

# Hypnosis in the Management of Alcohol Dependence.

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**Keywords:**

Hypnotherapy, Hypnosis, Alcohol Addiction, Alcoholism, Alcohol Dependence, Hypno-Rational Emotive Behaviour Therapy (HREBT), Hypno-aversion Therapy, Dream induction

## Introduction

The untold misery and suffering caused by alcohol addiction to the addict per se and to his family members and the entire society in general, is a matter of serious concern to health authorities wherever such addictions are prevalent.

A social drinker may continue to remain a social drinker or may eventually become an alcohol dependent, and continue to remain so until he meets with premature death following alcohol related complications. In the UK it is estimated that excess alcohol consumption leads to about 33,000 premature deaths a year, mainly from cardiovascular disorders, cirrhosis, accidents and cancer (Austoker, 1994; Ashworth and Gerada, 1997). Follow-up investigations have studied mainly middle-aged men in whom overall mortality is at least twice the expected rate. Mortality in alcohol dependent women appears substantially higher. (Harris and Barraclough, 1998).

## Diagnosis

Diagnosis of alcohol dependence is made if three of the seven criteria described in DSM – IV or three of the six criteria described in ICD -10, have been experienced or exhibited by the patient at any time during last 12 months.

Alcohol dependence can be broadly divided into physiological dependence and psychological dependence. The physiological dependence can be successfully controlled with appropriate medical management. But the difficulty faced by medical professionals in offering a complete, long lasting and an effective form of treatment for psychological dependency continued to remain a major health and social problem until recently.

But today with the introduction of some of the effective Hypnotherapeutic techniques such as guided imagery, visualization techniques, dream induction, rational emotive behaviour therapy and aversion therapy, psychological dependence can be successfully managed.

A full medical, psychiatric and psychological assessment must be made prior to treatment.

## History, CAGE questionnaire

Alcohol abuse can be detected by taking a careful history. Girela et al (1994) reported that taking a proper history employing CAGE questionnaire, was more effective at detecting alcohol dependence than routine laboratory blood tests such as GGT level (Gamma Glutamyl – Transpeptidase) and the MCV (Mean Corpuscular Volume).

The CAGE questionnaire constitutes:

- Have you ever felt you ought to *cut down* on your drinking?
- Have people *annoyed you* by criticizing your drinking?
- Have you ever felt *guilty* about your drinking?
- Have you ever had a drink first thing in the morning (an '*eye-opener*') to steady your nerves or get rid of a hangover?

If the answers to this questionnaire are in the affirmative, the patient can be gradually and systematically guided to visualize his drinking behaviour with appropriate solutions to above questions. He is suggested to make a self-study under hypnotic trance, in order to achieve a sense of control, with new behavioural responses and coping skills. This is called Guided imagery and is an effective therapeutic technique (Meichenbaum, 1978). The ability of imagination or visualization varies from person to person. Visualisation is a skill that can be developed by guided imagery and with repeated practice. There is a correlation between the ability to visualize and the capacity to enter into an altered state of consciousness, including the hypnotic state. (Hilgard, 1971; Barber, Spanos & Chaves, 1974; Lynn & Rhue, 1988). According to Kroger (1977), 'Hypnosis greatly facilitates the production of imagery'; whilst others (Glick, 1970; Deiker and Pollock, 1975) indicate that visualization is enhanced during the hypnotic state.

Guided imagery and visualization techniques can be employed to promote changes in attitudes and behaviour with regard to alcohol addiction. Visualisation is a mental process, where the focus of attention is deliberately directed to one or more sensory stimuli. A

complete visualization process constitutes a combined perception of all five types of sensory inputs, namely tactile, visual, auditory, olfactory and kinesthetic. In guided imagery, a deliberate focus of attention is made on specific images to bring about desired changes in attitudes or behaviour.

It is an essential prerequisite to ascertain whether the patient is sincerely motivated to overcome the problem of dependence. If the patient is not well motivated, and his attendance is merely to satisfy the spouse or parents, then the likelihood of recovery is remote. Such patients can be persuaded to develop a desire to refrain from alcohol by motivational interviewing.

### **Motivational interviewing under hypnotic trance.**

Hypno-Rational Emotive Behaviour Therapy (HREBT) can be successfully employed for this purpose. The patient is helped to assess the balance of the positive and negative effects of alcohol on his life under hypnosis. Suggestions are made under hypnotic trance to visualize rationally and emotionally the physical, mental, marital, social, spiritual, and financial damage, distress and suffering caused to him by alcohol in great detail. He is also guided to visualize rationally and emotionally as to how this deterioration process continues and ends in disaster, if he continues to depend on alcohol. The patient is then regressed to a period, when he had been completely free from alcohol, and is suggested to re-live and re-experience the joy and happiness of physical, mental, marital, social, spiritual and financial well being.

The choice is given to the patient. If the patient is not yet motivated to refrain from alcohol, he is progressed to a future situation and suggested to visualize in minute detail, and experience his future targets and aspirations quite clearly. The patient may eventually realize the importance of achieving these targets. Suggestions are given to visualize the obstacle that prevents him from achieving these targets, and to remove it once and for all.

The same procedure can be employed in a patient under hypnotically induced dream state to facilitate motivation. Once the patient appears to be motivated to abstain from alcohol, sincer-

ity of his unconscious desire can be confirmed by eliciting an ideo-motor response (IMR).

### **Treatment Plan**

The patients with alcohol dependency need institutionalization with intensive medical, psychological and social care. It is desirable to involve the spouse in the assessment. Once the withdrawal symptoms are controlled with medication, there should be specific goals and the patient is suggested under hypnotic trance to take the responsibility for realizing them. These goals should deal with the problem of drinking, health, marriage, occupation and social adjustment. In the initial stages these goals should be short term and achievable, for instance, complete abstinence for two weeks, and the patient can be rewarded by early achievement. Total abstinence must be the longterm goal, although there is a prevalent view that controlled drinking may be a feasible alternative for those who are not dependent or physically damaged. Recent investigations have supported the idea that controlled drinking can be a realistic goal in patients without alcohol dependence and lesser levels of alcohol related disorders. (World Health Organization Brief Intervention Group 1996)

Now the patient is regressed to several past situations, and is suggested to re-live and re-experience, progressively and slowly, one by one, the physical, mental, marital, social, spiritual and financial relief and advantages of total abstinence. Then he is suggested to re-live and re-experience as to how he became a dependent every time, again and again, following an occasional drink. The patient is suggested to visualize his future targets and aspirations, and to realize the importance of total abstinence in their achievement.

### **Hypno-Aversion Therapy**

Hypno-Aversive therapy is the most effective and specific form of treatment for all addictions. It consists of administering an aversive stimulus to inhibit an unwanted (emotional) response, thereby diminishing the habit strength. The aversion should be linked to the prodromal stimulus, which initiates the unwanted behaviour and not to the behaviour itself.

Procedure to be followed.

1. A full case history should be taken, with special attention to the stimulus prior to the behavioural response; for example, noticing friends consuming liquor in a pub.
2. The hypnotist should clearly identify the most aversive, most repulsive, most disgusting and most nauseating stimulus the patient has ever experienced, including a detailed account of his physical responses to that aversive stimulus.
3. Induce as deep a trance as possible.
4. Install IMR 'YES' finger.
5. Install Aversion Script.

*'.....and as you drift ever deeper into the trance.....and your mind becomes so much more focused on your inner experiences.....I would like you to become aware of your problem drinking.....and the situation in which you experience that response.....and when your unconscious mind is fully aware of that problem behaviour, it can indicate that to me by lifting the 'YES' finger.'*

*'.....and NOWwww.....I would like you to allow your mind to drift backwards in time to just before you start drinking.....so that you can become fully aware of whatever thought..... feeling..... situation..... appeared to have triggered that inappropriate behaviour.....and when your unconscious mind is fully aware of that thought..... feeling..... or.....behaviour, (The hypnotist should direct the patient to make as clear an image as possible).....it can indicate that to me by lifting the 'YES' finger;*

*I would like you to put that thought.....some-where in the back of your mind so that you can recall it in a few moments time.*

*.....and NOWwww.....I would like you to begin to form a new image of the.....(Aversive stimulus as ascertained from the case history)..... and I would like you to make that experience so clear in your mind.....(The hypnotist should*

*direct the patient to make as clear an image as possible, including colour, texture, smell and any other senses that are appropriate)..... and no matter how unpleasant that experience may seem all of the while you think of it.....that experience grows **clearer and stronger**..... and as that experience grows clearer and stronger and more vivid.....so your feelings of disgust.....dislike of that noxious experience fill your mind and your body.....becoming so strong and clear.....you may even feel a little nauseous in your stomach.....which will continue to become stronger.....and stronger.....as you think about that situation (aversive stimulus as ascertained from the case history)..... and when you can experience those nauseating sensations clearly and fully your unconscious mind can indicate that to me by lifting the 'YES'finger.....well before you actually need to vomit.*

### Synthesis of prodromal stimulus and aversion

*'And NOWwww.....I would like your unconscious mind to bring back that specific image of whatever triggered off that unwanted behaviour of drinking.....and the moment that situation is clear in your mind.....instantly and immediately.....I would like you to simultaneously.....begin to experience that.....repulsive..... repugnant..... disgusting..... nauseating (Hypnotist should describe the aversive stimulus in great detail involving as many senses as possible).....and experiencing all of those nauseating..... repulsive...repugnant..... repellent.....disgusting images, sensations and feelings spreading into that situation.....and as you.....continue to experience that situation or thought that triggered your drinking.....so those.....disgusting..... nauseating.....sickening feelings.....smells etc; grow stronger and stronger, clearer and clearer.....spreading throughout your mind and body.....and when you can experience those sensations and images clearly and fully in that situation.....your unconscious mind can indicate that to me by liftingthe 'YES' finger.....well before you actually need to vomit.'*

Repeat synthesis of prodromal stimulus and aversion at least three times or until the patient

automatically experiences the aversive stimulus and response when thinking of the stimulus prior to drinking.

*'And as a result of this treatment.....from this moment on.....if ever you think of that situation.....or thought.....or are actually in that situation.....that in the past.....triggered that unwanted behaviour.....no matter where you are.....how you are feeling.....or who you are with.....instantly and immediately you will fully experience that.....(Hypnotist should describe the aversive stimulus).....which will grow stronger and stronger.....more and more repulsive.....more and more disgusting.....more and more nauseating.....so that there will be absolutely no way you would be able to take alcohol.....in fact.....as a result of this treatment you may even **decide to make a deliberate effort to avoid** situations that might trigger that disgusting, sickening response.....'*

Awaken the patient with ego strengthening suggestions.

The patient has to be reassessed and followed up for a minimum period of two years. Hypno-Rational Emotive Behaviour Therapy, Dream induction and Aversion therapy has to be re-instituted at least twice a day until the patient is discharged from the hospital. Following discharge it has to be continued once a week for next four weeks, once a fortnight for next six months, and once a month for next eighteen months.

## Summary

When dealing with alcohol dependents, it is an essential prerequisite to determine whether the patient is sincerely motivated to abstain totally from all forms of liquor for the rest of his life. If not, he has to be properly motivated by employing Hypno-Rational Emotive Behaviour Therapy (REBT). Hypnotically induced dreams too can enhance the patient's potential to utilize his internal resources to motivate positively. Once the patient is well motivated, institution of aversion therapy in the treatment of alcohol dependence has proved to be quite effective.

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