

What Makes Somatic Hypnotherapy Unique

The following features and characteristics distinguish [Somatic Hypnotherapy](#) from all other hypnotherapy approaches — and from the therapeutic mainstream more broadly. Each entry is drawn from the website's published content, reflecting a stated claim, scientific theory, clinical practice, or explicit philosophical position.

I. Philosophical Foundations — The Reversed Paradigm

1. The reversed paradigm: feelings drive thoughts, not the reverse

Somatic Hypnotherapy proposes — and demonstrates as both scientifically coherent and practically feasible — that ["feeling differently leads to thinking and reacting differently."](#) This directly reverses over a century of [cognitive-dominated therapeutic frameworks](#), which assume that changing thoughts produces changes in feelings.

Conventional therapy (CBT, positive psychology, and most Ericksonian models): change your thoughts → change how you feel. Somatic Hypnotherapy: [change how you feel](#) → thoughts, behaviours, and physiology reorganise naturally and without effort.

2. Feelings — not emotions, not thoughts — as the [primary drivers of human experience](#)

The approach rests on a precise, scientifically grounded hierarchy: [feelings \(pre-verbal, bodily, interoceptive\) are primary; emotions \(constructed categorical interpretations\) are secondary; thoughts \(symbolic, interpretive\) are downstream.](#) None of these levels are interchangeable. Feelings are not a type of thought. They are a different class of phenomenon entirely.

3. The [constructionist model of emotion](#) as a clinical pillar

The approach explicitly integrates [Barrett's Theory of Constructed Emotion](#) — which holds that emotions are not hard-wired reactions but

brain constructions built from [interoceptive signals](#), memory, and context — as one of its main scientific pillars. This positions it squarely within the most current affective neuroscience rather than in older stimulus-response models.

4. [Somatic Markers Theory](#) and [Emotional Coherence Theory](#) as additional pillars

Beyond Barrett, the approach integrates [Damasio's Somatic Marker Hypothesis](#) (bodily signals as the substrate of decision-making and emotional experience) and [Emotional Coherence Theory](#) (every emotion has three coherent, interdependent components: somatic, physiological, and cognitive). This convergence of models gives the approach an unusually robust theoretical foundation.

5. Ancestral lineage confirmed by contemporary neuroscience — not invented by it

The approach is explicitly rooted in [Eastern European ancestral healing traditions](#) (Bajalica, Vrač, Znakhar) practised for centuries before neuroscience existed. Contemporary neuroscience is described as having "caught up" with what these traditions already knew intuitively. This is a unique and intellectually honest positioning — the science validates the practice, not the other way around.

II. The Ablative (Subtractive) Model — Emptying the Glass

6. [Ablative approach: subtracts rather than adds](#)

Where virtually every other form of hypnotherapy ([Ericksonian](#), New Age, positive suggestion models) works additively — layering new positive feelings and states on top of existing negative ones — [Somatic Hypnotherapy works subtractively](#). It identifies, locates, and dissolves the unwanted somatic component at its source. The poison is removed from the glass; water is not added to dilute it.

Additive hypnotherapy: adds positive states on top of unresolved negative ones. Somatic Hypnotherapy: [removes the negative somatic substrate at its root](#) — so nothing remains to be managed.

7. De-programming rather than re-programming

The explicit goal is to "deprogram the [subconscious](#) of unwanted emotional response patterns" — not to reprogram it with new ones. This is a categorical distinction: the aim is not to replace one belief or feeling with another, but to dissolve the [somatic substrate](#) that generates the unwanted pattern in the first place.

8. Targets the somatic component of [emotional coherence](#) — the most direct route

Because [emotions are coherent systems](#) with three components (somatic, physiological, cognitive), disrupting any one component reorganises the whole. Somatic Hypnotherapy targets the somatic component — described as "the most direct route" — because it is upstream of both the physiological and cognitive components. No in-depth cognitive analysis is required. No causal understanding is necessary.

III. The Therapeutic Process — What Happens and How

9. Somatic hypnosis as a precise neurological state of [interoceptive](#) access

The hypnotic state used is not a state of passivity or suggestibility. It is a specific, measurable neurological condition — confirmed by [Stanford University fMRI research \(Jiang, Spiegel et al., 2017\)](#) — in which the dACC quiets (the internal critic steps back), DLPFC-insula connectivity strengthens (executive attention turns toward the body's interior), and the default mode network decouples (cognitive overlay and rumination are suspended). The result is direct, unfiltered access to [interoceptive signals](#) and somatic emotional imprints.

10. Somatic markers — energy clusters as the therapeutic target

The therapeutic process targets feelings—bodily sensory experiences often described as “[energy nodes, or clusters](#)”. In biological terms, these are persistent somatic activation patterns: the conscious perception of complex neural processes occurring throughout the body and [mapped by the brain](#), functioning as the true generators of emotional experience. These are the felt, bodily residues of unresolved emotional experience — not the narratives or interpretations surrounding them. The practitioner works directly with these somatic structures, not with the story of how they were formed.

11. [Bottom-up processing](#) — body first, cognition follows

The entire therapeutic process is bottom-up: beginning with the felt, bodily dimension of a feeling and working upward. This is the inverse of most talk therapies, which begin with narrative, interpretation, and cognitive reframing and hope that physiological change will follow. In Somatic Hypnotherapy, physiological and somatic change is the first event; cognitive reorganisation follows as its natural downstream consequence.

12. [Neuro-linguistic modulation \(NLM\)](#) as the primary tool

The practitioner uses a very particular way of speaking to the [subconscious](#) using metaphorical language that appears to be regular conversation — clearly understandable, yet precise in its healing intentions. This is described as a coherent semiotic system that activates innate healing mechanisms through the power of language. This is not conventional suggestion; it is precise, symbolic language tailored exactly to the subconscious mind.

13. [Ritual healing theory](#) integrated — structured healing as semiotic coherence

The approach explicitly integrates [Ritual Healing Theory](#), positioning the therapeutic session as a coherent ritual healing process. This gives the neuro-linguistic modulation its semiotic depth — the session is

structured not as a suggestive conversation but as a precise healing ritual, drawing on ancestral traditions whose effectiveness has been confirmed by anthropological and neuroscientific research.

14. [Transpersonal psychology](#) as an integrating framework

The approach is grounded in a [Transpersonal Psychology](#) perspective — which goes beyond the individual ego and includes dimensions of experience that mainstream psychology does not address. This allows the practitioner to work with the [subconscious](#) in ways that are not constrained by purely cognitive-behavioural or biomedical frameworks.

15. The precise causal origin of problems is not required for resolution

Uniquely, the practitioner does not need to know — and the client does not need to reveal or understand — the exact causal origin of their unwanted feelings in order to release them. "Just as a broken bone will heal with proper care whether or not you understand how it broke." This makes the approach accessible even where the origin is unconscious, [transgenerational](#), or inaccessible to memory.

16. Client is an active participant — not a passive recipient

Under somatic hypnosis, the client remains fully conscious, in control, and actively engaged throughout [the session](#). They talk almost as much as the practitioner. Their [subconscious](#) responds to their own wishes and intentions — the practitioner guides but does not command. This is a collaborative process between the client's subconscious and their conscious intention, with the practitioner as a skilled facilitator.

17. Assessment before and after each session — [measurable results on the spot](#)

The effectiveness of each session is assessed by measuring the intensity of feelings aroused by specific memories before and after the session. This is not a subjective impression — it is a structured comparison using the body's own [interoceptive](#) reporting. When the somatic substrate has

been released, the memory no longer triggers the old visceral response. The client feels the difference immediately and unmistakably.

IV. Clinical Results and Format — What Sets the Outcomes Apart

18. Results within the first session — assessed on the spot

The approach guarantees meaningful improvement by the end of the first session — for issues within the [practitioner's area of expertise](#). This is not a promise of eventual improvement after multiple sessions; it is an immediate, verifiable, session-by-session outcome. If no improvement is observed, no payment is accepted.

19. [No Results — No Pay policy](#)

This policy is unique in the therapeutic landscape. It is not a marketing claim — it is a structural guarantee that aligns the practitioner's interests entirely with the client's outcomes. It requires extraordinary confidence in the reliability and predictability of the approach's results.

20. Maximum three sessions — rarely more

The entire treatment for even complex, long-standing issues typically does not extend beyond three sessions. This is a categorical departure from the open-ended, indefinite engagement of psychoanalytic, psychodynamic, and most cognitive-behavioural models. Brief, focused, and complete.

21. Factual memory remains fully intact after emotional resolution

After the somatic substrate of a traumatic or distressing memory is released, the client retains full cognitive recall of the factual events — but the [emotional charge associated with those events is gone](#). They can revisit the most difficult memories without reliving the pain. This is described as the [asymmetry of emotional induction](#): the body produces the feeling; removing the somatic substrate removes the distress without removing the memory.

22. Multiple interrelated issues addressed in a single session

Because the approach works at the level of the somatic substrate — which underlies multiple symptoms simultaneously — several interrelated issues can be addressed in a single session. This contrasts with symptom-by-symptom approaches that require separate interventions for each presenting problem.

23. Results extend across physiology, not only psychology

Because the somatic substrate of unresolved emotional experience is also a physiological burden — maintaining the [HPA axis](#) in chronic activation, [suppressing immune function](#), disrupting sleep, endocrine balance, digestion, cardiovascular regulation, etc. — releasing it produces improvements across physiological systems, not only in mood or behaviour. The approach explicitly addresses symptoms related to the full spectrum of [stress-related medical conditions](#).

V. Conceptual Distinctions Unique to This Approach

24. [Fear, stress, and anxiety as three fundamentally different states](#)

The approach makes a clinically precise distinction between: Fear (acute, present-threat, energy booster — healthy and purposeful), [Stress](#) (chronic, past-memory-triggered, energy drainer), and Anxiety (chronic, future-projected from past unresolved experience, energy drainer — the most pervasive and damaging). This three-way distinction is foundational to understanding why the approach targets what it targets.

25. Feelings as energy — positive feelings boost, negative feelings drain

The approach frames unresolved negative feelings as [energy drainers](#) that deplete the mitochondrial and physiological resources the body needs for self-healing. Positive feelings (love, joy, genuine fear, compassion) are energy boosters that stimulate cellular energy production. This energetic model of emotional experience is unique and clinically actionable.

26. The distinction between feelings and emotions — rigorously maintained

Unlike virtually every other therapeutic approach, which uses "[feelings](#)" and "[emotions](#)" [interchangeably](#), this approach maintains an absolute distinction: feelings are pre-verbal, bodily, interoceptive sensory experiences; emotions are the categorical constructions the rational mind builds from those experiences through [interoception](#). This distinction is not semantic — it is the clinical foundation of why the approach works where cognitive approaches do not.

27. [Interoception](#) as the bridge mechanism — named and explained

The approach explicitly names and explains [interoception](#) — the process by which the brain continuously reads, interprets, and integrates bodily signals — as the mechanism through which feelings become emotions. This is a recent neuroscientific insight ([Craig, 2002](#); [Barrett, 2017](#)) that most therapeutic approaches have not yet integrated into clinical practice.

28. [Somatization](#) recognised and addressed as a primary clinical reality

The approach explicitly addresses [somatization](#) — the process by which sustained unresolved emotional load manifests as persistent physical symptoms — including three specific categories: somatized motor dysregulation, somatized tension, and somatized emotional overload. This extends the clinical scope far beyond emotional well-being into the full range of psychosomatic and idiopathic physical conditions.

VI. The Practitioner's Profile and Lineage

29. Living lineage — practised in its archaic forms since the early 1990s

[Alex V. Priala](#) has practised ancestral forms of this approach since the early 1990s — before contemporary neuroscience had named the mechanisms the approach uses. The theoretical framework was developed to describe and explain in modern scientific language what

clinical practice had already established as effective. This is the reverse of most contemporary therapeutic approaches, which are developed theoretically and then tested clinically.

30. Talent and passion as clinical differentiators — explicitly named

The approach explicitly states that "besides skills, it is talent and passion that make the difference between endless therapy and a brief professional engagement with consistently good results." This is an unusually honest positioning in a field that tends to emphasise credentials and protocols over artisanal skill. [References](#) speak to both.

31. The practitioner as guide, not healer — the client's [subconscious](#) does the work

"The hypnotherapist cannot take credit for your [healing](#) — he is not the one who heals you. His work consists of guiding you to activate your own inner self-healing resources." This positions the approach as a facilitation of innate capacity rather than an external intervention — which is both philosophically coherent and clinically distinctive.

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