

Treating veterans:
A unique perspective

By Jerry Knight

From military service to hypnotherapy

I always knew I wanted to join the Navy. At 14, I attended a naval boarding school and by 16 I was set on my course. Straight out of school, I joined the Royal Navy. My early years were filled with adventure and travel – until 1982, when I found myself in the Falklands, my first conflict zone. It was only the beginning. Over the years, I served in Sierra Leone, Kosovo, Macedonia, Iraq and even worked as a peacekeeper in Southern Lebanon and Israel.

During these years, I was exposed to the full spectrum of military life, from long deployments at sea to high-intensity conflict zones. This gave me a unique perspective on the stresses and traumas faced by service personnel. These experiences also taught me that trauma does not always arrive in a single dramatic incident, but can build up through repeated exposure to stressful environments.

My introduction to hypnosis came during this time. In order to progress to officer training, I had to pass mathematics; a subject I dreaded. Hypnosis helped me overcome that fear. Not only did I pass, but I was promoted and achieved things I would never have thought possible. That experience planted a seed: one day, I wanted to help others through hypnotherapy.

In 2015, I finally established my practice in Newcastle, NSW, intending to focus on veterans and PTSD. Unexpectedly, my work expanded into treating Functional Neurological Disorder (FND), sometimes called Non-Epileptic Attack Disorder (NEAD) in Australia and the UK, or Psychogenic Non-Epileptic Seizures (PNES) in the United States. This condition, often linked to trauma and stress, produces seizure-like events without the electrical activity seen in epilepsy.

FND is a condition I have worked extensively with and written about, eventually being recognised on the US PNES list of specialists. I now work online and with clients across Australia and internationally, helping people navigate the complexities of trauma-related disorders.

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PTSD, FND, and the veteran experience

PTSD is a condition more widely recognised – a mental health disorder triggered by highly stressful or traumatic experiences. From my perspective, PTSD aligns with the body's fight-or-flight

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response, whereas FND often reflects the freeze response. Veterans, unfortunately, may experience both.

Not all who serve develop PTSD. Childhood trauma – physical, emotional, or sexual abuse – significantly increases vulnerability. Among currently serving personnel, PTSD affects around 8%, rising to nearly 18% among ex-service members. This tells us that the problem often becomes more visible after leaving the structured, regimented environment of the military, when individuals must adjust to civilian life.

The challenges veterans face are sobering and well documented:

- Veterans make up around 8% of the US prison population.
- 20% of those with PTSD also struggle with drug or alcohol dependence.
- Approximately 12% of the homeless population are veterans.
- Veterans are 62% more likely to experience divorce or separation, with divorce rates increasing 42% during the wars in Iraq and Afghanistan.
- In 2022, 6,407 US veterans died by suicide – an alarming rise from 5,787 in 2005.
- Suicide rates are disproportionately higher among women veterans and those in the LGBTQ+ community.

Behind these statistics are real human beings who carry their experiences long after the uniform is removed. The weight of what they've seen, done or been forced to witness can make reintegration extraordinarily difficult.

The complex nature of modern conflict

Unlike earlier wars, today's conflicts are complex, often involving asymmetric threats and blurred boundaries between combat, policing and peacekeeping roles. Veterans encounter situations civilians might struggle to imagine. A few examples include:

- Insurgents mingling in civilian clothes, directing missile attacks from playgrounds or crowded markets, knowing that coalition forces were unable to respond without risking civilian lives.
- Roadside bombs buried under roads, hidden in debris, or even concealed inside dead animals.
- Suicide bombers ranging from men and women to children and people with learning difficulties, often fitted with a second remote detonator in case they failed to activate the device.
- Insider attacks, where local soldiers being trained by the coalition turned their weapons on those training them. Such incidents accounted for 15% of coalition deaths in some areas.
- Missions involving the discovery of mass graves and the arrest of perpetrators, often resulting in violent reprisals against both civilians and military personnel.

Service in these environments meant that no two days were alike. In one moment, troops could be engaged in combat; in the next, they might be building infrastructure, training local police or mediating between rival factions. The psychological toll of switching constantly between these roles cannot be underestimated.

On returning home, adjustment can be equally difficult. Research suggests that up to 50% of veterans struggle to acclimatise, many remaining hypervigilant for months or years. Even gold-standard therapies such as trauma-focused CBT and EMDR have shown lower success rates in military populations compared to civilians.

Professor Neil Greenberg, lead for military and veterans' mental health at the UK Royal College of Psychiatrists, has stated: "Unfortunately, conventional treatments for PTSD such as trauma-focused CBT and EMDR appear to work less well for military personnel."

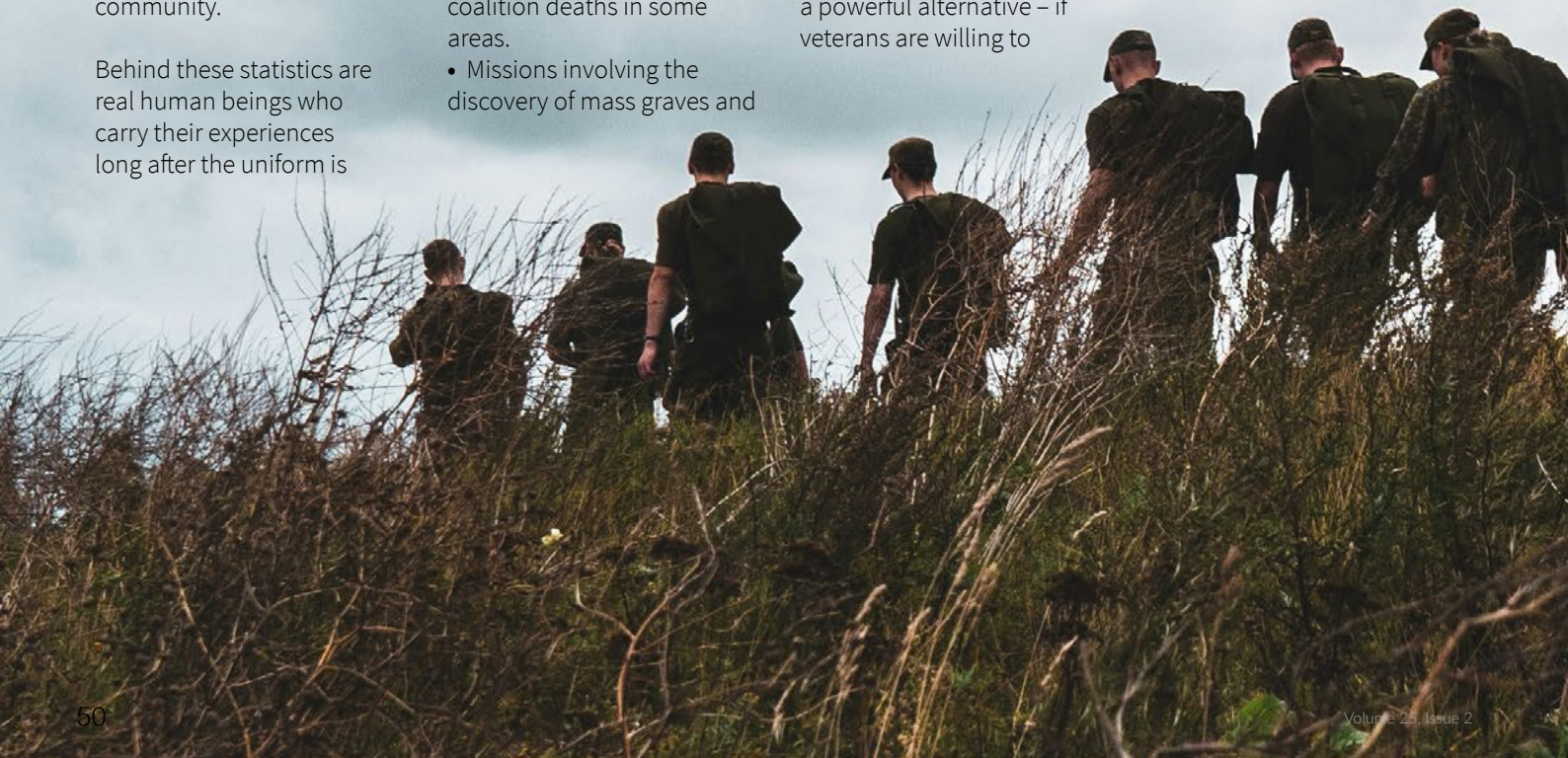
How hypnotherapy can help

Hypnotherapy can offer a powerful alternative – if veterans are willing to seek help. My approach often begins with reducing stress and demonstrating that relaxation is possible, which creates an early win and builds trust for future sessions.

Some of the techniques I use include:

- **Inner child work** – to process unresolved childhood trauma that increases vulnerability to PTSD.
- **Amnesia techniques** – broad, permissive suggestions to release unnecessary memories or feelings.
- **The Rewind technique** – particularly effective in PTSD and FND, allowing traumatic memories to be safely reprocessed.
- **Selective regression and age progression** – revisiting positive past states and projecting them into the future.

These techniques are about processing the past in ways that allow the client to move forward with greater resilience. In my experience, once veterans learn they can manage their responses and begin to relax, they often find the confidence to continue with deeper therapeutic work.



A final thought

Working with veterans is uniquely rewarding. By the time they reach me, many have tried numerous therapies without success. One important lesson for any therapist is this: what may appear traumatic to you may be entirely normal to a veteran. A missile strike, a roadside bomb or the constant threat of attack may be viewed by them as part of their everyday reality. Understanding that difference is key to offering effective, compassionate treatment.

If we can provide tools that help them process the past, regain a sense of control and peace, the impact can be life-changing.

References:

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*For the past 10 years **Jerry Knight** has been practicing hypnotherapy from Newcastle, New South Wales, working with clients both across Australia and internationally through online sessions. While covering a broad range of issues, his main focus is on PTSD and Functional Neurological Disorder.*

Jerry's connection to this work is personal. Before becoming a hypnotherapist, he served for many years in the Royal Navy, including deployments in active conflict zones around the world. That experience gave him a deep understanding of the unique challenges veterans face – the shifting sense of what's "normal" in conflict, the often difficult transition back to civilian life and the limitations of traditional treatments.



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