students' intrinsic motivation for learning has been nurtured in order
59 to overcome various academic challenges (Kudliskis, 2014) and the Disney strategy, for
60 example, has been highlighted as useful by educators (Kotera, 2018) and students alike (Kotera
61 & Sheffield, 2018). If we look at the East, Japan in particular, NLP is arguably even more
62 uptaken in general practice (Kotera & Van Gordon, 2019), although comprehensive data is not
63 fully available. What we can identify is that the Society of NLP (the original NLP certification
64 body established in 1979) has certified over 1,725 practitioners and 1,321 master practitioners
65 since 2003 in this region (C. Hall, personal communication, March 15, 2016). Unsurprisingly
66 due to this popularity in practice (see Table 1), books on this topic, such as 'Frogs into Princes'
67 by Bandler and Grinder and coaching books by Anthony Robbins have sold thousands of copies
68 worldwide (270,000 and 85 million respectively) (Robbins, 2012; Wasik, 2014). Although the
69 sales figures are unknown, other well-used NLP books referred in the certification training
70 include 'The Structure of Magic I' and 'The Structure of Magic II' by Bandler and Grinder
71 (1989a, 1989b), 'NLP: The New Technology of Achievement' by the NLP Comprehensive
72 (edited by Andreas and Faulkner, contributed by Gerling, Hallbom, McDonald, Schmidt, and
73 Smith; 1996), and 'Beliefs: Pathways to Health and Well-Being' by Dilts, Hallbom, and Smith

74 (2012).

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76 *Table 1. Popularity of NLP*

UK	More than 100,000 people participated in NLP training by 2007 (Tosey & Mathison, 2009); 326 NHS organisations spent more than £905,000 for more than 700 staff's training in NLP (2006-2009; Sturt et al. 2012); UKCP's recognition of NLP (Grimley, 2013); 2000 teachers trained in NLP as part of government's programme (Carey et al., 2010).
Japan	1725 NLP Practitioners, 1321 NLP Master Practitioners, 373 NLP Trainer Associates, and 40 NLP Trainers from one major organisation alone (2003-2016; Hall, 2016).
US	More than 100,000 people participated in NLP training by 2002 (Tosey & Mathison, 2009).
Materials	More than 270,000 copies of <i>Frogs into Princess: Neuro Linguistic Programming</i> sold (Wasik, 2014). More than 50 million copies of NLP-based self-help books sold. More than 35 million units of NLP-based self-help audiotapes sold (Robbins, 2012).

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78 However, it should be noted that despite NLP's wide practical applications, the tool has not been
79 well-accepted in mainstream psychology. Accordingly, in this paper we aim to identify why this
80 may be the case and suggest practical solutions in order to gain traction of NLP in academic
81 circles. Specifically, we will compare NLP to more commonly accepted approaches used in
82 psychology research.

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Underdeveloped Scientific Evidence

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85 One primary criticism of NLP is its underdeveloped scientific evidence of its
86 effectiveness (Grimley, 2016; Kotera, Sheffield & Van Gordon, 2019; Pensieri, 2013;
87 Pishghadam & Shayesteh, 2014; Sturt et al., 2012). The limited quality of research focused on
88 NLP is reported in a number of review articles. Witkowski (2010) conducted a meta-analysis on
89 over 300 papers reporting the use of NLP in some manner and examined 33 of these in closer
90 detail. He concluded that NLP was simply ineffective. However, there are certain problems
associated with the choice of articles in the first place. For example, 18 of the 33 articles

91 (assessed in detail) examined only one aspect of NLP. This was the preferred representational
92 system (PRS; Adler, 2002). PRS can, and has, often been thought of as being independent and
93 isolated from NLP models in many cases (Elich, Thompson, & Miller, 1985; Graunke &
94 Roberts, 1985). The true power of NLP is when the whole framework is undertaken and not
95 fragmented into individual parts (Einspruch & Forman 1985; Pensiri, 2013). Furthermore, the
96 remaining studies assessed by Witkowski (2010) (which led to the ‘ineffective’ conclusion) were
97 also conducted by researchers with no apparent training in NLP. One could argue that before any
98 such decision is made on the effectiveness (or not) of NLP, studies should be conducted with
99 trained professionals (at the very least).

100 Unfortunately, since the review by Witkowski was published, little has changed with
101 regard to the rigour and quality of publications focusing on NLP. For example, another review
102 article, this time by Sturt et al. (2012) systematically assessed the success of NLP interventions
103 and mapped these against the overall health of the clients. Out of 10 studies assessed in this latter
104 review, five used a randomised controlled trial (RCT), and the other five were pre-post studies.
105 Interestingly, only six of these studies describe the qualifications of the interventionists, and
106 again none of the six were NLP practitioners. It is alarming that even basic details are omitted
107 from the majority of NLP studies including the aims and outcomes, the number of participants,
108 and the level of intervention administered and by whom.

109 Three further reviews have since been published on NLP, one by Pensieri in 2013,
110 another by Zaharia and colleagues in 2015, and a third by Kotera and colleagues in 2019.
111 Pensieri assessed 61 published articles and highlighted that similar issues were still apparent.
112 Commonly, a lack of understanding of the fundamentals of NLP was evident in the vast majority
113 of studies. For example, assessing one aspect of NLP independently and not as part of the NLP

114 model as a whole. Many of the studies assessed ignored certain NLP models and skills such as
115 the meta-model which is a fundamental part of the NLP success in practical terms (Bandler &
116 Grinder, 1979). It could be argued that evaluating comprehensive training is unfeasible to begin
117 with, however given the popularity of NLP (and the magnitude of its certified practitioners), the
118 absence of research examining a comprehensive NLP course is a salient shortcoming. For
119 example, mindfulness also has a comprehensive course (the eight-week Mindfulness Based
120 Stress Reduction, MBSR), which has been empirically evaluated on numerous occasions.

121 Zaharia et al.'s (2015) review was even more intensive and assessed 425 studies found in
122 seven major databases. However, again they only chose a subset to conduct a more detailed
123 assessment. These were the 12 which utilised clinical interventions (visualisation and anchoring
124 for example) and/or those which evaluated clinical outcomes (e.g. depression, anxiety,
125 personality disorders). Six of these were again RCTs, and the others were prospective
126 observational studies. Overall the quality of these studies was reported 'good', with an average
127 of 62% on a risk-bias quality assessment score. Though the positive effects of NLP were
128 revealed in this analysis, they still echoed the need for more larger-scale RCTs, in order to more
129 fully address the usability and reliability of NLP.

130 Kotera, Sheffield, and Van Gordon's systematic review (2019) focused on psychological
131 outcomes in workplaces. Of the 952 articles focusing on NLP applications in occupational
132 psychology that were retrieved, seven were closely evaluated. Though all studies reported
133 positive effects of NLP in work psychology outcomes (e.g., lower occupational stress, higher
134 self-esteem), the risk of biases among these seven studies ranged from medium to high, again
135 indicating the need for more rigorous NLP research.

136 Lastly, it is noteworthy that although we have chosen to discuss the systematic reviews

137 and meta-analyses associated with NLP (Greenhalgh, 2010), the importance of qualitative
138 appraisals for this tool should also be considered. Indeed, Kudliskis (2013) argued that an
139 interpretive paradigm may be more appropriate to assess effectiveness of NLP, as it appraises
140 processes (i.e., how, why, and the value of what they do), which are more aligned with the
141 methodological nature of NLP (O'Connor, 2001). Further NLP's emphasis on the subjective
142 experience may be captured in qualitative appraisals (Kotera, 2018). Whilst the most recent
143 qualitative studies (Kotera, 2018; Kudliskis, 2013, 2014; Tsimtsiou et al., 2017) have indeed
144 reported positive effects of NLP, it should be noted that a literature review focused on such
145 qualitative studies has not been conducted to date.

146 **Comparisons with Other Approaches**

147 A search for studies focused on NLP using the electronic research databases (ProQuest,
148 PsycINFO, Science Direct, and Google Scholar) yielded 2,754 academic journal articles
149 (published in English), as of 1st June 2018. The following search parameters were utilised:
150 search words 'NLP', 'neurolinguistic program#ing', 'neuro-linguistic program#ing' and 'neuro
151 linguistic program#ing' using the 'OR' Boolean operator (searches including 'natural language
152 process*' and 'non#linear program#ing' were excluded). In comparison, 'cognitive behavior#ral
153 therapy' or 'CBT' yielded 22,565 articles, 'mindfulness' 6,572 articles, and 'coaching' 8,428
154 articles (excluding 'sport*').

155 Cognitive behavioural therapy (CBT), focusing on the role of cognitive processing in
156 relation to emotions and behaviours (Turner & Napolitano, 2010), was developed in the 1960s
157 challenging the prevailing psychodynamic approach for its effectiveness. This first led
158 practitioners' attention to behavioural approaches, then evaluation of clients' cognitive
159 processing was integrated in order to apply to a wider population during the 1970s - the time

160 CBT's popular practice started (Benjamin et al., 2012). Today CBT is referred as the standard
161 approach in established guidelines including the UK's National Institute for Health and Clinical
162 Excellence and the American Psychiatric Association (Gaudiano, 2008). Likewise, mindfulness
163 – commonly defined as a moment-to-moment non-judgmental awareness of one's experience
164 (Kabat-Zinn, 1994) – is another approach included in these national level guidelines (Williams &
165 Penman, 2011). Introduced in clinical settings during the 1980s, mindfulness has been utilised in
166 various interventions including MBSR programs, dialectical behaviour therapy, and acceptance
167 and commitment therapy (Davies & Hayes, 2011). Lastly, though it is often used as an
168 occupational or educational psychological approach, rather than a clinical or counselling one
169 (Parsloe & Wray, 2000), coaching is worthwhile to be discussed because of its substantial
170 overlap with NLP (e.g. shared practical assumptions; Kotera, 2018). Originating in sports
171 coaching and applied into life and workplace, coaching refers to a collaborative process which is
172 aimed to enable the clients' self-directed growth, which started to be increasingly recognised in
173 occupational and educational settings during the 1990s (O'Connell, Palmer, & Williams, 2012).
174 Coaching psychology, which is at the core of the coaching movement (Palmer & Cavanagh,
175 2006), was acknowledged by the British Psychological Society (BPS) in 2004 (BPS, 2005).

176 Although NLP's scientific rigour is clearly underdeveloped (as discussed earlier), it is
177 worthwhile to discuss how NLP could contribute to the field of psychology, *if* it were accepted
178 into mainstream practices. To highlight the characteristics of NLP further, its therapeutic effects
179 were compared with other major approaches, namely, with CBT, mindfulness and coaching.

180 CBT has the benefit of being able to illustrate 'results' relatively quickly compared with
181 other talking therapies such as psychodynamics (Cully & Teten, 2008). For example, a
182 systematic review and meta-analysis of CBT for the risk management of relapse in major

183 depressive disorder (16 trials attended by 1945 participants) reported that CBT was more
184 effective in reducing the risk of relapse than the control group within the first 12 months (Zhang,
185 Zhang, Zhang, Jin & Zheng, 2018). This was attributed to CBT's well-structured framework,
186 which: (a) contributes to symptom management rather than insight (Abraham, Neese, &
187 Westerman, 1991; Spinelli, 1994), and (b) enables practitioners to apply CBT into other formats
188 including group or computer-based therapy (NHS, 2016). Therapeutic skills are observable in
189 CBT (e.g. reframing) unlike traditional approaches (e.g. 'empathy' which is arguably harder to be
190 characterised and observed directly) (Gournay & Brooking 1995). Furthermore, CBT's effects
191 are long-lasting (Gloster et al., 2013; Wiles et al., 2016). However, CBT falls short as it has often
192 been shown to downplay emotions and it requires a large effort from clients (e.g. homework,
193 articulating their thoughts and feelings; Beech, 2000). That said, to counter this argument CBT is
194 sometimes reframed as 'an equal partnership' between the patient and therapist (Abraham et al.,
195 1991). Further, CBT appears to not be suitable for clients with complex mental health problems
196 or learning disabilities, and CBT cannot be used to address wider issues when exploring the
197 patient's individual capacity (e.g. family relationships) (NHS, 2016). The definition of CBT also
198 lacks specificity (Rachman, 2015). Some researchers and practitioners refer to CBT primarily as
199 exposure therapy, and others refer to CBT as cognitive reappraisals. A review on the
200 effectiveness of CBT for low self-esteem, for example (Kolubinskia, Frings, Nikčević, Lawrence
201 & Spada, 2018) highlighted that whilst enhanced self-esteem is one of the common clinical
202 outcomes of CBT (as seen in Fennell's cognitive model of low self-esteem [1997]), all studies
203 assessed failed to capture the complexity of the definition of self-esteem (which may also point
204 to CBT's downplaying of psychological constructs). This vagueness can and does affect the
205 quality of CBT research (Rachman, 2015). The therapist's judgment on what is rational or

206 irrational is another vagueness in CBT (Spinelli, 1994). This is because depressed individuals
207 can have more accurate and realistic appraisals of the world and self than normal individuals
208 (Alloy, Albright, Abramson, & Dykman, 1990). Several researchers have therefore criticised the
209 original cognitive model that proposed a maladaptive cognitive process causes and maintains
210 depression (Nezu, Nezu, & Perri, 1989), however later this was corrected to maladaptive
211 cognitive process only maintains depression (Sheldon, 1995).

212 In contrast, mindfulness does not require any special equipment or framework, can be
213 practiced at one's convenience (Todd, 2016), and appears effective on a wider range of
214 symptoms and populations (Sundquist et al., 2017). However, the disadvantages of such a
215 technique have also been reported extensively. Depersonalisation has been shown to be a major
216 negative result of mindfulness; that is, a patient feels detached from oneself, and the appearance
217 of watching oneself from a distance is commonly reported (Ruths, 2014). Such a result could (if
218 not governed properly) stop people from critically evaluating the intervention (Zeldin, 2015).
219 The practice can also be too demanding for many clients. Typically, mindfulness-based
220 interventions take up to one hour of home practice for example (Groves, 2016). Accordingly, a
221 review of mindfulness intervention for depression in bipolar disorder clients (13 studies with a
222 total sample size of 429 clients) noted the effects of mindfulness as too ambiguous (Bojic &
223 Becerra, 2017). Further they highlighted that mindfulness needed to be practiced at least three
224 days a week or in follow-up sessions for it to have significant effects on depression (Bojic &
225 Becerra, 2017). Together these illustrate the high demands put on the clients. Lastly mindfulness
226 suffers from the 'file drawer effects', where null hypotheses are often not published. In their
227 review of 65 studies with 5,489 participants, Schumer, Lindsay and Creswell (2018) reported
228 that the effects of mindfulness-based intervention were at best modest in reducing negative

229 psychological outcomes (e.g., depression and anxiety), and warned of the reporting bias assessed
230 by overuse of funnel plot analyses for example.

231 Finally coaching, often used in occupational settings, usually provides models to lead
232 clients' thoughts efficiently (Bluckert, 2005). For example, one of the most used models in
233 coaching is the GROW model (Whitmore, 2002) capturing four key stages of coaching: 'Goal'
234 setting (G), current 'Reality' (R), 'Options' (O), and 'Will' (W). For instance, a coach can ask
235 what a coachee wants to achieve (G), and where the coachee is at that moment in relation to the
236 goal (R). Once a goal and the present status are identified, they can explore various routes (O) to
237 achieve the goal. Lastly, the coachee can determine which route to take, and what s/he will do in
238 the long and short term (W). This behavioural approach enables coachees to grow and learn
239 autonomously (Passmore, 2007). Other models have also been developed including the
240 POSITIVE model (Purpose, Observations, Strategy, Insight, Team, Initiate, Value, Encourage),
241 aiming to produce an excellent coaching relationship (Libri, 2004); and the PRACTICE model
242 (Problem, Realistic goals, Alternative solutions, Consequences, Target, Implementation,
243 Evaluation), based on problem-solving (Palmer, 2007). Regardless of the model choice, all types
244 of coaching show similar focus with regard to the goal/results and action/behaviour, hence the
245 effects can be seen more quickly than other more traditional counselling methods (Bluckert,
246 2005). A traditional counsellor/therapist would explore what stops a patient and his/her anxieties,
247 whilst a coach encourages and supports the client to move forward (Bresser & Wilson, 2006).
248 This means that coaching is arguably more proactive, whilst counselling is reactive and remedial,
249 that is, problem- and crisis-centred - focusing on diagnosis, healing, analysis, or poor
250 performance for example (Parsloe & Wray, 2000). Studies have indeed reported the positive
251 efficacy of coaching in various fields (in a similar manner to that of NLP) including health for

252 example (Singh, Kennedy & Stupans, 2018) (though its long-term effects were uncertain
253 [Dejonghe, Becker, Froboese & Schaller, 2017]), business (Jones, Woods & Guillaume, 2016),
254 and education (Miller-Kuhaneck & Watling, 2018).

255 **Potential Contribution of NLP**

256 NLP is closest in its technique to that of coaching and therefore there appears to be no
257 real reason why it is not as well-accepted as this latter method. The only reason we can see for
258 this disparity is due to the apparent academic biases and misunderstandings of NLP as a tool
259 (Gray, Liotta, Wake & Cheal, 2012a). For example, often only parts of the NLP tool are assessed
260 for their efficiency (as mentioned earlier). To reiterate, if only the primary representational
261 system is assessed, ‘NLP’ does appear to be ineffective (Gray et al., 2012). However, if we
262 explore coaching again, the same issues have been discussed in more detail and accepted by the
263 profession, that is, the accuracy of reporting on the effects of coaching (see De Meuse, Dai &
264 Lee, 2009; Passmore & Fillery-travis, 2011).

265 NLP appears to be equally, if not more, rapid than the three other techniques discussed,
266 and enables close and precise analysis of successful results in diverse fields (Kotera, Sheffield &
267 Van Gordon, 2019). NLP allows for both micro- and macro-analysis of the data which results in
268 practitioners gaining more from any such sessions; and NLP is easily applicable, no matter
269 where or when a client finds themselves (Bandler & Grinder, 1975). While traditional
270 psychotherapists believe any meaningful change in a person needs a long time to take place, NLP
271 offers a much quicker intervention: overcoming a phobia in less than one hour, and eliminating
272 an unwanted behavior in just a few sessions for example (Bandler & Grinder, 1975). Analysis of
273 the data is the second noted reason why NLP should be utilised more commonly than it is
274 currently. One of the most notable concepts that enables micro-analysis of human experience is

275 sub-modalities (O'Connor & Seymour, 2011), that is, how we structure our experience
276 (O'Connor, 2001). Sub-modalities are detailed categories of modalities such as visual, auditory,
277 kinesthetic, olfactory, and gustatory senses of information (O'Connor, 2001). Whereas
278 modalities note *what* we are experiencing (e.g. imagining a good vacation), sub-modalities relate
279 to *how* we are experiencing it (e.g. the size, distance, brightness, location, or colourfulness of the
280 image) (Andreas & Andreas, 1987). While traditional, more commonly utilised psychotherapies
281 refer to *what* to do (e.g. make a contact with your clients), NLP importantly teaches practitioners
282 *how* to do it (e.g. match the voice tone, speed, the representational system in the language)
283 (Bandler & Grinder, 1975). Lastly, the applicability of NLP as a tool is another important factor
284 which should be discussed (Karunaratne, 2010; Tosey, Mathison, & Michelli, 2005). The
285 characteristics of NLP, compared with other approaches are summarised in Table 2.
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	CBT	Mindfulness	Coaching	NLP
Strengths	Observable/Measurable (e.g., asking the degree of depressed feeling on 1 to 10; Gournay & Brooking 1995).	Self-administered (high accessibility; Todd, 2016).	Action- and result-focused: clarifies what to do next (Bluckert, 2005).	Micro-analysis (e.g., submodalities, timeline, strategy, meta-programme, meta-model; Bandler & Grinder, 1975).
	Effects are seen relatively quickly (Cully & Teten, 2008).	Can be practiced at one's convenience (Todd, 2016).	Enhancement, not treatment (Parsloe & Wray, 2000).	Active use of body movement (e.g., Disney strategy, SCORE model
	Positive effects are observed for a long time (Gloster et al., 2013; Wiles et al., 2016).	Widely applicable (e.g., various symptoms; Sundquist et al., 2017).	Effects are seen relatively quickly (Bluckert, 2005).	[Symptoms, Causes, Outcomes, Resources, Effects]; Kotera & Sheffield, 2017).
	Widely applicable (e.g., other formats, various symptoms; NHS, 2016).		Widely applicable (e.g., various symptoms, various settings; Jones, Woods & Guillaume, 2016; Miller-Kuhaneck & Watling, 2018; Singh, Kennedy & Stupans, 2018).	Effects are seen relatively quickly (Kotera, 2018). Widely applicable (Bandler & Grinder, 1975).

Weaknesses

Downplays emotions (Beech, 2000).	Could cause depersonalisation (e.g., minimise negative feelings and positive feelings; Ruths, 2014).	Need for quality empirical evidence (De Meuse, Dai & Lee, 2009; Passmore & Fillery-travis, 2011).	Need for quality empirical evidence (Grimley, 2016; Kotera et al., 2019; Pensieri, 2013; Pishghadam & Shayesteh, 2014; Sturt et al., 2012).
Client has to make a substantial effort (e.g., client needs to articulate their feelings; Beech, 2000).	Recurrence of traumatic memory: hard to let go of such a memory, which hinders the practice of being in the here and now (Zeldin, 2015).	Uncertain whether the positive effects last for a long time (Dejonghe et al., 2017).	Poor regulation of practice (e.g., lack of universal regulations; Grimley, 2016).
Not suitable for people with complex mental health problems or learning disabilities (NHS, 2016).			
Does not address wider or systemic problems beyond the individual's capacity (e.g., family or organisational structure; NHS, 2016).	Not directed (may end up just sleeping or feeling like time wasted; Bojic & Becerra, 2017).		
Vague in definition and practice (Rachman, 2015).	High demands on patients (Groves, 2016).		
	Reporting bias (Schumer, Lindsay & Creswell, 2018).		

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The Need for Standardising Governance of NLP Practice

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Another important issue associated with research on NLP is the current poor regulation of

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practice (Grimley, 2016). A focus group attended by 15 top NLP practitioners around the world

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highlighted eight themes regarding where focus needed to be drawn to in order to move the

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practice and the research of NLP forward (Grimley, 2016). These included: (1) Commercialised

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nature of the NLP field; (2) many studies utilising anecdotal evidence; (3) the severe lack of

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published empirical evidence (co-founders had an anti-academic stance); (4) the lack of

297 collaboration (e.g. co-founders split); (5) the inability to demonstrate academic rigour, which is
 298 needed to be accepted by the mainstream; (6) the need to rebrand NLP; (7) the lack of a
 299 standardised definition, curriculum, and professional practice code; and finally (8) NLP being
 300 associated with unethical practice.

301 Although increasing worldwide collaboration among the NLP community, for example,
 302 the NLP Research and Recognition Project, European Association for Neuro-Linguistic
 303 Psychotherapy, NLP Leadership Summit, already redresses Theme 4, three of the listed themes
 304 (namely, 2, 3, and 5) highlight NLP’s underdeveloped recognition on account of the inadequacy
 305 of the available empirical evidence (discussed previously; also see Gray et al., 2012a, and Gray,
 306 Wake, Andreas & Bolstad, 2012b for research findings supporting NLP), whilst the other themes
 307 relate more to the poor regulation of NLP practice. In Table 3 the variability with regard to NLP
 308 certification among major organisations is summarised.

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Table 3. Certification criteria of NLP in different organisations

	NLPC (US)	ANLP (UK)	ITA (UK)	ABNLP (US)	NLPtCA (UK)
Diploma / Foundation / Associate	-	A 4-day course covering basic methodologies of NLP, including state management, language patterns, rapport etc.	-	120 hours of training in the basics of NLP patterns. Ability to identify the basic skills, techniques, patterns and concepts of NLP and to utilise them competently for self-change.	-
Practitioner	Demonstrate a fundamental ability to utilise the eight basic concepts, skills, processes, techniques and patterns of NLP.	Certified NLP practitioner training and practice of NLP skills over time. Engagement with continuous	Competencies in 16 NLP skills and concepts, including rapport, representational systems, language	120 hours of NLP training covering the basics of NLP patterns. Ability to identify the same basic skills,	120 hours of recognised NLP practitioner training

		professional development.	patterns, minimum New Code NLP Competencies etc.	techniques, patterns and concepts of NLP and to utilise them competently with self and with others.	
Master Practitioner	Demonstrate a growing competency, versatility and finesse in utilising the basics of NLP practitioner training. Demonstrate a growing competency in the specific skill areas including meta programs, advanced skills in framing outcomes, etc.	Refining the NLP skills learned in practitioner training. Developing NLP skills to change beliefs and values in themselves and others in a way that fits their lifestyle, family and work systems.	-	120 hours of advanced training. 15 hours of direct trainer supervision. Ability to identify the 5 basic skills, techniques patterns and concepts of NLP and to utilise these competently with self and with others.	240 hours of recognised NLP training consisting of 120 hours face-to-face NLP practitioner training and 120 hours face-to-face of master practitioner training
Other qualifications	Trainer Associate, Trainer, Master Trainer	Trainer, Master Trainer	Member, New Code Trainer	Coach, Master Coach, Trainer, Master Trainer	NLPt Psychotherapist in Training, NLPt Psychotherapist

NLPC = NLP Connection, ANLP = Association for NLP, ITA = International Trainers Academy of NLP, ABNLP = American Board of NLP, NLPtCA = Neurolinguistic Psychotherapy and Counselling Association.

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311 As mentioned, NLP suffers from poor regulation of practice: though most of the organisations

312 have practitioner and master practitioner levels, the qualifying criteria they use vary to some

313 degree (see Table 3). The levels of certification, and their criteria vary amongst the five major

314 NLP organisations – NLP Connection (the owner of the Society of NLP), Association for NLP,

315 International Trainers Academy of NLP, American Board of NLP, and Neurolinguistic

316 Psychotherapy and Counselling Association (NLPtCA). This hints on the relative unstandardised

317 regulation of practice (Theme 7). However, it should be noted that NLPtCA does fall under the

318 regulation of the UKCP – which is itself an accredited register of the Professional Standards

319 Authority for Health and Social Care (Government Digital Service, n.d.; UKCP, 2018).

320 Regardless, as NLP is mainly used in interpersonal settings, any such variability with regard to

321 criteria used by these professional bodies could cause harm to clients. For example, a client
322 could disclose their deep emotions in a session, believing that the practitioner can perform
323 certain NLP skills, but they actually cannot. Indeed, there are often several NLP skills that can
324 address different types of issues, however a mismatch between the client's expectation and the
325 practitioner's skill level is problematic. Thus the standardised criteria in NLP practice need to be
326 established. This is also related to Theme 8 (unethical practice) in Grimley's study (2016). If we
327 take coaching as an example again we can see how the practice of NLP can move into the 21st
328 century (C21st).

329 **Suggestions to Move the Field of NLP into the C21st**

330 Only a few associations have some form of regulation when it comes to NLP. These
331 include: the NLPtCA, Beeleaf Institute for Contemporary Psychotherapy and the Awaken School
332 of Outcome Oriented Psychotherapies. Coaching in contrast is regulated by the 'International
333 Coaching Federation' – which is recognised (by most) as the overall standard organisation for
334 coaches (Griffiths & Campbell, 2008). We argue that the levels of certification for practicing
335 NLP urgently need to be agreed upon and standardised. Some institutions and organisations do
336 indeed have diploma level certifications in an attempt to do just this, however the vast majority
337 do not (Table 3). Furthermore, there needs to be consensus about naming of the practitioners. For
338 example, the majority of those practicing NLP understand the importance of the 'master
339 practitioner level', however there are higher possible levels of training available in some
340 instances including 'associate trainer', 'trainer', and 'master trainer' which are less well-known
341 and/or understood by the clients themselves. Not only do these titles need to be standardised, the
342 criteria for a practitioner to reach any of these levels also needs to be addressed and clarified. For
343 example, what skills and knowledge do practitioners need for any given 'level'? How should

344 these be assessed from practitioner to practitioner? Is there a minimum number of training hours
345 required for such 'levels' to be reached? As NLP involves other people, a practitioner's practical
346 skills surely need to be regulated by a governing authority in order to assert a level of
347 competency and instill confidence among the clients. Furthermore, thought must be given to the
348 support and maintenance of training of these practitioners (i.e., post-certification development) to
349 ensure they are 'up-to-date' with the latest literature and scientific findings associated with NLP.
350 For instance, it is common for licensed psychotherapists to have a monthly supervision session
351 and continuing professional development, in order for them to maintain their certification to
352 practice. To illustrate, the registrants at the British Association for Counselling and
353 Psychotherapies are required to have at least 90-minute monthly supervision sessions, and 30
354 hours of continuing professional development training per year. Though some may argue that
355 such structure would likely 'kill' NLP's key assets, namely, its flexibility and spontaneity, a
356 structure of sorts is certainly needed to ensure the safety of any patient. Given the weaknesses of
357 the professional code of practice and ethics (as highlighted in the findings from the focus group
358 of Grimley, 2016), supervision and continuing development that focus on these issues would be
359 useful (see Table 4).

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362 *Table 4. Suggestions to move the field of NLP into the C21st*

1. Rigorous research	Build empirical evidence of the efficacy of NLP using well-thought-out research designs and detailed reporting (enhancing the quality of NLP research)
2. Standardisation (levels of certification)	Titles/names of practitioners to be standardised: Common titles currently are ‘practitioner’, ‘master practitioner’, ‘trainer associate’, ‘trainer’, and ‘master trainer’.
	Criteria for each title to be standardised. For example, i) which skills and knowledge, ii) to what degree, and iii) how many hours of training and practice are needed at each level need to be clearly and universally defined.
3. Maintenance (post-certification development)	Requirement of supervision may be useful to reflect on their own NLP practice.
	Continuing professional development to ensure being ‘up-to-date’ with the latest literature and scientific findings associated with NLP.

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Conclusion

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Despite its active practice worldwide, NLP’s reputation in academia remains poor,

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dissuading mainstream psychology from recognising this methodology. To counter this problem,

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the NLP world needs to publish more rigorous research outputs, aiming to demonstrate its

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efficacy in well-thought-out and replicated studies. Ideally these should be led by trained NLP

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practitioners, collaborated by non-NLP researchers to ameliorate potential positive bias towards

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NLP. Furthermore, we highlight the urgent need for standardisation and rethinking in its practice

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governance. This will ensure that faith in the method increases and clients will be more willing

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to receive such treatment in future years. As seen in coaching psychology, outputs from

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academics who are proficient with NLP need to be encouraged to move NLP to the next phase.

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