

Hypnotherapy and Clinical Hypnotherapy

These two terms are often used interchangeably. But are they really synonymous? Or are there subtle and/or significant differences between the two. Like the word hypnosis, the differing definitions provided by practitioners and “academicians” (just about anyone who questions, studies, or purports to understand hypnosis) remain ambiguous – even contentious.

I have been looking for sources to define clinical hypnotherapy – some documentation that I can cite or quote that gives a concise and understandable definition for the term. To date, unfortunately, I have not succeeded. So it is important to note that the following is merely my own opinion on the matter. I cannot and will not indeed insist that others have to adhere to my own opinion or belief. Ultimately, each of you will have to decide for yourself what makes sense and what resonates with your own values.

I remember when I was first trained to be a hypnotherapist almost 25 years ago, by the renown Dr. A.M. Krasner – author of the *Wizard Within* and founder of the American Institute of Hypnotherapy and the American Board of Hypnotherapy. I was issued a certificate officially certifying me as a “Clinical Hypnotherapist.” Of course I was elated to receive that piece of document that stated “Clinical Hypnotherapist” rather than “Hypnotherapist.”

Looking back, I am certain like with many people I found the title “clinical hypnotherapist” as somewhat being significantly “superior” to that of “hypnotherapist.” Even back then, however, I was quick to point out that it should not be stated as clinical as the training provided little knowledge, if any, on what I believed to be clinical in nature (equating clinical to something medical or psychological). In reality there was no training in psychotherapy or in medicine.

Society’s perception has been shaped to believe, erroneously I might add, that being a clinician is somehow deemed superior and therefore more coveted by the majority. One can recognize, even today, the deference given to medical practitioners over others or even clinical psychologists over say counselling psychologists.

In the subsequent year when I renewed my membership with the American Board of Hypnotherapy (ABH), the body that certified me, I noted that the new certificate showed “Certified Hypnotherapist” as opposed to “Clinical Hypnotherapist.” In some sense I was glad for the “correction” they made. I can’t say I was disappointed as I did not see myself as being any less qualified as a clinician since I was already a practicing counsellor and had done an additional year of post graduate studies in Clinical Psychology. I felt the change of term on their certificate indicated the Association’s cognizance of the fact that there is indeed a difference between a clinical hypnotherapist and a hypnotherapist. In fact, in their training there is caution in handling medical or psychological diagnoses. These are contraindicated in hypnotherapy, and a hypnotherapist is directed to refer and/or consult with a trained and licensed individual with regard to assisting with a client who has been so diagnosed.

Hence, this is where I came to rest with my definition of a clinical hypnotherapist. He/she should be one with additional training – be it in psychotherapy or medicine. Of course, over the years I have come to recognize that the term clinical can, and in fact does, include other areas of clinical work including though not limited to the studies in: dentistry, pharmacy, midwifery, birthing, chiropractic, and so forth. I’ve also become clearer that the word “clinical” or clinician does not denote superiority but rather additional or separate expertise in particular area. So, while I consider myself a clinical hypnotherapist I would not be so ready to jump in and assist a client on areas beyond my training or experience/expertise. For example, I would not work with one who wishes to give birth via hypno-birthing (unless and/or until I have been trained to do so). Nor would I claim to be able and willing to work with a patient who wishes to be hypnotized for the purpose of surgery (to avoid the use of anaesthetic) – without at least collaboration with a licensed medical practitioner.

In regards to the term hypnotherapy and because I felt “successful” in pointing out for consideration the use of the word clinical hypnotherapy, when I was later trained and certified to be a trainer who can in turn certify others – I pointed out that even the use of the word hypnotherapist is inaccurate (since participants may not again have the benefit of training as a therapist). Bolden, I am sure, by my earlier experience – I was eager to point this out. However, Drs. Tad James (founder/creator of Timeline Therapy) and Adrianna James were quick to draw my attention to the definition we use for hypnotherapy.

Hypnosis: a tool; a technique; a modality - used by a trained professional to aid a client/patient
Therapy: treatment of a disorder/issue/challenge

Hypnotherapy, then, is: the use of hypnosis in the treatment of a disorder (with the term disorder used generically here (not necessary a diagnosis from the ICD or DSM))

Hence, my conclusion is that clinical hypnotherapy refers to the use of hypnosis as a treatment modality/approach/tool/technique in a clinical setting by a professional trained in that respective clinical field for the purpose of helping his/her client/patient to deal with the client’s issue/disorder. On the other hand, a hypnotherapist is one who is trained to use hypnosis to help others with any and all issues that do not necessarily require additional specialized training that is clinical in nature. It is also important to note that a hypnotherapist – like counselors, psychotherapists, and even doctors – who may be additionally trained in certain areas of hypnotherapy. For example one may have additional and specialized training in dealing with past life (past life regression or PLR), weight loss management, sports therapy, smoking cessation, inner child therapy, therapeutic imagery, hypno-birthing and a myriad of others.

It is particular concern to me to hear of my peers who are practitioners readily offer to help anyone with any issue be they medical or psychological without the necessary training in those areas. While I respect each individual’s right to do as he/she sees fit bearing in mind the one great guiding principle of “above all else, do no harm” I continue to feel uncomfortable with what I sometimes see as reckless abandon for guidelines to not over offer beyond what we may be able to deliver. I am also highly disturbed (even agitated) to hear of some practitioner (who holds position of authority) who claim that the use of the title of “clinical hypnotherapist” as nothing more than a “**marketing gimmick.**” Such description coming from supposed learned individuals, to me, are indicative of grave ignorance and even insulting to those who use the term genuinely as reflective of their actual practice and training (as opposed to merely to hoodwink consumers).

As stated at the start of this article, please do note that the point of view expounded on above remains that of my own opinion only – and that there does not seem to be any standard definition or definitions that are accepted by all within and without the field of hypnosis. Also as pointed out earlier, ultimately each of you will have to decide for yourself what you consider appropriate and ethical.

- **“mastering the art of hypnosis does not necessarily mean one is qualified as a Hypnotherapist”**
- **“background in counseling is NOT a substitute for adequate training in hypnotherapy when hypnosis is used to help people”**

(Roy Hunter, [MS,CHT](#) is a Certified Hypnotherapy Instructor, Published Author and Professional Speaker/Trainer)

