Post-Traumatic Stress Disorder Treatment with NLP

Research suggests that the <u>Visual-Kinaesthetic Dissociation Technique</u> from the field of <u>NLP</u> is an effective approach to healing post-traumatic stress disorder (PTSD).

According to the <u>National Health Service</u>, PTSD is an anxiety disorder caused by very stressful, frightening or distressing events, for example:

- military combat
- serious road accidents
- terrorist attacks
- natural disasters, such as severe floods, earthquakes or tsunamis
- being held hostage
- witnessing violent deaths
- violent personal assaults, such as sexual assault, mugging or robbery
- any situation where a person feels extreme fear, horror or helplessness

PTSD can develop immediately after someone experiences a disturbing event or it can occur weeks, months or even years later. Wikipedia published that the diagnosis may be given when a group of symptoms such as disturbing recurring flashbacks, avoidance or numbing of memories of the event, and hyperarousal (high levels of anxiety) continue for more than a month after the traumatic event.

What are the signs of PTSD?

The <u>Canadian Mental Health Association</u> state that there are three categories of PTSD symptoms: The first involves re-experiencing the event. This is the main characteristic of PTSD and it can happen in different ways. Most commonly the person has powerful, recurrent memories of the event, or recurrent nightmares or flashbacks in which they relive their distressing experience. The anniversary of the triggering event, or situations which remind them of it, can also cause extreme discomfort. Avoidance and emotional numbing are the second category of symptoms. The first occurs when people with PTSD avoid encountering scenarios which may remind them of the trauma. Emotional numbing generally begins very soon after the event. A person with PTSD may withdraw from friends and family, lose interest in activities they previously enjoyed or have difficulty feeling emotions, especially those associated with intimacy. Feelings of extreme guilt are also common. The third category of symptoms involves changes in sleeping patterns and increased alertness. Insomnia is common and some people with PTSD have difficulty concentrating and finishing tasks. Increased aggression can also result.

How is PTSD treated?

Psychotherapy and cognitive-behavioral therapy are the traditional therapeutic approaches to treating PTSD, although they are known to be lengthy procedures, taking months or years and sometimes with only minimal results.

Medication may be prescribed if one is under the care of a psychiatrist, however, although there are benefits to the use of medication in certain cases, there are also limitations to this approach, as well as potential negative side-effects (being the case for most psychoactive drugs). EMDR is a modern technique used to treat trauma that is based on one aspect of NLP (eye movement protocols). A potential weakness of EMDR's is that it is not a deep healing method, as it does not include the establishment of a generative and transformative learning and release process around the event that caused the trauma. EMDR does not necessarily lead to wholeness or integration, as it neglects to re-establish rapport between the individual's conscious and unconscious awareness. These possible limitations may explain why EMDR does not work for everyone and why any relief from the symptoms of PTSD might not be sustainable.

NLP has proven to be an effective approach to treating PTSD, as well as emotional and psychological trauma and phobias, specifically through its Visual-Kinaesthetic
Dissociation Technique (V-KD). This intervention was originally developed in the early 1980s and has evolved substantially since then. The V-KD model is supported by more than 25 years of anecdotal reports covering thousands of clients with PTSD and phobic conditions who have experienced complete symptom alleviation and long-term results. The V-KD intervention does not retraumatize the client (while other methods may do so) and can be completed in a short duration—about 45 minutes (Andreas & Andreas, 1989; Bandler, 1985; Dilts & Delozier, 2000; McDowell & McDowell, n.d.).

Written by Jevon Dangeli - NLP Trainer & Coach

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