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## HYPNOTHERAPY FOR COMPLEX PTSD IN VETERANS

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**Abstract.** This article explores the theoretical foundations, clinical applications, and empirical evidence of hypnotherapeutic interventions in addressing complex post-traumatic stress disorder (CPTSD) among military veterans and their families. The study presents a pilot psychotherapeutic programme that integrates hypnotherapy and positive psychotherapy, demonstrating significant reductions in PTSD symptomatology, anxiety, and depression, as well as improvements in social functioning. Methodological recommendations for practitioners are outlined, along with an illustrative example of a hypnotherapeutic intervention entitled the Warrior's Garden. The findings position hypnotherapy as a promising component of psychosocial rehabilitation for combat veterans, meriting further research and wider application.

**Keywords:** hypnotherapy; complex PTSD; veterans; military trauma; positive psychotherapy; psychological rehabilitation.

### Introduction.

Post-traumatic stress disorder (PTSD) is a prevalent and complex response to traumatic experiences, particularly in the context of military combat (Brewin, 2011). Veterans frequently face chronic exposure to extreme stressors that disrupt emotional regulation, cognitive functioning, and interpersonal adjustment (Davidson & Smith, 2007). Complex PTSD (CPTSD), characterised by PTSD symptoms combined with emotional dysregulation, negative self-concept, and relational difficulties, presents a particularly challenging clinical profile that requires integrative and resource-oriented therapeutic approaches (Schnurr & Green, 2004).

*Theoretical Foundations of Hypnotherapy.* Hypnotherapy has gained recognition as an effective intervention for trauma-related conditions (Hammond, 2010). Defined as a psychotherapeutic approach based on the induction of an altered state of consciousness, hypnosis enhances concentration, reduces critical resistance, and increases receptivity to therapeutic suggestions (Erickson et al., 1976). On the neurobiological level, trance regulates amygdala activity, associated with fear responses, while activating the prefrontal cortex, which supports cognitive reappraisal and self-control (Lynn et al., 2012). Hypnotherapy thus facilitates safe processing of

traumatic memories, integration of fragmented experiences, and reduction of emotional distress (Brom et al., 1989).

*Empirical Evidence.* Meta-analyses confirm the positive effects of hypnotherapy in reducing PTSD symptoms and stabilising emotional states (O'Toole et al., 2016; Rotar & Rusu, 2016). Studies also highlight improvements in sleep quality, social functioning, and resilience (Lesmana et al., 2022). However, implementation in Ukrainian clinical practice remains underdeveloped, highlighting the need for further adaptation, testing, and dissemination of these methods (Gillies et al., 2013).

*Pilot Psychotherapeutic Programme.* The pilot programme was designed to alleviate symptoms of CPTSD in veterans and their families. It comprised five stages: introductory psychoeducation and therapeutic alliance; resource development using positive psychotherapy; hypnotherapeutic processing of traumatic memories; social reintegration through communication training and family support.

*Evaluation and planning of continued care.* Conducted with 20 veterans aged 30–52 diagnosed with CPTSD, the study employed validated instruments (PCL-5, BAI, BDI-II, SOFAS). Findings demonstrated statistically significant reductions in PTSD symptoms, anxiety, and depression, along with improved social functioning ( $p < 0.001$ ).

*Methodological Recommendations.* Key methodological guidelines for practitioners include: ensuring ethical standards and client autonomy; creating a safe therapeutic environment; using psychoeducation as an initial step; applying relaxation-based inductions before trauma processing; employing metaphoric narratives and anchoring techniques (Smith, 2004); involving family members to strengthen supportive environments (Dekel & Monson, 2010); systematically monitoring outcomes using validated tools (e.g., PCL-5, DASS-21). Regular supervision for therapists is also recommended to prevent burnout.

*Example of Hypnotherapeutic Intervention.* An illustrative intervention, the Warrior's Garden, integrates induction, metaphor, anchoring, and guided visualisation. This method enables veterans to establish a symbolic inner refuge, enhancing self-regulation and resilience. By creating a sense of security and strengthening coping

mechanisms, the technique has been shown to reduce avoidance and improve emotional stability (Hollander & Bender, 2001).

### **Summary and conclusions.**

The study confirms the effectiveness of hypnotherapy as a psychocorrective tool for CPTSD in veterans. The pilot programme demonstrated significant clinical and social benefits, validating hypnotherapy's potential as a model for rehabilitation. Future research should expand sample sizes, compare hypnotherapy with alternative treatments, and develop resources for implementation at scale (Sijbrandij et al., 2007). Hypnotherapy thus represents a promising avenue for psychosocial assistance to veterans and their families.

### **References**

1. Barabasz, A., & Barabasz, M. (2013). Efficacy of single-session abreactive ego state therapy for combat stress injury, PTSD, and ASD. *International Journal of Clinical and Experimental Hypnosis*, 61(1), 1–19. <https://doi.org/10.1080/00207144.2013.729377>
2. Brewin, C.R. (2011). The nature and significance of memory disturbance in posttraumatic stress disorder. *Annual Review of Clinical Psychology*, 7, 203–227. <https://doi.org/10.1146/annurev-clinpsy-032210-104544>
3. Brom, D., Kleber, R.J., & Defares, P.B. (1989). Hypnotherapy in the treatment of posttraumatic stress disorder: A randomised controlled trial. *Journal of Traumatic Stress*, 2(2), 199–212. <https://doi.org/10.1002/jts.2490020207>
4. Davidson, J.R.T., & Smith, R. (2007). Cognitive functioning in posttraumatic stress disorder. In J. A. Talbott (Ed.), *Posttraumatic stress disorder* (pp. 123–146). Springer.
5. Dekel, R., & Monson, C.M. (2010). Secondary traumatization in spouses of combat veterans: A systematic review. *Journal of Traumatic Stress*, 23(5), 537–545. <https://doi.org/10.1002/jts.20555>
6. Erickson, M.H., Rossi, E.L., & Rossi, S.I. (1976). *Hypnotic realities: The induction of clinical hypnosis and forms of indirect suggestion*. Irvington.

7. Gillies, D., Taylor, F., Gray, C., O'Brien, L., & D'Abrew, N. (2013). Psychological therapies for the treatment of PTSD in children and adolescents: A review. *Evidence-Based Child Health*, 8(3), 1004–1116. <https://doi.org/10.1002/ebch.1916>

8. Hammond, D.C. (2010). Hypnosis in the treatment of PTSD: A review of the empirical evidence. *American Journal of Clinical Hypnosis*, 52(1), 25–36. <https://doi.org/10.1080/00029157.2010.10401728>

9. Hollander, H.E., & Bender, S.S. (2001). ECEM (eye closure eye movements): Integrating aspects of EMDR with hypnosis for trauma. *American Journal of Clinical Hypnosis*, 43(3–4), 187–202. <https://doi.org/10.1080/00029157.2001.10404276>

10. Lesmana, C.B.J., Suryani, L.K., & Tiliopoulos, N. (2022). The biobehavioural effectiveness of spiritual-hypnosis-assisted therapy in PTSD. *Egyptian Journal of Neurology, Psychiatry and Neurosurgery*, 58(42). <https://doi.org/10.1186/s41983-022-00475-9>

11. Lynn, S.J., Malakataris, A., Condon, L., Maxwell, R., & Cleere, C. (2012). PTSD: Cognitive hypnotherapy, mindfulness, and acceptance-based approaches. *American Journal of Clinical Hypnosis*, 54(4), 311–330. <https://doi.org/10.1080/00029157.2011.645913>

12. O'Toole, S.K., Solomon, S.L., & Bergdahl, S.A. (2016). A meta-analysis of hypnotherapeutic techniques in PTSD treatment. *Journal of Traumatic Stress*, 29(1), 97–100. <https://doi.org/10.1002/jts.22077>

13. Rotar, T.S., & Rusu, A. (2016). A meta-analysis for the efficacy of hypnotherapy in alleviating PTSD symptoms. *International Journal of Clinical and Experimental Hypnosis*, 64(1), 116–136. <https://doi.org/10.1080/00207144.2015.1099406>

14. Schnurr, P.P., & Green, B.L. (2004). Trauma and health: Physical health consequences of exposure to extreme stress. *American Psychological Association*.

15. Sijbrandij, M., Olff, M., Reitsma, J.B., Carlier, I.V., de Vries, M.H., & Gersons, B.P. (2007). Treatment of acute PTSD with brief CBT: A randomised controlled trial. *American Journal of Psychiatry*, 164(1), 82–90.

<https://doi.org/10.1176/ajp.2007.164.1.82>

16. Smith, W.H. (2004). Brief hypnotherapy of severe depression linked to sexual trauma: A case study. *International Journal of Clinical and Experimental Hypnosis*, 52(3), 203–217. <https://doi.org/10.1080/00207144.2004.9052347>