



# Clinical Hypnotherapy

Leon Cowen

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 (Elkins & 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, Lioffi 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 hypnotic 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 (Holdevici & Crăciun 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. ♦

## References

- Alladin, A 2010, 'Evidence-Based Hypnotherapy for Depression', *International Journal of Clinical & Experimental Hypnosis*, 58(2): 165-185
- Araoz, D 2005, 'Defining Hypnosis', *American Society of Clinical Hypnosis*, 48(2/3):1-6
- Coelho, HF, Canter, PH and Ernst, E 2007, 'The Effectiveness of Hypnosis for the Treatment of Anxiety: A Systematic Review', *Primary Care & Community Psychiatry*, 12(2):49-63
- Cowen, LW 2008, 'Client-Centred Hypnotherapy - Old Concept - New Application', *Australian Journal of Clinical Hypnotherapy and Hypnosis*, 29(2): 27-34
- Dale, HL, Adair, PM and Humphris, GM 2009, 'Systematic Review of Post-Treatment Psychosocial and Behaviour Change Interventions for Men with Cancer', *Psycho-Oncology*, 19 (3): 227-237

(continued on Page 34)

(continued from Page 5)

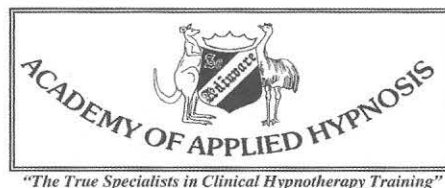
- Elias, J 2009, 'What Is Hypnosis?', *Journal of Experiential Trance*, 1(1): 66-73
- Elkins, GR and Hammond, DC 1998, 'Standards of Training in Clinical Hypnosis: Preparing Professionals for the 21st Century', *American Journal of Clinical Hypnosis*, 41(1): 55-64
- Evans, B and Coman, G 2003, 'Hypnosis with Treatment for the Anxiety Disorders', *Australian Journal of Clinical and Experimental Hypnosis*, 31(1): 1-31
- Farrell-Carnahan, L, Ritterband, LM, Bailey, ET, Thorndike, FP, Lord, HR and Baum, LD 2010, 'Feasibility and Preliminary Efficacy of a Self-Hypnosis Intervention Available on the Web for Cancer Survivors with Insomnia', *E-Journal of Applied Psychology*, 6(2): 10-23
- Flammer, E and Alladin, A 2007, 'The Efficacy of Hypnotherapy in the Treatment of Psychosomatic Disorders: Meta-analytical Evidence', *International Journal of Clinical and Experimental Hypnosis*, 55(3): 251-274
- Gonsalkorale, WM 2006, 'Gut-Directed Hypnotherapy: The Manchester Approach for Treatment of Irritable Bowel Syndrome', *International Journal of Clinical and Experimental Hypnosis*, 54(1): 27-50
- Green, JP, Barabasz, AF, Barrett, D and Montgomery, GH 2005, 'Forging Ahead: The 2003 APA Division 30 Definition of Hypnosis', *International Journal of Clinical and Experimental Hypnosis*, 53(3): 259-264
- Hammond, DC 2010, 'Hypnosis in the Treatment of Anxiety- and Stress-Related Disorders', *Expert Review of Neurotherapeutics*, 10(2): 263-273
- Heap, M 2005, 'Defining Hypnosis: The UK Experience', *American Society of Clinical Hypnosis*, 48(2/3): 1-7
- Heap, M, Aravind, KK and Hartland, J 2002, *Hartland's Medical and Dental Hypnosis* (4th edn), London: Elsevier Health Sciences
- Holdevici, I and Crăciun, B 2012, 'The Use of Ericksonian Hypnosis in Somatic Disorders', *Procedia - Social and Behavioral Sciences*, 33(0): 75-79
- Janke, FH and Hood, SM 2010 'Hypnotherapy: An Effective Tool for the Modern Medicine Cabinet', *Family Health*, 26(3): 4
- Jensen, M and Patterson, DR 2006, 'Hypnotic Treatment of Chronic Pain', *Journal of Behavioral Medicine*, 29(1)
- Jensen, MP 2009, 'Hypnosis for Chronic Pain Management: A New Hope', *Pain*, 146(3): 235-237
- Kraft, T and Kraft, D 2007, 'The Place of Hypnosis in Psychiatry, Part 2: Its Application to the Treatment of Sexual Disorders', *Australian Journal of Clinical and Experimental Hypnosis*, 35(1): 1-18
- Kraft, T and Kraft, D 2009, 'The Place of Hypnosis in Psychiatry, Part 3: The Application to the Treatment of Eating Disorders', *Australian Journal of Clinical and Experimental Hypnosis*, 37(1): 1-20
- Landolt, AS and Milling, LS 2011, 'The Efficacy of Hypnosis As an Intervention for Labor and Delivery Pain: A Comprehensive Methodological Review', *Clinical Psychology Review*, 31(6): 1022-1031
- Lindfors, P, Unge, P, Nyhlin, H, Ljótsson, B, Björnsson, ES, Abrahamsson, H and Simrén, M 2012, 'Long-Term Effects of Hypnotherapy in Patients with Refractory Irritable Bowel Syndrome', *Scandinavian Journal of Gastroenterology*, 47(4): 414-421
- Lioosi, C, Santarcangelo, E and Jensen, MP 2009, 'Bursting the Hypnotic Bubble: Does Hypnotic Analgesia Work and If Yes How?', *Contemporary Hypnosis*, 26(1): 1-3
- Parliament of South Australia 2009a, *A Review of the Department of Health's Report into Hypnosis*, viewed at <http://www.parliament.sa.gov.au/NR/rdonlyres/77C502EC-F1C3-40CA-9CE7-E3466A091ABA/13770/29thReportReviewofDeptofHealthReportintoHypnosis.pdf> on 27 January 2013
- Parliament of South Australia 2009b, *A Review of the Department of Health's Report into Hypnosis: Definition of Hypnosis*, viewed at <http://www.parliament.sa.gov.au/NR/rdonlyres/77C502EC-F1C3-40CA-9CE7-E3466A091ABA/13770/29thReportReviewofDeptofHealthReportintoHypnosis.pdf> on 27 January 2013
- Patterson, DR and Jensen, MP 2003, 'Hypnosis and Clinical Pain', *Psychological Bulletin*, 129(4): 495-521
- Pfizer, BE 2008, *A Step Towards 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.
- Richardson, J, Smith, JE, McCall, G, Richardson, A, Pilkington, K and Kirsch, I 2007, 'Hypnosis for Nausea and Vomiting in Cancer Chemotherapy: A Systematic Review of the Research Evidence', [Meta-Analysis Review], *European Journal of Cancer Care*, 16(5): 402-412
- Sapp, M, Obiako, FE, Scholze, S and Gregas, AJ 2007, 'Confidence Intervals and Hypnosis in the Treatment of Obesity', *Australian Journal of Clinical Hypnotherapy and Hypnosis*, 28(2): 25-33
- Shih, M, Yang, YH and Koo, M 2009, 'A Meta-Analysis of Hypnosis in The Treatment of Depressive Symptoms: A Brief Communication', *International Journal of Clinical and Experimental Hypnosis*, 57(4): 431-442
- Spiegel, H and Greenleaf, M 2005, 'Commentary: Defining Hypnosis', *American Society of Clinical Hypnosis*, 48(2/3): 1-8
- Stoelbl, BL, Molton, IR, Jensen, MP and Patterson, DR 2009, 'The efficacy of Hypnotic Analgesia in Adults: A Review of the Literature', *Contemporary Hypnosis*, 26(1): 24-39
- Tomic, N 2011, 'Treating Nocturnal Enuresis with Direct and Indirect Suggestions By Using Hypnosis', *Australian Journal of Clinical Hypnotherapy and Hypnosis*, 32(1): 26-39
- Torem, MS 2007, 'Mind-Body Hypnotic Imagery in The Treatment of Auto-Immune Disorders', *American Journal of Clinical Hypnosis*, 50(2): 157-170
- Whorwell, P 2008, 'Hypnosis for IBS', Video MD for Peter Whorwell, MD viewed at <http://www.videomd.com/Hypnosis-for-IBS-fv-2430.aspx> on 29 December 2012



Leon Cowen  
Clinical Hypnotherapist  
Executive Director  
Academy of Applied Hypnosis

## CAPA & VETAB Accredited Courses

**Introductory & Advanced Training**  
**CAPA Endorsed Continuing Education**  
**Distance & In-House Workshops**



**Enhance your Counselling & Psychotherapy – Learn Hypnosis**

**Increase your clients with your additional skills**

*Advanced Practitioner Certificate in Clinical Hypnotherapy*

(CAPA and RACGP Endorsed)

*Certificate IV in Clinical Hypnotherapy* (Reg: 91098NSW)

*Diploma of Clinical Hypnotherapy* (Reg: 91099NSW)



**Enrolling Now**

**For Information: Ring (02) 9415 6500 or**

**Email: [admin@aah.edu.au](mailto:admin@aah.edu.au) Website: [www.aah.edu.au](http://www.aah.edu.au)**

1st Flr 302 Pacific Hwy Lindfield NSW 2070 Tel: (02) 9415 6500 Fax: (02) 9415 6588 Web: [www.aah.edu.au](http://www.aah.edu.au)

**Executive Director: Leon W. Cowen** DCH, Dip Hyp Mast (USA), Grad Dip App Hyp, Mast CH, FAHA, MATMS