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## CBT-HYPNOTHERAPY

The Practice of Cognitive-Behavioural Hypnotherapy: A Manual for Evidence-Based Clinical Hypnosis by Donald Robertson, Karnac books Ltd., 2003, explains Cognitive-behavioural hypnotherapy (CBH) as one of three core models of hypnotic psychotherapy (“hypno-psychotherapy”).

It combines hypnotherapy with techniques and concepts from cognitive-behavioural therapy (CBT). Many traditional techniques used in hypnotherapy would best be classified as cognitive or behavioural interventions. Weitzenhoffer [1;2] and others have explicitly drawn attention to the fact that many CBT interventions are derived from technique already used for many decades in hypnotherapy.

Most hypnotherapy for issues like smoking cessation or pain control traditionally draws on symptom-focused techniques which are predominantly cognitive-behavioural in orientation. Doanld Robertson further states that the armamentarium of Cognitive-Behavioural Therapy includes:

Self-Hypnosis Training; Relaxation Skills Training / Breathing Exercises; Hypnotic & Autosuggestion Skills Training; Therapy Recordings (Self-Hypnosis CDs, etc.); Alert Hypnosis; Hypnotic Desensitisation Therapy (Systematic Desensitisation / Regression Desensitisation); Aversion Therapy / Covert Sensitisation; Assertiveness Skills Training (Conditioned Reflex Therapy); Direct Therapeutic Suggestions & Positive Goal Imagery; Mental Rehearsal of Coping Skills; Imaginal Exposure Therapy & Response Prevention; Thought-Stopping & Thought-Substitution (Habit Reversal); Mental Rehearsal of Positive Cognitions; Mindfulness Training (Body Scan) & Thought-Spotting (Gestalt Therapy); Self-Monitoring (Thought Forms, etc.); Socratic Questioning & Verbal Disputation (of Thinking Errors & Negative Cognitions); Shaping Behaviour by Positive Reinforcement of Successive Approximations (Coping to Mastery); Ego-Strengthening / Self-Efficacy Suggestions & Imagery; Structured Client Assessment & Evaluation; Psycho-education / Education in the Therapeutic Model; Tension Control / Progressive Muscle Relaxation; Biofeedback Training; Cue-Controlled Emotions (“Anchoring”); Cognitive Mood Induction / Rational Emotive Imagery; Resilience & Relapse Prevention Training; Linguistic Training (General Semantics); Acting “as if” / Role-Taking; Covert Role-Modelling Imagery; Collapsed Coping Statements / Symbol Suggestion; Role-Play / Behavioural Psychodrama (in Autosuggestion Training.

American Psychological Association ([http://www.apa.org/divisions/div30/define\\_hypnosis.html](http://www.apa.org/divisions/div30/define_hypnosis.html)) states that “Hypnosis typically involves an introduction to the procedure during which the subject is told that suggestions for imaginative experiences will be presented. The hypnotic induction is an extended initial suggestion for using one’s imagination, and may contain further elaborations of the introduction. A hypnotic procedure is used to encourage and evaluate responses to suggestions. When using hypnosis, one person (the subject) is guided by another (the hypnotist) to respond to suggestions for changes in subjective experience, alterations in perception, sensation, emotion, thought or behavior. Persons can also learn self-hypnosis, which is the act of administering hypnotic procedures on one’s own. If the subject responds to hypnotic suggestions, it is generally inferred that hypnosis has been induced. Many believe that hypnotic responses and experiences are characteristic of a hypnotic state. While some think that it is not necessary to use the word “hypnosis” as part of the hypnotic induction, others view it as essential.”

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Both DSM5 (Diagnostic and Statistical Manual of the American Psychiatric Association) and ICD-9 (the International Classifications of Diseases of the World Health Organization) contain codes used to describe routine human problems that are not the focus of a mental or medical disorder. These codes are called "V-Codes." and can be helped by hypnotherapy

V61.90 Relational Problem Related to a Mental or Medical Condition

V61.20 Parent-Child Relational Problem

V61.10 Partner Relational Problem

V61.80 Sibling Relational Problem

V62.81 Relational Problem Not Otherwise Specified

V62.82 Bereavement

V62.30 Academic Problem

V62.20 Occupational Problem

V62.89 Religious or Spiritual Problem, or a Phase of Life Problem

V62.40 Acculturation Problem

V68.20 Request for Expert Advice

National Institute of Health and Excellence (NICE) guidelines recommends use of hypnotherapy for the following conditions only:

1. Irritable bowel syndrome (IBS): As this is a functional disorder with no associated structural damage, hypnosis is considered to be an ideal treatment. This has also been shown in a randomised study of more than 12 months duration that compared CBT, hypnotherapy and psychological therapy (in particular, psychodynamic interpersonal therapy).
2. Nocturnal enuresis (bedwetting) in children and young people
3. Urinary incontinence secondary to detrusor muscle overactivity results in short term (up to 6 months) by hypnotherapy
4. Children with chronic constipation
5. Children inadequately controlled atopic eczema
6. Anxiety, according to NICE "There was very limited evidence for hypnotherapy, which proved inconclusive."
7. Obsessive compulsive disorders (OCD), NICE states several case reports that generally reported improvements but these are uncontrolled case reports and have numerous methodological deficiencies.

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Hypnotherapy is unsuitable for:

1. Patients who have a physical illness that has not been fully investigated by a medical practitioner, and where hypnosis could mask or ignore the physical symptoms. For example, a highly hypnotizable client can present to an inexperienced therapist with what he thinks is a sprained ankle, and request to be hypnotized for pain management. If the hypnotist is unable to judge that the ankle is broken and achieves a good response to hypnotic suggestion for pain relief, this would delay the actual treatment of the broken ankle for several days and lead to serious consequences.
2. Hypnosis should not be used to exploit or abuse the relationship with client and hypnotists personal views about clients sex, age, colour, race, disability, sexuality, social or economic status, lifestyle, cultural or religious beliefs should not affect the way client is treated or advice that is given.
3. Unrealistic goals and requests that are unsuitable for hypnotherapy, such as a driving student requesting to learn driving in the first situation, curing cancer, magical thinking about hypnosis, hypnosis to find out if client's boy friend has slept with clients sister, to locate a lost licence, to solve mysteries such as a sexual abuse by uncle by using regression, and retrieving old memories from mind and to wipe out memories.

### References

- [1] Weitzenhoffer,A.M. (1963) The nature of hypnosis, II. Am. J Clin. Hypn., 6, 40-72.
- [2] Weitzenhoffer,A.M. (1963) The nature of hypnosis. I. Am. J Clin. Hypn., 5, 295-321.