



Markku Ojanen Ph.D
Vice chair of Psychology
Department of psychology
Tampere University,

To the
Austrian Ministry of health
via presentation by
ÖTZ –NLP
A 1094 Vienna
Widerhofergasse 4

You have asked me to comment on NLPt neurolinguistic
psychotherapy, based on my scientific and research experiences

The theoretical papers that you used for the application in the
Austrian ministry of health were made available to us in English
translation, two months ago; also other research papers
(Warszawa, Hamburg, Zagreb,)

We also conducted ourselves an intensive study on the effects of
NLP therapy in Finland 1966-2002, the Tampere study.

The results of Tampere NLP-study Follow-up of 62 clients participating in Neuro-Linguistic Programming - based psychotherapy NLPt

The project was originated at 1996 and lasted six years. The aim was to include in the study all consecutive clients fulfilling the inclusion criteria. This succeeded reasonably well. The final study group included 62 persons of which 50 were women and 12 men. The major presented problems were depression, anxiety and interpersonal problems. The four major therapists (psychologists) were all experienced having done therapy over 20 years. They all had Master level in NLP and had additional courses in many other related areas. Both private and public sectors were included. The typical number of therapy sessions was 8 times (2-20). The design was of one-group pre-post or within group -type. The measuring points and number of respondents (in parenthesis) were as follows:

- I the before therapy measures (62)
- II The after therapy measures (61-62)
- III Follow-up 6 months (51)
- IV Follow-up 1,5 - 2 yrs (41-42)

The measures were descriptive analogue scales and Likert scales developed for the project. Both subjective well-being (SWB) and cognitive variables (CV) were measured. The reliabilities of the measures were generally good. The results were compared both to groups having similar problems and to the general results that have been obtained in international therapy research. There were significant positive changes in anxiety, mood, self-esteem and various other SWB variables. Even larger were changes in CV measures, which measured worsening-disturbing and helpless-hopeless factors of problem experience of the clients. After NLP therapy the original problem was radically less disturbing and hopeless than in the beginning. The subjective changes during the therapy were also highly positive. In general, SWB and quality of life

measures changed clearly to better, but the largest changes were in cognitive measures of problem experience. The results were very similar compared to meta-analytic studies.

So based on the available studies and theories I conclude

a. NLPt has sufficient and coordinated theoretical basis on human subjective experience in order to be useful for achieving changes in maladaptive cognitions and behaviour of persons having mental difficulties. It is sufficient theory for a four year specific training in NLPt to become a professional psychotherapist.

B. The method is sufficiently independent and documented in practical use, with formats and protocols that can be learned step by step and used in a well-designed training program.

C. The efficiency of NLPt regarding the betterment of psychosocial and psychosomatically originated suffering is well documented not only through our own study, listed above, but as well through other research from Poland, Croatia, Germany, Austria.

D. There is, of course, an urgent need for more studies, but the main result from the psychotherapy studies has been that all responsible, dedicated therapies seem to work. The common therapeutic factors seem to be very important in psychotherapy.

E. The specific curriculum for NLPt of the OTZNLP seems to fulfil the preconditions for the training psychotherapists.

In summary I base my positive evaluation on three points:

1. The available studies are very promising.
2. I expect that common factors work for NLPt, too.
3. The scientific data for the old therapeutic approaches are not necessarily very good (psychoanalysis as an example).

So based on our scientific and research criteria the recognition of neurolinguistic psychotherapy with the OTZ NLP as provider of therapeutic education can be recommended.

The allegiance of the project leader is not with NLP. He is member of Finnish cognitive-behaviour therapy association.



Markku Ojanen, PhD
Project leader
Professor of psychology
Vice head of the department
Department of psychology
University of Tampere