

# NLP Trauma Recovery & Research

We are working with trauma techniques that are part of the methodology known as NLP (Neuro Linguistic Programming), which is a field of study explaining how patterns of behaviour, thoughts and feelings are created in the brain, and therefore how they can be changed.

## Research and NLP Practitioners Working with Trauma

The NLP Trauma Process has been used successfully for many years in a number of areas. It is the standard one taught on NLP Practitioner courses and is used to help people suffering from phobias of anything from spiders to flying or swimming, trauma, abuse and severe PTSD.

The NLP Trauma Process in its present form was first reported on medically in the British Medical Journal. British Doctor David Muss did a pilot study on the method, with 70 members of the British West Midlands Police Force, after the Lockerbie air crash in Scotland. The crash resulted from a terrorist bomb exploding in an airplane over the town of Lockerbie. All participants in Dr Muss' study reported that after an average of three sessions they were completely free of intrusive memories and other Post Traumatic symptoms. For most, one session was enough to solve the problem. Follow-up over 2 years showed that all gains were sustained over that time.

Dr Muss (1991) says he was puzzled that, six years after the research proving the greater success of the NLP Trauma Process, "psychologists still continued to believe that it takes months or even years of therapy and drugs to cure people of their phobias... They appear to be possessed of certain inertia and seem suspicious of a method which claims to do in a very short time what they have traditionally taken months or years to accomplish."

## Survivors of War: Sarajevo

In June 1999, NLP Trainers Dr Richard Bolstad and Margot Hamblett were invited to Sarajevo to teach local Psychiatrists how to help survivors of the Bosnian war suffering from PTSD. They successfully taught the NLP Trauma Process, with immediate results, not only for members of the community, but for the psychiatrists themselves, who needed to be resourceful enough to help others following their own traumatic experiences.

Richard explains:

"Between 1992 and 1995, after declaring itself independent of Yugoslavia, Bosnia/Herzegovina experienced horrific civil war between the Moslem majority and the Croatian and Serbian minorities. These wars began with Serbian moves to clear Moslems from eastern Bosnia ("ethnic cleansing") and unite these Serb areas with Serbia itself. The capital city of Sarajevo was besieged by Serb militias, and for three years was kept under a reign of terror as building after building was destroyed, and person after person shot by Serb snipers. The story of this siege is told in the Miramax films production "Welcome to Sarajevo" based on reporter Michael Nicholson's book of the same name (1997).

My partner Margot Hamblett (who died in 2001) and I were invited to Sarajevo in 1998 and 1999 to run a two day training course for health professionals coping with PTSD problems. We taught a group of thirty people each time, most of whom were Psychiatrists, some of whom were Nurses and Aid Workers who then went into the Kosovo situation in 1999. The courses were run at the Kosovo Clinic, Sarajevo's central Psychiatric Hospital. Our course materials were translated by a number of people in New Zealand and in Sarajevo, and Dubravko Vanicek was our interpreter.

We taught a basic NLP model of internal processing, rapport skills, resource anchoring, using positive language and positive presuppositions, and the NLP Trauma Process (see my books *Transforming Communication*, and *RESOLVE: A New Model of Therapy*).

The professionals present were quickly able to identify that what we had was a whole new approach. They learned the process and demonstrated its effectiveness during the course. Bosnian psychiatrist Dr Azra Mulaomerovic commented after his training that “After NLP training I feel confident in coping with many situations I previously was not confident with.” Dr Mehmedika Suljic Enka agreed “This training gives more practice in dealing with survivors of traumatic experiences or clients with phobias. Used with my own similar problem, it helped to relieve my fear, and I realized how I can help other people. I have improved my knowledge in Psychiatry.” The following case examples give a sense of what the effect was like for them.

### **Examples in Sarajevo**

Margot Hamblett explains: “When I demonstrated the trauma process, I worked with a man who was triggered into anger and panic by military uniforms. A few days previously he had been stopped by traffic police, and nearly attacked the person. Understandable in the war, but rather a risky reaction in peacetime (especially when the police are armed). But ten minutes later he was able to recall that incident with a sense of calm.”

“Of course, here we were testing using a post-war incident. An even more interesting example came later that day and outside the course when I took a woman through a NLP Trauma Process on the entire war experience. She began quite tearful, announcing in English, “I hate the war; and I hate talking about it!” She said she had had nightmares every night since the war. For her, sounds were powerful anchors, and the sound of explosions produced uncontrollable panic. The previous week someone had organized a fireworks display in Sarajevo. Rationally, she knew she was safe, but her panic put her right back in the war situation. She ran into a nearby house and hid in their basement until the display was over.”

“After attempting unsuccessfully to explain the trauma process to her (her knowledge of English was limited), I simply asked her to imagine being in a movie theatre and ran the process. Her movie went from the time before the war to the time after it, a period of over three years. Then I asked her to think of the fireworks and find out how it felt now. She laughed. Next, I asked her to remember some of the worst times from the war, and check how they were. She gazed ahead with a dazed expression. “So how is it?” I checked. “Well, she said, with a smile “I’m seeing the pictures, and it’s as if they’re just over there, and I’m here.” The entire process had taken twenty minutes. On my return visit in 1999 this woman reported that she had had no further panic attacks or nightmares, and had actually forgotten how seriously they once disabled her. She was delighted with the change in her life.”

If there was any doubt, I believe that our work in Sarajevo is demonstrating that the core NLP techniques are robust enough to deal with the psychological aftermath of the worst experiences humankind can face.”

### **Chechnya, Beirut, Australia**

The model for the NLP Trauma Process presented here has reached many other countries. For two decades now, there has been open war between the breakaway republic of Chechnya and the Russian Federation. In early September, 2004, Chechen terrorists, under attack from Russian Special Forces, killed 344 civilians, including 186 children in the Beslan Number One School. Partially in response to this, the Psychology degree program at Pyatigorsk Linguistic University, 150 kilometres from Beslan, decided to initiate training specifically for working with children and young people in

traumatic situations. They invited me to design a paper based on my model “RESOLVE”, for working with children and young people.

The course, titled “The Psychological Consultation of Children and Youth Using NLP” is required for all Psychologists training there from 2005. It is run by Psychologist Natalia Doroshenko, the Russian translator of several of my books. I met with Ms Doroshenko and Psychology students in September 2005 to initiate the program of study. The staff of the Psychology Department, headed by the Dean, Ms Irina Byzhitova, also attended this introductory training.

Since the 1970s, Beirut and the Lebanon have been caught in the crossfire of the Middle East war. NLP Master Practitioner Damian Peters, a member of the New Zealand Lebanese community, was trained by my organization in 1998. In 1999 he ran a one-day training for over 100 health professionals in Beirut, using the same handouts presented here.

These tools are used in many other places. In Australia, Christine and John Sutherland run a series of Trauma Clinics where they use Gary Craig’s EFT (Emotional Freedom Techniques), Dr Larry Nim’s BSFF (Behavioural & Emotional Symptom Elimination Training) and the NLP Trauma Process. In April 2000 they began using the script from our Sarajevo training as the basis of their NLP work in those clinics.

### **Other Research – United States**

Research is being started in the US following clinical use after 9-11, where NLP protocols relieved PTSD symptoms over 80% of the time in two to four hours. Cognitive-Behaviour Therapy, the best of the researched methods, is effective 32% of the time and takes four to nine months (Frank Bourke, Ph.D. & Richard F. Liotta, Ph.D. [http://nlprandr.org/?page\\_id=508](http://nlprandr.org/?page_id=508)).

Finally, a study from the University of Alberta showed the reduction of anxiety in teenage rape victims, and recommends the use of the process in cases of trauma (Koziey, P., and McLeod, G., in *Professional Psychology; Research and Practice*, 18(3); 276-282,1987).

### **Level of Success of the NLP Trauma Process in Samoa**

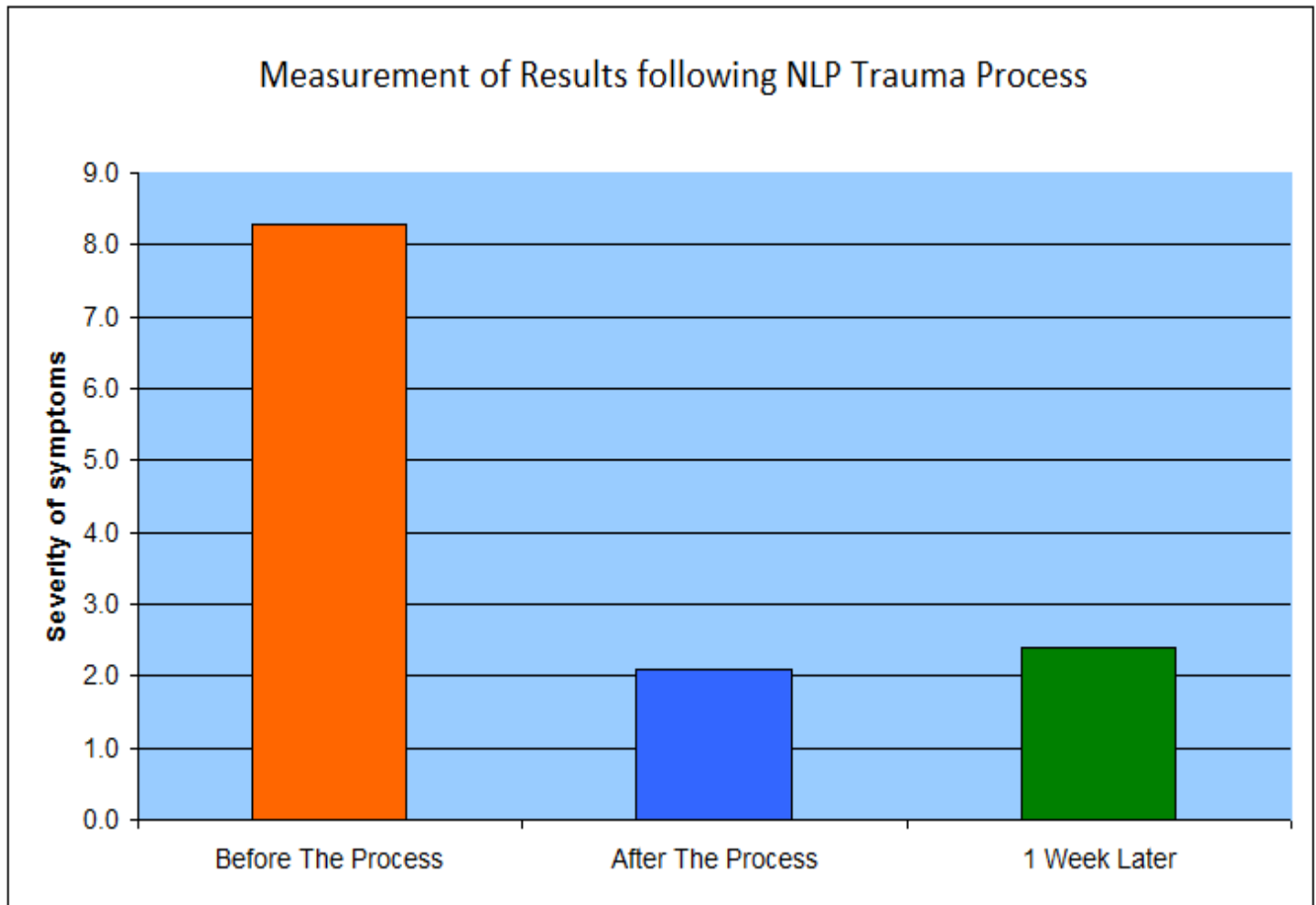
Whilst there wasn’t an opportunity to conduct extensive research on the 2010 trip to Samoa, the NZ Trauma Recovery Team did track the before and after symptoms of those they worked with. The following is the measurement scale the team used to assess the affect of their trauma, and then how the NLP Trauma Process helped. Each individual was asked which of the following symptoms they had from the list below (based on the DSM-IV criteria):

1. Repeated, distressing memories or dreams of the event
2. Acting or feeling as if the event were still happening
3. Intense distress when exposed to images or sounds resembling the event
4. Efforts to avoid anything that could remind the person of the event
5. Inability to experience a normal range of emotions and interest in life
6. Not planning as if life had a future
7. Difficulty concentrating or relaxing (especially sleeping)
8. Sudden anger and startle responses

Each person was asked to rate their issues / problems on a scale of 1 to 10, where 1 is neutral or calm and 10 is the worst they can think of.

They were asked to do this before they did the process, then directly after they had completed the process, and then again a week later.

The team was able to track success with eleven participants right through to a week's post-test and the results were exciting and satisfying.



### How does the NLP Trauma treatment work?

#### The Problem: PTSD

“Shell shock” was first defined in 1915 as the most common neurosis resulting from exposure to the war in Europe. Thought initially to be a physical result of concussion from shell explosions, its symptoms included tremors, depression, crying, and manic episodes where the soldier appeared to relive the explosions, calling out as if in the battle (Young, 1995, p 50-51).

The problem was renamed Post Traumatic Stress Disorder in 1980 by the American Psychiatric Association in its Diagnostic and Statistical Manual. The DSM-IV™ (American Psychiatric Association, 1994A, p 209-211) defines PTSD as resulting from the person's fear, helplessness or horror at being confronted by a situation where someone (themselves or others) were at risk of or experienced serious injury. This event is then persistently re-experienced in dreams, in physiological and psychological reactions to cues reminding the person of the event, or in full flashback experiences. As a result, the person avoids any cues of the event, shutting down their emotions and thoughts if

needed to achieve this avoidance. This in turn results in a state of continued over-arousal, possibly expressed in difficulty relaxing or concentrating, or in sudden startle responses and angry outbursts.

Behavioral treatments for PTSD were first developed largely in response to the demand from Vietnam veteran organizations. They tended to provide a combination of two approaches (Keane, 1998, p398-407). Firstly, there were Systematic Exposure therapies, in which the person was exposed in a controlled way to thoughts or actual experiences which had previously evoked intrusive memories and panic. These therapies often involved 3-6 months of treatment, and were shown to be remarkably successful, producing a complete resolution of PTSD in 90% of cases. The spontaneous cure rate over this time period is about 30%, so this is impressive, if rather long winded. The second approach was Anxiety Management Training. Used alone, the effects of anxiety management tended to be less permanent, but relaxation training, breathing training, guided self dialogue and communication skills training have all been shown to be effective modifiers of anxiety. Combinations of the two approaches have been most preferred.

### **The NLP Trauma Process**

The development of the Visual-Kinesthetic Dissociation technique by Dr Richard Bandler and Dr John Grinder (developers of NLP) promised an entirely new way of intervening with phobias and PTSD. The technique was written up by Bandler and Grinder (1979, p 110-125) in a demonstration of its use with a woman with a phobia of driving across bridges. At the end of the process, Bandler asks her to imagine driving across a bridge, and she says, with some puzzlement "I drove across the bridge....But always before when I drove across a bridge, I immediately began to program myself "What am I going to do when the car goes off the side.""

Dr Richard Bandler explains the origin of the NLP treatment for phobias and traumas, in his book *Time for a Change*. "I went out and found two people who had a phobia and who got over it. Then I found out what they did." (Bandler, 1993, p7). The solution he found was that people who had phobias remembered the traumatic events (or imagined traumatic event) as if they saw it through their own eyes ("associated" in NLP terms) while the two people who had recovered remembered the events as they would look seen from a distance ("dissociated" in NLP terms).