



HEALING FROM PTS AND MOVING FORWARD WITH LIFE

The following article is written based on the author's own experiences, knowledge and opinions. This article does not attempt to identify a generic cure for PTS; it simply reinforces that a sufferer of PTS symptoms always has the right to choose their health and life outcomes.

In early 2004 I was travelling in a car for several hours with one of the Australian Defence Organization's Consultant Occupational Physicians, Dr Ian Gardner. Whilst our trip was related to the Defence Ionizing Radiation Safety Committee, and my primary focus at that time was leading the whole-of-Defence radiation safety strategy and policy area, I spoke with Ian about one of the military's greatest challenges – helping its people to heal from PTS and lead as normal a life as possible under all prevailing circumstances.

***My direct experience with PTS** - My first serious 'boyfriend' in life was an Australian, Vietnam War veteran and I have also worked alongside and personally known, in depth, at least a dozen former military members over the past 40 years whom I knew were on health benefits and/or medical surveillance for chronic PTS suffered as a result of deployments in WWII, Vietnam and Korean Wars, and the first Gulf War. I therefore understand, to a degree, what impact PTS was having on them, their families and others close.*

I mentioned to Ian the PTS recovery work being done, over the decades, by such organizations as the Vietnam Veterans' Association of Australia and he spoke of the work underway in 2004 by the medical fraternity to identify strategies for managing PTS symptoms and how these strategies were being taught to suffering veterans e.g. such simple activities as hand knitting having remarkably, positive benefits.

It was after this lengthy conversation and at the point when Ian mentioned knitting and its benefits, that I had one of my greatest life 'ah ha' moments. From age 10 through to my mid 40's I had found knitting my serenity activity, my way of being able to switch off my thinking of 'other things' and switch on my body's natural endorphins – getting lost in the tranquility and creativity that knitting brought me. And it was on reflection of that discussion with Ian that I realized (i) I had been experiencing, unbeknown to me for decades, many of the profoundly debilitating, post-traumatic stress signs and symptoms, since my childhood and (ii) the 2002 journeys under hypnosis had really facilitated my self-curing of all the pain and PTS symptoms I had endured for so long.

*As I articulate in **No Boxing Allowed**, 2002 was the year I really was reborn – spiritually, emotionally and energetically. My “emotional exfoliation” was profoundly life changing and yet it took me a further 7 years to fully complete the journey of rediscovering myself; re-establishing the ‘heavenly’ virtues I was taught as a child, without religious undertones, by my maternal grandmother – making these my foundation blocks for life; forgiving myself and others for mistakes and errors made; and finding the inner strength and courage to share, publicly with others, what I have learned so that they could be helped.*

***Healing from Post-Traumatic Stress Symptoms: Taking Control of Your Life Outcomes** – While it is my personal view that military organizations should take responsibility to rehabilitate, and return to work, their military staff who exhibit PTS symptoms as a result of their military service, the same as it is any employer’s moral obligation to rehabilitate someone who has a worked-related injury, I do know the reality of PTS and its unknown factors that prevent or delay proactive return-to-work strategies being employed.*

In reality, no rehabilitation program will be sustainable and successful unless the person needing rehabilitation and healing is willing and committed to participate, and proactively controls and decides their rehabilitation outcomes. All the doctors, case managers, occupational therapists and lawyers in the world cannot rehabilitate someone in isolation and without full participation.

PTS is, without doubt, one of the really hard cases for rehabilitation – it is an emotion-stirring topic, similar in a way to the emotions related to a terminal condition, that creates a temporary vacuum for the sufferer when they realize just how hard life is going to be going forward, if they don’t get help to heal; how little people understand the varying degrees of PTS; how each person’s symptomatology is as unique as the person themselves i.e. no two minds and hearts are alike; and how vital it is that sufferers are not judged, labeled, ridiculed or ostracized by anyone.

*As I explain in **No Boxing Allowed**, the rate at which a person heals depends on a number of factors – their general health, nutritional levels, mindset, ability to let go of pain and emotional baggage that has developed over time, commitment to being happy and well, and so on. (I’m not saying here that PTS sufferers are not committed to being happy and well; not at all.) From my own experience getting to know medically-diagnosed sufferers, they all wished that they could be cured yet they also knew that society had pushed them far back in the health system as there are still perceptions out there that label PTS as something only weak-minded people suffer from. That’s the **first real hurdle** (or box) that sufferers and their families need to overcome, let go of, and walk forward from.*

*The **second big hurdle** is that PTS is seen by many as far too sensitive a condition to ‘mess with’ – too many unknowns, too much potential to exacerbate symptoms or traumatize the sufferer again, not enough known. Does this ring a bell with you?*

My suggested solution here is that the medical fraternity support PTS sufferers in a different kind of way - by looking well outside the box at:

- *clinical hypnotherapy, facilitated by experienced and accredited practitioners, as a viable and potential method for self-healing, noting that not everyone is susceptible to hypnosis or may not be able to effectively manage the memory recall that occurs under hypnosis, or even*

effectively manage their ongoing relationships with loved ones and significant others after hypnosis;

- *solid and documentable, time-based healing programs that facilitate memory recall, analysis, and diffusion (or lightening) in private and/or group settings, at a pace and to a level that the sufferer can tolerate (but never pushing PTS sufferers beyond their emotional and physical pain tolerance levels); and*
- *any sustainable rehabilitation method that the **sufferer** believes may help them achieve a permanent recovery i.e. most people know what works best for them. It is important to empower PTS sufferers, not disempower them with pre-set programs that cannot be tailored to the individual.*

*The **third and most critical hurdle** to overcome, in my opinion, is the sufferer's ability to accurately identify the root cause(s) of their PTS symptoms (which requires self-reflection, going over old memories, and acceptance that they did suffer trauma(s)), and willingness to acknowledge that a degree of control was taken from them at the time of the traumatic incident(s). When they see that their recovery and healing is within their own control to facilitate, then their journey through that healing process will have already begun.*

Healing from PTS takes time, time is not endless but, likewise, time is priceless. Why not give the PTS sufferer the time they need to heal, fully supported by their families and the medical fraternity as necessary? There is nothing to be lost, and everything positive to be gained for generations to come. Humans have an innate ability to self-heal. We are not built to self-destruct.

My last suggestion to the sufferer? Always trust your body's and mind's ability to restore balance, heal and grow stronger; and stay committed to healing, above all else.

The Author – Nola Hennessy:

Nola is Founding CEO and Managing Director of this global consultancy and a multi award-winning author of non-fiction works that inspire and teach others to be the best they can be. Nola is also a qualified Clinical Hypnotherapist and former clinic-based, nationally accredited Natural Therapist; an advanced level, certified rehabilitation and case management practitioner with 99.9% success rate in returning rehabilitees to work; former senior leader in the Australian government health sector; and award-winning work health and safety expert practitioner. Nola has planned her 5th book to be specifically about post-traumatic stress.

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