The Use of Hypnosis in the Treatment of Drug Addiction

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THE personality structure of the "average" addict shows many of the same defects as those of the chronic alcoholic. The addict is usually over-sensitive, dependent, lonely, lacking in self-esteem, and finds it difficult to tolerate frustration. In addition, self-pity is often a prominent feature of the addict's personality.

Hartland[1] mentions two distinct types of addiction: 1) that which occurs in people suffering from neurosis who try to control their tension and anxiety with drugs; and 2) that which occurs in people who resort to drugs for the "lift" and feelings of euphoria that they induce. In either case, once addiction has developed, a physical dependency upon the drug is established as a result of biochemical changes which produce a craving for the drug. Kroger[2] contends that an uncontrollable craving occurs in predisposed individuals even after a single exposure to a narcotic drug.

The most defensible classification in the light of available evidence is the classification by Ausubel[3]. He distinguishes between three basic categories of drug addiction: primary addiction, in which opiates have specific adjustive value for particular personality defects; symptomatic addiction, in which the use of opiates has no particular adjustive value and is only an incidental symptom of behavior disorder; and reactive addiction in which drug use is a transitory developmental phenomenon in essentially normal individuals influenced by distorted peer group norms. According to Ausuble, the difference between primary and symptomatic addiction is mainly a difference in the specificity of the adjustive value of opiate-induced euphoria for the personality disturbance involved; whereas reactive addiction is adjustive for developmental and situational stress or for conformity needs in a peer group and not for a serious personality defect.

In Ausuble's classification primary drug addiction includes all addicts with personality trends for which addiction has specific adjustive value. The following subgroups are delineated: 1) the inadequate personality and 2) anxiety and reactive depression states. Symptomatic drug addiction occurs primarily as a nonspecific symptom in aggresive antisocial sociopaths. Drug addiction has no particular adjustive value for this type of person. It is only one symptomatic outlet for the expression of his antisocial and aggressive trends. Reactive drug addiction is essentially an adolescent phenomenon having no adjustive value for any basic personality defect. It is a response to transitory developmental pressures, a means of expressing aggressive anti-adult feelings, and a means of obtaining acceptance in certain peer groups. Ausuble stresses the fact that not all adolescent drug addicts can be placed in the category of reactive addiction. Many (15% to 20%) are inadequate personalities, anxiety neurotics, or sociopathic deviates whose addiction begins in adolescence.

In making a diagnosis of drug addiction, using Ausubel's classificatory scheme, it must be remembered that the actual etiology is multiple in nature. In reconstructing the genesis of each individual case, such variables as availability, and the attitudinal orientation of the culture as a whole, of the neighborhood, and of the peer group must be carefully evaluated. A definitive diagnosis can only be made after obtaining a thorough psychiatric history and psychological examination.

Addiction to barbiturates and dexedrine is particularly susceptible to hypnotic treatment, according to Byran[4]. Bryan states that withdrawal symptoms can be curbed by direct suggestion and the judicious administration of medication. Hypnoanalysis is needed to eliminate the underlying neurosis, but the prognosis in these cases is good.

The results with the use of hypnosis in addic-

tion to the hardcore opiates (morphine, heroin, pantapon, etc.), on the whole, have been poor. However, Bryan reports good results with these cases, provided the following five things are present: 1) the patient himself must be well motivated in order for him to have any lasting benefits; 2) the patient must be under constant supervision; 3) the drug supply must be completely and permanently shut off from the patient; 4) an extensive hypnoanalysis must be done to uncover every significant neurosis and direct suggestion must be given which will afford the patient new escape valves to replace the use of the opiates; and 5) this is the most important, the patient must be seen a minimum of one or two hours daily until a complete cure is effected and then hypnotic suggestion should continue until one is positively assured that recurrence is unlikely.

Hypnosis has been used to traumatize the drug addict against any use of a needle[5]. After the patient had gone through her withdrawal period, the posthypnotic suggestion was given that she was to be normal in all respects but that if she or anyone else attempted to put a needle into her body at any place, she would have a violent physical reaction. She was also told that upon coming out of hypnosis she would not remember that this suggestion had been given to her. At the time of this report the patient had been successful for a period of six weeks. She did shoot up with heroin on one occasion during that six week period but went into a violent stomach retching and vomiting when she put the needle into her arm. This was such a negative experience that she did not have any pleasant flash as a result of the heroin.

Kroger[2] states that autohypnosis is especially helpful for withstanding the disagreeable subjective sensations produced by withdrawal. In several refractory cases, Kroger has suggested that the addict use sensory-imagery conditioning to imagine that he is giving himself an injection or taking a drug orally while in hypnosis. When the patient can revivify the pleasurable effects of the drug, withdrawal is accomplished more readily.

Baumann[6] used a hypnotherapy technique with adolescent drug abusers consisting of the following steps: 1) history and physical examination with a sincere attempt at establishing rapport; 2) revivification of a previous "good trip" or happy drug experience; 3) having the patient develop the hallucinated drug experience into one which, in his or her own opinion, was more rewarding, more intense, and more profitable than the original. The advantages of such an approach are that self-induced hallucinated experiences are not against the law, they are free and totally under the subject's control, and thus provide the need for independence, without depriving the person of the kick, adventure or escape previously supplied by injection or ingestion of illegal, expensive drugs with unpredictable present or future effects.

A technique similar to the one developed by Baumann has been employed by Alvin Ackerman and myself[7] as part of 36 hour week-end encounter marathons with female drug addicts. Each group consisted of 32 subjects. The technique consisted of having the subjects lie down on mats with blankets and pillows. Then with eyes closed they were taken through a progressive relaxation induction that included deep breathing exercises. Then the subjects were told to visualize a scene that gave them the feeling of peace and contentment, to let the scene become as clear and vivid as possible, and to enter into the scene and become part of it and be completely surrounded by it. They were further told to experience everything about the scene—all of the pleasant sounds, the pleasant sights, the pleasant smells, the pleasant tastes, and pleasant touches—to let the whole self be filled with the good feelings from being part of the scene. They were told that as they continued to be part of the scene that some suggestions would be given to them that would be very beneficial for them; that they were not to pay any particular attention to these suggestions, but just let them float into their minds without any conscious effort. They were then given the ego-strengthening suggestions as developed by Hartland.[1] After the ego-strengthening suggestions were given, they were told to go back to the last good "trip" they had and to relive it completely. They were told that every minute of clock time would seem like an hour while on their "trip." They were given ten minutes for their trip and the use of the time distortion technique made the ten minute trip seem like ten hours. At the end of the ten minutes, they were told that it was time for them

to come back to the present time and place and that the operator was going to count from one to five and that with each number he counted they would feel much lighter, much more alert, and much more refreshed. At the count of five they were told to open their eyes and sit up and feel the immense sense of mental clarity and physical well-being. The results thus far have been very encouraging.

Historically, drug abusers have been asked by society to give up what they "enjoy"—that is, a synthetic agent which permits temporary escape from the harsh realities of everyday life, and the concomitant anxiety, for the middle class American dream based on hard work, delay of need fulfillment and competitive-aggressive relationships for others. It appears much more realistic to satisfy the "needs" of a drug abuser by substitution and addition of further "pleasure" rather than deprivation of gratifications. Because the revivification of a good trip is legal and under the control of a professionally trained person, difficulties with the addict associating with criminal elements in order to procure drugs is largely eliminated.

Techniques for handling drug addicts by group hypnotherapy have been described by Ludwig, Lyle, and Miller.[8] Their study was conducted at the U.S. Public Health Service Hospital, Lexington, Kentucky with 22 male addicts. It is the belief of the authors that the hypnotherapeutic techniques which were most successful in eliciting positive responses were those which seemed more magical, more authoritative, and oriented more toward dealing with current, practical, reality problems. They found that insight-oriented treatment held little meaning. Introspection was not one of their virtues and they viewed therapy as "getting something from the doctor." The authors feel that group hypnotherapy with addicts offers a number of advantages, especially for short-term treatment programs. It undermines most of the destructive griping which seems characteristic of many group meetings with addicts and allows group members to participate equally in all aspects of the treatment program. Group hypnotherapy also seems conducive for extending the duration of the therapeutic session beyond its ordinary limits by means of posthypnotic suggestions. The authors state that group hypnosis has some severe limitations. It didn't prove useful as a method for dealing with deep insightful material.

Ludwig and Levine[9] have used a new treatment technique with drug addicts which employs LSD and hypnosis. The authors conducted a controlled study in which 70 drug addicts were randomly assigned to five brief treatment techniques employing LSD, psychotherapy, and hypnosis. The results of this study revealed that patients treated with the hypnodelic technique (LSD + Hypnosis + Psychotherapy) for a single session showed greater improvement than patients treated with a single session of (*a*) LSD + Psychotherapy, (*b*) LSD alone, (*c*) Psychotherapy, or (*d*) Hypnotherapy when evaluated two weeks and two months after treatment. The primary contribution of LSD, according to Levine and Ludwig,[10] is its ability to produce a mental state in which thoughts and feelings assume an exaggerated sense of meaning, importance, and significance. While under the influence of the drug, patients seem to have a prolonged form of "eureka" experience whereby old ideas may be seen in a new light and new ideas are more readily accepted. These ideas, according to the authors, tend to become imbued with a new sense of intellectual and emotional appreciation. The addition of hypnosis to LSD increases therapeutic effectiveness for the following reasons: 1) because of the hypnotic relaxation the patient is better able to give in to the ensuing LSD experience; 2) during the hypnotic induction the patient works closely with the therapist and this relationship tends to be maintained throughout the LSD experience; and 3) because of the demand characteristics of the hypnotic situation it is easier to structure, direct, and shape the session in ways the therapist deems important.

In conclusion, the use of hypnosis in the treatment of drug addiction shows a great deal of promise. Without the use of a long-range program utilizing hypnosis, the rate of success is around 2%. Success rates in programs employing hypnosis have consistently been between 60% and 70%. Group hypnotherapy, hypnodelic therapy, and reliving a good trip, seem more likely to achieve results than hypnoanalysis, especially if they are employed in an institutional setting where withdrawal symptoms can be handled, where treatment can be intensive, and where the addict can be kept under strict supervision. Other

adjunctive therapies, such as drugs for withdrawal symptoms, vitamins, sedation, a nutritious diet, occupational, industrial, and recreational therapy can also be helpful in conjunction with hypnotherapy.

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(Contents concluded)