



## **Hypnosis as a Complement to Addiction Treatment**

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Have you noticed that people with addictions often discuss their relapses in terms that imply a trance state? Many speak of experiencing "tunnel vision" or of being on "automatic pilot." Some say in all seriousness that they felt as if their car drove itself to the drug house or liquor store. Even the *Alcoholics Anonymous* "Big Book" speaks of those "strange mental blank spots" (3<sup>rd</sup> edition, p. 42) that precede a relapse and inhibit alcoholics' ability to recall previous learning about addiction and its consequences.

Dennis R. Wier's *Trance: from Magic to Technology* (1996, Ann Arbor: Trans Media, Inc.) devotes an entire chapter to "Pathological Trance and Addiction." The book is difficult but worthwhile reading for anyone wishing to understand and interrupt addictive thinking.

Two key passages warrant consideration:

*"Addiction can be better understood if we think of it not merely as 'substance abuse,' or performance addiction, but as a form of impoverished reality that is maintained by a trance. Limited awareness, tunnel vision, the special characteristic that identifies a dysfunctional, impoverished reality, also characterizes a type of trance state that may be also a characteristic of all addictions ... Perhaps the most important aspect of pathological trance is that it creates an unawareness or a 'sleeping state.' When your thoughts are limited in variety and your attention becomes fixed, the fixation alters perceptions ... in this sleeping state you are unaware of new information. Not all trances are pathological; the trance state of a yogi can be a tool to illuminate what is not normally perceived (p. 92).*

And:

*Addictive trances reward an impoverished thought-set. You can help reduce any addiction by rewarding the enrichment of your thoughts. This means to expand the variety of your thoughts without trying to remove the thoughts you think are the problem (p. 102). But before you can change a trance, you need to know how to recognize one (p. 104).*

If Wier is correct that a sort of hypnotic trance maintains addiction, might it then follow that therapeutic hypnosis could play a useful role in its treatment? Let us briefly consider just three of the several ways in which therapeutic hypnosis may complement addiction treatment: 1.) training in self-hypnosis for relaxation and stress management; 2.) "Parts Therapy" or



ego state therapy to resolve inner conflicts (i.e., ambivalence about getting sober); and 3.) Desensitization to emotional triggers.

### **Relaxation Training For Stress Relief**

Hypnosis is not necessarily relaxing unless it includes suggestions for relaxation. When it does, it rapidly induces what Herbert Benson M.D. calls the relaxation response.

If hypnosis did nothing beyond helping people relax and reducing their feelings of overstress, it would still be a helpful addition to any addiction recovery program. To the extent that using drugs or alcohol became an addicted person's primary (if not sole) means of reducing stressful feelings and emotional discomfort, these feelings remain triggers of helplessness and addictive relapse behavior. It is empowering for addicted persons to discover a natural alternative or replacement strategy such as self-hypnosis that is easily learned, readily available, and carries none of the destructive consequences that go with acting out the addiction.

### **"Parts Therapy" or ego state therapy to resolve inner conflicts**

Those persons who feel as if "part" of them wants to be clean and sober while another "part" still wants to use might benefit from what is called variously "parts therapy" or ego state therapy. This is a hypnotherapeutic approach to addressing and resolving the kind of internal division and ambivalence that undermine so many efforts at recovery. An ego state is essentially the same phenomenon that C. G. Jung called a complex or a fragmentary personality and that others have called a subpersonality. One could also conceptualize an ego state as an integrated neural pathway of mood and thought or a specific instance of state-dependent memory, learning, and behavior. Ego states develop most often—although not exclusively—in childhood and in response to the demands of our various life experiences and they emerge when "triggered" by seemingly similar situations. Although their intentions are generally beneficial and protective, the actual impact of their behavior may have quite the opposite effect. Every normal, healthy person has multiple ego states: the parts make up the whole. The presence of ego states is only problematic when they are in conflict with each other or otherwise thwart the aims and intentions of the conscious personality, complications seen frequently in addiction.

When therapists and others in the addiction treatment field speak of the "inner child," "egomaniacs with inferiority complexes" (a recovery slogan used to describe alcoholics), or the defense of "splitting," they are implicitly acknowledging the presence of multiple ego-states in the same person, but



not usually going far enough toward resolving their conflicts. Parts therapy or ego-state therapy directly addresses these conflicting ego states and promotes their integration into a more functional whole.

### **Desensitization to emotional triggers**

An article in *Living Large* ("Trauma as a Trigger," April, 2009, p. 6) discussed the possible role of previously undetected co-occurring posttraumatic stress in triggering relapse behavior. Disproportionately intense emotional reactions provide clues that unresolved trauma may be interfering with one's functioning and sobriety. Characteristics of posttraumatic stress include compulsive numbing and avoidance of feared emotions and a pattern of reacting to comparatively benign cues in the present as if they were painful scenes, situations, or events from the past. Therapeutic hypnosis—especially regression therapy—provides a powerful tool for helping individuals understand and decrease the intensity of their trauma-based emotional reactions in a way that is not always possible with cognitive-behavioral therapy alone. Attenuating these emotions and becoming desensitized to old emotional triggers promotes greater serenity and self-control in the here and now.

In a videotaped lecture John Bradshaw joked about wanting to accomplish his recovery from addiction through hypnosis as if to imply that doing so was unrealistic and merely another form of avoidance. Later in the same presentation, however, he affirmed hypnotic regression as a powerful way to reconnect with long-buried emotions when doing "inner child" work. Following his seemingly dismissive remark, this appears contradictory unless one realizes that he was in fact referring to two different attitudes toward therapeutic hypnosis. His first statement scoffs at magically expecting direct-suggestion hypnosis to provide a "quick fix" that would exempt him from responsibility for his recovery. His second statement acknowledges the efficacy of hypnosis in exploring, understanding, and releasing blocked emotions that can undermine recovery.

After working for several years as a therapist in addiction treatment I became increasingly interested in hypnosis and eventually obtained certification as a hypnotherapist. Two factors influenced this decision: the aforementioned impression that addicted persons often recounted their relapses in terms resembling hypnotic phenomena and personal frustration with the limitations of consciously-directed talk therapy. Hypnotherapy is not a cure-all for addiction or a substitute for motivation, nor is it a way to manipulate others into actions they are otherwise unwilling to take. It is a powerful holistic (i.e., mind-body-spirit) tool for promoting voluntary control



over one's reactions, sensations, and impulses; resolving ambivalence and internal conflict; and safely releasing the emotions that underlie various kinds of distress, including some medically unexplained illnesses and much addictive relapse behavior. If you are wondering how hypnosis might aid your recovery from addiction, please contact me in care of West Brook Recovery Center: (616) 957-1200 or [mkivinen@westbrookrecovery.com](mailto:mkivinen@westbrookrecovery.com)