What is clinical hypnotherapy? This is a great question and one which is not easy to answer as the 'experts' can't agree. The Greek word hypnos means 'sleep' (Janke & Hood 2010), but hypnosis is anything but sleep. Although definitions have been proposed (Araoz 2005, Elias 2009, Green et al. 2005, Heap 2005, Spiegel & Greenleaf 2005), a universally accepted definition of hypnotherapy is yet to be determined (Parliament of South Australia 2009b). Despite this, hypnotherapy is used as an adjunct by various health professionals (Eikins & Hammond 1998) to enhance their existing skills. It is acknowledged that clinical hypnotherapy has a distinct set of clinical skills (Parliament of South Australia 2009a), which may incorporate counselling and psychotherapy. Skills used in clinical hypnotherapy often mirror those used in counselling and psychotherapy. As the modality of clinical hypnotherapy develops, there is much debate about the required skills and even the professional title: is it hypnosis or hypnotherapy? For the purpose of this article, I will use the term 'hypnotherapy'.

The overlap between hypnotherapy and counselling and psychotherapy can be extensive. Progressive relaxation, as used in counselling and psychotherapy, has been identified as comparable to hypnosis (Hammond 2010, Jensen & Patterson 2006, Liossi et al. 2009, Stoelb et al. 2009), yet it is deemed to be non-hypnotic. Hypnotherapy has the ability to mobilise the subconscious mind in a way that other therapies do not. Using the client's innate abilities, hypnotherapy can assist in the healing of physical and mental health issues. Client's with physical conditions such as Irritable Bowel Syndrome (Gonsalkorale 2006, Whorwell 2008) and pain (Jensen 2009, Patterson & Jensen 2003) have reported relief and a better quality of life after using hypnotherapy. Mental health issues such as depression (Alladin 2010) and anxiety (Evans & Coman 2003, Hammond 2010) have also shown good results with hypnotherapy treatment. All this is brought about in a hypnotherapy consultation similar to a model already used by counsellors and psychotherapists.

The structure of the consultation incorporates four phases: the greeting phase, counselling phase, hypnotherapy phase, and the wrap-up. The hypnotist or clinical hypnotherapist facilitates by assisting clients to achieve their goals using the hypnotic state. Areas of difference between hypnotherapy and counselling and psychotherapy occur in the counselling and hypnotherapy phases of hypnotherapy. Whilst the techniques used in the counselling phase overlap significantly with standard counselling techniques, the intended outcomes are appreciably different. The counselling phase outcomes provide the information that forms the basis for the techniques, which will later be used in the hypnotherapy phase. This latter phase is radically different and uses non-standard counselling and psychotherapeutic techniques. Susceptibility techniques can be used to determine the responsiveness of the client prior to the commencement of the hypnotherapy phase, which is then initiated using the induction technique, enabling the client to enter the hypnotic state, followed by the use of deepening techniques to enhance the hypnotic state. Various techniques such as progression, regression, automatic writing, ideomotor questioning, dream therapy, hypnotic empty chair and other appropriate techniques can be employed, all of which are followed by suggestion. Suggestions are crucial to the outcome of the consultation and are invitations to the hypnotised client's subconscious mind to make or reinforce the required changes. The manner in which the suggestions are given to the client depends on the style of hypnotherapy used. The variety of styles includes: Client-Centred (Cowen 2008), Ericksonian (Holdevič & Gräcčun 2012), Permissive (Tomic 2011), and Authoritarian (Heap et al. 2002). If, for example, you chose Client-Centred, the suggestions would be constructed from the client's own words gleaned from the counselling phase prior to the commencement of hypnosis. Once the suggestions are given, the client is awakened and the wrap-up then concludes the consultation.

The concept that hypnotherapy provides the same outcomes as other mental health interventions is only part of the scenario; hypnotherapy's capacity to affect physiology is the other (Landolt & Milling 2011, Patterson & Jensen 2003). The concept of psychosomatic illness is well researched and documented. Psychoneuroimmunology also postulates that the central nervous system communicates with the immune system (Torem 2007). Research has shown that hypnotherapy could have clinical efficacy in the treatment of anticipatory and chemotherapy-induced nausea and vomiting (Richardson et al. 2007). The understanding that the mind influences the body is growing, and this is the second realm of hypnotherapy. Could it be that the mechanisms causing psychosomatic illnesses are the very same mechanisms hypnotherapy uses to rectify physiological conditions (Flammer & Alladin 2007)? As yet, there is no concrete understanding of these mechanisms, but hypnotherapy research is continuing and may soon provide some answers.

The potency hypnotherapy adds to the existing skills of health practitioners, even at a basic level, is being understood and embraced. Clinical hypnotherapy has been shown to be effective in a variety of clinical cases (Coelho et al. 2007, Dale et al. 2009, Farrell-Carnahan et al. 2010, Kraft & Kraft 2007, 2009, Landolt & Milling 2011, Lindfors et al. 2012, Pfitzer 2008, Sapp et al. 2007, Shih et al. 2009) ranging from mental health issues to physiological conditions. With growing support for hypnotherapy—evidenced by the public increasingly seeking hypnotherapy and by health practitioners expanding their practices and skill sets to incorporate hypnotherapy—more research will be undertaken, providing the empirical evidence supporting the psychological and physiological outcomes our clients are receiving.
Heap, M, Arvind, KK and Hartland, J 2002, Hartland's Medical and Dental Hypnosis (6th edn), London: Elsevier Health Sciences
Jensen, M and Patterson, DR 2006, 'Hypnosis: Treatment of Chronic Pain', Journal of Behavioral Medicine, 29(1)
Patterson, DR and Jensen, MP 2009, 'Hypnosis and Clinical Pain', Psychological Bulletin, 135(3): 495-521
Pfeifer, B 2008, 'A Step Toward a Broader Understanding of Complex Traumatization in Victims of Crime: Psychological and Physical Health Impacts and Implications for Psychological Interventions and Treatment Evaluation, PhD, Adelaide: University of Adelaide.

Leon Cowen
Clinical Hypnotherapist
Executive Director
Academy of Applied Hypnosis