

Counselling and Hypnotherapy: Together for (almost) the first time

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The purpose of this article is to explore how hypnotherapy can be utilised in counselling practice. The literature discusses the advantages of using hypnotherapy techniques for multiple issues often treated in counselling. This literature review will provide counsellors and other therapists with information on the various ways hypnotherapy can aid client issues when integrated into counselling and psychotherapy practices. The aim is to have counsellors and psychotherapists better informed on the uses of hypnotherapy and consider if learning and using hypnotherapy within their practice may further aid their therapy work. The article explores how the counselling therapist could consider integrating hypnotherapy within their therapy practice. Hypnotherapy boasts swiftness of change in the manner a person thinks, feels, and behaves. This paper will provide insight for counsellors and psychotherapists in relation to the use of hypnotherapy as a possible addition to their practice.

Keywords: *counselling, hypnotherapy, hypnosis*

Introduction

This paper will discuss how the counsellor and psychotherapist may consider using hypnotherapy in their therapeutic work for improved client outcomes. First of all, it will discuss how the integration of hypnotherapy in counselling can enhance the efficacy of client issues. Second, the paper defines the term and uses of hypnotherapy in a therapeutic context. Third, the commonalities counselling psychotherapy and hypnotherapy share is discussed. Fourth, the literature supports hypnotherapy to benefit the counselling process. Both counselling and hypnotherapy have been successfully used for a variety of client issues over many decades. These two modalities largely work independently of each other even though evidence indicates that integration in general psychotherapeutic practice is desirable (Zarbo et al., 2016). Counsellors and psychotherapists (both referred to as counsellors in the paper) have acknowledged the limitations of using one theoretical system within their practice and the potential value of additional theories and practices (Zarbo et al., 2016).

Professional counsellors strive to help their clients through complex trauma, childhood abuse, addictions, behavioural concerns, relationship difficulties, fear, and pain (Merriman & Joseph, 2018). These issues often result in the client presenting with depression, anxiety, and acquired phobias. In many cases, a counsellor is a person to whom the individual discloses issues of past abuse and trauma (Merriman & Joseph, 2018). Counsellors undertake substantial training in specific therapeutic techniques such as CBT, person-centred therapy, client-focused therapy, solution-focused therapy, and group work (AIPC, 2021).

This review will discuss how hypnotherapy could assist many of the issues counselling clients present as an integrated approach with counselling. Reviewing the specific problems hypnotherapy has been shown to benefit can add insight for counsellors on additional ways to aid clients. Gathering an understanding of how hypnotherapy can benefit clients is needed to discover how the modality may work congruently in conjunction with counselling. This paper seeks to bridge the work of counselling and hypnotherapy across both disciplines (Gilson & Goldberg, 2015). Using a link between both modalities is hoped to provide insight and broaden counsellors understanding of the use of hypnotherapy in their practice (Cropanzano, 2009).

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An integrative treatment approach to client recovery

The aim of counselling is to enhance the efficacy and relevance of client issues (Imel & Wampold, 2008), including those experienced by minority groups such as the Aboriginal and Torres Strait Islander (ATSI) community, and the lesbian, gay, bisexual, transgender, intersex, queer, and asexual (LGBTIQA+) community. No single approach is adequate for all clients and situations given the complexity of issues (Norcross et al., 2019). An integrative treatment approach utilising personalised treatments for each individual client enhances clinical outcome (Castonguay et al., 2015). Therapists in the professions of both counselling and hypnotherapy treat a variety of clients. Knowledge on diversity and inclusion of therapeutic modalities may aid clients who are seeking specific therapists for specialised presenting issues. Presenting issues include anxiety, depression, stress related issues, substance abuse, relationship concerns, but also gender affirmation processes, family acceptance, and potential harassment and discrimination issues that are often presented by the ATSI and LGBTIQA+ community (Jones et al., 2021; Kairuz, 2020; Meier & Labuski, 2013; Mizok & Lundquist, 2016).

Recovery is the fundamental focus for counsellors when working with clients (Bringer et al., 2016; Davidson, 2003). Recovery is not always about returning to full health but is seen as a journey, to aid clients to consider their abilities, possibilities and develop new meaning (Slade, 2010). Recovery relates to those with mental illness and those experiencing trauma, physical symptoms, gender identity issues, social and relationship issues. Client outcomes improve when the therapist works collaboratively with the client and chooses treatments (Goode et al., 2017).

There is an increasing trend within counselling toward an integrative and heterogeneous approach to enhance and expand client work. This eclectic approach opens new dimensions of training with a variety of developing modalities. An integrative approach includes working with marginalised and diverse communities while integrating modalities suitable for specific client issues. Evidence is mounting that individuals are favouring the introduction of hypnotherapy techniques in mainstream medicine and therapy (Flory et al., 2007). Hypnotherapy, often referred to as hypnosis, has evolved beyond direct suggestion to include suspending critical thinking of the conscious mind to allow the unconscious mind to make the internal alterations needed to achieve the client's desired behavioural and emotional changes (Ahlskog, 2018). Hypnotherapy in contemporary medicine has been shown to provide substantial benefits in many emotional and behavioural presenting issues (Stewart, 2005).

The heterogeneous approach is guided basically by information on what has turned out best for others in the past with comparable issues and comparative qualities for whom intercession will work (Norcross, 2011). Assimilative integration involves establishing psychotherapy systems with an ability to join and absorb practices and perspectives from diverse frameworks and systems that can provide a more extensive scope of specialised intercessions (Messer, 1992; Norcross et al., 2019). Hypnotherapy is one framework that can easily integrate into counselling psychotherapy to provide extensive methods and techniques to aid client outcome (Alladin & Amundson, 2011).

Evidence indicates that integration of psychotherapeutic practices is beneficial to clients (Castonguay et al., 2015).

Ramondo, Gignac and colleagues (2021) investigated the link between cognitive behavioural therapy (CBT) commonly used as part of the counselling process, combined with hypnotherapy, and named this cognitive behavioural therapy and hypnotherapy as CBTH. Their meta-analytic evidence demonstrated considerable benefit of using CBTH for clients struggling with depression, pain, and obesity, with better outcomes and enduring results. A study conducted by Bryant, Moulds, Guthrie and Nixon (2005), using CBT and hypnosis, reported that clinical gains through combining the full range of CBT techniques with hypnosis (CBTH) aided in alleviating posttraumatic stress (PTS) symptoms in patients.

It is accepted that the client is the expert in their personal experiences; therefore, each client can contribute to the direction of their treatment (Henkelman & Paulson, 2006). Client perspective in treatment improves the culture, quality, effectiveness, and responsiveness of mental health services. It has been suggested that it is the changing experience and behaviour of consumers that will dictate what therapies consumers will seek (Feltham, 2002; PACFA, 2012a). The issues hypnotherapy can aid include the many presenting matters culturally and gender diverse community members experience. ATSI and LGBTIQA+ community members may find they can obtain valuable support without the customary shaming, objectifying, or discrimination they report they receive from some medical and mental health providers (Poteat et al., 2013). The hypnotherapist works within the framework of clients' subconscious mind, not always needing to hear the intricate details unless the client wishes to share. This freedom allows for flexible and individualised therapeutic interventions for each client with more ease and less embarrassment (Norcross & Lambert, 2018).

Definition of hypnotherapy

Hypnotherapy has been defined as the experience of new awareness by using modified and concentrated attention to allow the individual to engage in improved ways of thinking, feeling, and behaving while experiencing new possibilities of self-control (Lankton, 2015). Therapeutically it aids the client to attain individual goals, accepting them as eminently possible and achievable (Araoz, 2005a). Psychologist Dr Michael Yapko (2012, p. 6) offers a definition of hypnotherapy that applies to counselling therapy: *"hypnosis is conceptualized and treated as a means of helping clients develop powerful personal resources that can be purposefully directed towards achieving their therapeutic goals."* The Yapko definition of hypnotherapy could also apply to counselling.

Hypnosis uses direct and indirect suggestion to induce a heightened state of suggestibility, where the critical faculty of the conscious mind is bypassed, and selective attention to suggestions given (McNeal, 2020). A hypnotic procedure is used to encourage responses to positive suggestions. Hypnosis is a multi-state phenomenon that features the use of the imagination, cognitive regression and altered subconscious (Entwistle, 2017). During a hypnotherapy session, one person (the client) is guided by another (the hypnotist) to respond to suggestions in guiding subjective experience, alterations of perception, emotion, thought, and or behaviour (Elias, 2009).

During hypnosis, the individual experiences a trance-like state that can be defined as an animated, altered, integrated state of focused consciousness with an attentive, receptive state of concentration that can be activated and measured (Spiegel

& Greenleaf, 2005). Evidence demonstrates that the hypnotic process produces a brain with differential effects of attention and relaxation, with evidence of cognitive and neurophysiological dissociation (Gruzelier, 2000; Jiang et al., 2017). Hypnotherapy is described as enhancing a different or unusual pattern of abilities involving selective inhibition and enhancement of cognitive processes (Gruzelier, 2000).

The professions of counselling and hypnotherapy

To maintain association membership, qualified counsellors engage in continuing professional development (CPD), thereby, expanding their knowledge and skills to keep up to date with developments in counselling theory and practice, and learning new skills to integrate into their treatments. Counselling associations encourage counsellors to expand their knowledge with professional development, in a variety of modalities. Recent literature discusses counsellors' utilising and integrating modalities such as mindfulness (Pearson, 2020), Gestalt therapy (Sapezinskiene et al., 2016), storytelling and sand play therapy (Mendoza, 2018), dance and music therapy (O'Donoghue et al., 2020), singing therapy (Daykin, 2018), working with family systems (Martin, 2017), developing phone rapport (Phillip et al., 2020), incorporating technology in counselling (Nagarajan & Yuvaraj, 2019), and working with ATSI and LGBTQIA+ communities (Kairuz, 2020; Mizok & Lundquist, 2016). However, to date there is no literature discussing the inclusion of hypnosis in counselling practice, only the use of hypnosis with CBT.

Both hypnotherapy and counselling cover similar methods such as active listening, somatic questioning, and rapport development. However, in counsellor training courses, counsellors undertake more training in specific therapeutic techniques such as CBT, person-centred therapy, client-focused therapy, solution focused therapy, and group work compared to what is taught in hypnotherapy training (ACA, 2021; AHA, 2021b; AIPC, 2021; PACFA, 2021a). Hypnotherapy training educates students in a variety of hypnotherapeutic topics including relaxation inductions, breathing techniques, hypnotic language, reframing, plus pacing and leading methods, all designed for beneficial client outcomes and not fully covered within counselling education (AHA, 2021b).

Literature failed to provide information on the number of registered counsellors who hold hypnotherapy qualifications in Australia's two largest counselling associations, the Australian Counselling Association (ACA) and the Psychotherapy and Counselling Federation of Australia (PACFA). Further, both associations advised they hold no records of this data. Further the Australian Hypnotherapy Association (AHA) and the Australian Society of Clinical Hypnotherapists (ASCH) advised they have no data on the number of registered hypnotherapists holding counselling qualifications. Added to this, after investigations were made, these four main counselling and hypnotherapy associations were unable to provide data to identify the ethnicity, cultural background, or gender of registered therapists holding membership with their associations. Therefore, no information is available to ascertain how many counsellors or hypnotherapists in the Australian associations who are culturally diverse, ATSI, or LGBTQIA+.

Commonalities counselling and hypnotherapy share

Research validates previous anecdotal claims of the benefits of hypnotherapy (Bryant et al., 2005; Yapko, 2006; Daitch, 2018). It demonstrates the efficacy of hypnotherapy as part of an integrative treatment for many conditions that traditional medicine, counselling, and psychology have found difficult to treat (Shedler et al., 2010). Evidence for the efficacy of hypnotherapy is gaining validity. Research conducted by Spiegel (2013) and Daitch (2018) found hypnotherapy has specific relevance in the assessment and treatment of anxiety disorders, including post-traumatic stress disorder (PTSD), due to its ability to enhance the mind-body control. These anxiety conditions are extensively treated through psychology and counselling. Hypnotherapy has been found to be as effective treatment but when used with CBT, client results are considered enhanced (Davis, 2016; Gunnison, 1990; Hammond, 2010; Valentine et al., 2019).

Clinical hypnotherapy curricula contain elements of counselling and psychotherapy training, and hypnotherapy associations require components of counselling and psychotherapy training within each hypnotherapy diploma course (AHA, 2021b). In a study conducted by Cowen (2015), almost 70 per cent of hypnotherapists responded with agreement they needed counselling skills within their hypnotherapy work and almost 98 per cent agreed counselling techniques should be practised within their hypnotherapy sessions. However, only 16 per cent believed they should work within the structured counselling process (Cowen, 2015). There remains no hypnotherapy training within any counselling educational training (ACA, 2021a; PACFA, 2021a).

The American Psychological Association (APA) acknowledged hypnotherapy as an effective additional treatment used with Cognitive Behavioural Therapy (CBT) when treating acute stress disorders (APA, 2021; Bryant et al., 2005). Hypnotherapy is often used as an adjunct treatment regime rather than as the primary modality (Heitkemper, 2009; Sierpina et al., 2007). Some studies support the effectiveness of hypnotherapy as a primary modality provided it contains elements of counselling techniques (Cowen, 2016). Research has demonstrated that hypnotherapy is effective for many conditions and the use of hypnotherapy within counselling therapy can be very beneficial for client outcomes (Gunnison, 1990; Heitkemper, 2009). The general public seem interested and open to the use of hypnotherapy (Krouwel et al., 2017).

Individuals are seeking alternative forms of therapeutic support, apart from those normally obtained under the medical model in mental health such as doctors, psychologists, psychiatrists, and pharmacology (Thompson et al., 2014). It is now recognised that our state of mind has a direct relationship to our mental, emotional, and physical health (Białkowska et al., 2020). Since the early 20th century there has been recognition of a link between the actions, cognitions, and body functioning of individuals. With the development of psychology, previously unknown connections to mental health issues and physical symptoms were revealed (Kraft, 2011). An interdisciplinary approach integrates knowledge and methods from different therapeutic disciplines using a synthesis of approaches for all type of clients (Okech & Geroski, 2015; Sperber et al., 2005; Zarbo, 2016). The interdisciplinary aspect of treatments aims to accelerate knowledge in the treatment and prevention of a wide range of health issues for a broad range of clients and community

members (Wilson, et al., 2019). Counselling and hypnotherapy are just two of these interdisciplinary methods.

Merging counselling and hypnotherapy structures

Therapists are often compelled to evolve their knowledge and specialty areas (Okech & Rubel, 2018). Therapists cultivate client's welfare and well-being by paying attention to what the client is expressing, without judgement (Elkins, 2018). All clinical therapy work involves planning, analysis, compassion, benevolence, and time management (Wong-Wylie, 2007). Hypnotherapy is regarded as an integral approach to counselling with uses in a range of issues (Kittle & Spiegel, 2021).

Counsellors use a variety of techniques to support clients with a range of mental health, physiological, emotional, and gender identity issues. Counsellors work with those suffering grief and loss, pain, eating disorders, anxiety, depression, illness, stress, acceptance, and relationship issues. There has been considerable research conducted regarding a variety of conditions and issues treated by counsellors that are also being treated by hypnotherapists, including chronic pain (Ahmadi et al., 2018; Taylor & Genkov, 2020), depression (Shih et al., 2009; Yapko, 2006), PTSD (Gold & Quinones, 2020; Wake & Leighton, 2014), anxiety (Hammond, 2010; Valentine et al., 2019; Spiegel, 2013), trauma (Gold & Quinones, 2020), phobic issues (Bigley et al., 2010; Kraft, 2011), smoking cessation (Lancaster & Stead, 2017), weight loss (Bo et al., 2018), eating disorders (Milling et al., 2018), and irritable bowel syndrome (IBS) (Paulton et al., 2021)).

Counselling is also used for sleep issues and in the reduction of benzodiazepines, used for slowing down and calming the body to increase drowsiness (Salonoja et al., 2010). Counselling is based on the process of skills progression meaning counselling clients are taught to transition from unconscious incompetence to unconscious competence (Peel & Nolan, 2015). Hypnotherapy is regarded as an integral approach to counselling with uses in a range of issues to help the transition to unconscious competence (Duncan et al., 2007; Peel & Nolan, 2015). The purpose of hypnosis in therapy is to facilitate change through a focused state of attention (Capafons et al., 2008). Counsellors, like hypnotherapists, operate under the framework of providing clients with care, respect, empathy, and compassion, without judgment (PACFA, 2021b).

According to Singh and Kumar (2020), hypnosis is an effective clinical tool for incorporating the understanding of the daily mental health battle many individuals experience (ABS, 2018). The central theme of the practice of hypnotherapy includes the art of language presentation, part of which is connected to using neuro-linguistic programming language (NLP) (Hollander & Malinowski, 2016). NLP language is used as an integral part of the counselling principle in hypnotherapy training including the building of rapport, overcoming resistance, and positive alteration (Hollander & Malinowski, 2016). NLP is not taught within counselling training.

A counsellor trained in hypnotherapy may consider hypnosis an additional tool in their counselling therapy. Glaesmer, Geupel and Haak (2015) mentioned the study of hypnotherapy includes a person-centred procedure to achieve the alternative position of consciousness that is known as trance. The altered condition is featured by an increasing aspect of concentration

and heightened awareness to help to achieve positive changes in the clients mental, emotional, and behavioural state. Within the therapy procedure, the counsellor using hypnotherapy, or the counselling hypnotherapist, can draw the client's attention toward new possibilities, creating alternative subconscious patterns of emotions and behaviour, with alternative understanding related to the conditioned responses (Facco et al., 2017). Hypnotic language is used in forming a suggestion to achieve the alteration within the mind-set that helps an individual to step into the future or adjust their past emotional attachment (Facco et al., 2017). Sheiner, Lifshitz and Raz (2016) discussed that hypnotic language is far more interactive than standard talk-therapy, such as counselling, as it focuses on the linguistic treatment to influence the procedure associated with neurology.

While literature seems to support the use of hypnotherapy within the counselling modality, Brugnoli (2016) criticised the procedure of hypnosis as inefficient to meet the potentiality of clinical intervention. One of the reasons mentioned was the lack of empirical proof to support the efficiency of the practices of hypnosis. However, Mizock and Lundquist (2016) countered the argument and found that over the past 30 years, many researchers have been published supporting the role of hypnosis in the field of medicine, especially psychological health. The authors further expanded on the use of hypnosis for the LBGTQIA+ community and the necessity of encouraging therapists to consider diversity and inclusion within their therapy practice. The American Psychiatric Association (APA) (2021) affirmed that hypnosis is also an effective tool in cognitive behavioural therapy. The collaboration of hypnotherapy with cognitive behavioural therapy (CBTH) is considered a therapeutic union in treating a variety of mental health issues when combined with relaxation and imagery (Bialkowska et al., 2020; Alladin, 2016; Alladin & Amundson, 2016).

Literature supporting hypnotherapy to benefit counselling

Hypnotherapy has been shown as a positive, complimentary medicine used in a wide range of medical contexts and shown to improve clients' health. Hypnotherapy has been demonstrated to be effective for irritable bowel syndrome (Flik, et al., 2019), reducing headache pain (Ahmadi et al., 2018), and lowering the effects of chronic pain and anxiety (Davis, 2016). There are descriptions of positive results with hypnosis aiding to strengthen the immune system against disease (Schakel et al., 2019), reducing the effects of rheumatoid arthritis (Horton-hausknecht et al., 2000), and there is conclusive evidence on the positive effect of hypnotherapy used in the treatment of obesity (Kansagara et al., 2019). It is documented that using relaxation and guided imagery can help promote long-term health (Bialkowska et al., 2020). This more holistic path of combining hypnotherapy with counselling may aid people to live a longer, healthier, happier life, and with less monetary strain on our health care system (Bialkowska et al., 2020).

Conspicuous and consistent change in feelings of control is an essential element of hypnotic response (Woody & McConkey, 2003). Weitzenhoffer (1974, p. 259) named this phenomenon "*the classical suggestion effect*" and explained it as a transformation of communication into behaviour with a non-voluntary quality. Wark (2008) reviewed eighteen meta-analyses of hypnotherapy treatments and reported there were

multiple target disorders where hypnotherapy is possibly a better therapeutic modality compared to just counselling or psychological treatment.

Hammond (2010) reviewed the effectiveness of hypnotherapy in reducing anxiety in patients and found hypnotherapy was very effective in the treatment of anxiety associated with a wide range of medical issues. Further, it was concluded there was a reduction of anxiety related to surgical, medical, and dental procedures after using hypnotherapy with patients. The inclusion of hypnotherapy, along with other treatment modalities, such as those used in counselling, can improve the outcomes for patients suffering anxiety, compared to using a singular psychological therapeutic modality (Valentine et al., 2019).

Psychologist Michael Yapko has written extensively about the use of hypnotherapy as an effective intervention for the treatment of depression that is normally held predominantly by psychologists and counsellors (Yapko, 2006). Glaesmer, Geupel and Haak (2015) cited hypnosis is considered beneficial to treat depression and anxiety, an issue affecting so many in our society and communities (ABS, 2018). Andrick (2020) mentioned, that hypnosis contains a positive and greater impact in treating the mental health condition of depression. Empirical studies supporting the efficacy of hypnotherapy have been conducted including a meta-analysis by Kirsch, Montgomery and Sapirstein (1995) and by Alladin and Alibhai (2007). Both studies focused on the use of hypnotherapy as an effective treatment for clinical depression. Studies conducted by Shih, Yang and Koo (2009) identified hypnotherapy significantly improved depressive symptoms of patients, showing hypnotherapy as a viable intervention for depression when combined with counselling.

A review using meta-analysis of studies suggested that hypnotherapy as a feasible non-pharmacological intervention to treat the symptoms of depression, in conjunction with counselling (Shih et al., 2009). While the area of trauma and PTSD has been treated with psychological and counselling intervention, hypnotherapy has demonstrated positive results in treatment to benefit clients if used in combination with CBT (Pfitzer, 2008). A meta-analysis of 18 studies, comprising areas of obesity, pain, insomnia, anxiety, phobia, performance, and public speaking included hypnosis techniques such as relaxation, imagery, coping suggestions, self-reinforcement, desensitisation, stimulus control, and cognitive restructuring, found that hypnotherapy can strengthen the therapeutic outcome by influencing the client's beliefs and expectations (Kirsch, Montgomery, & Sapirstein, 1995; Lynn et al., 2000). A review of 31 articles by Krouwel, Jolly and Greenfield (2017), concluded that most people are positive toward the use of hypnotherapy. They advised individuals would consider using hypnotherapy for conditions such as psychological issues and to support medical interventions. Hypnotherapy can be considered a modality for people wanting to help themselves and those wanting to take charge of their symptoms (Kittle & Spiegel, 2021).

In a review of scientific research on obesity and eating disorders, conducted by Roslim et al., (2020), it was noted that hypnotherapy promoted weight reduction and improved the individual's eating behaviours and quality of life. Hypnotherapy has been found as an effective treatment for eating disorders, obesity and weight loss, either as a standalone treatment or when used in combination with other treatments, including counselling (Sapp et al., 2007). Weight issues are commonly treated with counselling support.

Hypnotherapy is also indicated as positive support for those in the LBGTIQA+ community and those struggling with gender issues, normally treated with psychology and counselling (Araoz, 2005b; IsHak & Fathy, 2010). Literature further indicates that ATSI communities use therapies that change the consciousness of their people's perceptions and cognitions, not unsimilar to techniques used in hypnotherapy (Krippner, 2009). While not referring this change to hypnosis, it seems indigenous practitioners provide basic components of psychotherapy which fosters the efficacy of hypnotic-like procedures to stimulate self-healing abilities (Krippner, 2009; Torrey, 1986). Therefore, if counsellors who worked with ATSI communities became more familiar with hypnotherapy techniques, they may be able to further aid these communities.

Conclusion

The ultimate aim of any therapy is to alleviate and reduce a disorder to help the client return to a normal life as best and as soon as possible. The different ways in which individuals may benefit from using alternative methods such as clinical hypnotherapy should be considered along with counselling methods. This article has demonstrated how hypnotherapy may benefit the counselling process in the treatment of a wide range of issues for the broad community. The increasing research on the benefits of hypnotherapy for issues currently treated with counselling, may provide an avenue for counsellors to consider further training to incorporate hypnotherapy within their counselling practice. Further, consideration could be made to investigate how hypnotherapy may assist culturally diverse, ATSI, and LBGTIQA+ community members.

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Bio

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