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Therapeutic Potential of Hypnotherapy to Treat Substance Use

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Therapeutic Potential of Hypnotherapy to Treat Substance Use

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CERTIFICATE OF APPROVAL

CAPSTONE PROJECT

Therapeutic Potential of Hypnotherapy to Treat Substance Use

This is to certify that the Capstone Project of
Theresa Marie Sanchez
Has been approved by the faculty advisor and the CE 695 – Capstone Project
Course Instructor in partial fulfillment of the requirements for the
Master of Science Degree in
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Abstract

The use and abuse of substances has been a problem throughout the country for decades. Treatment programs attempt to mitigate the issue, but death rates from all drugs are rising each year, showing a need to implement alternate treatment options. This literature review analyzed multiple scholarly articles on the components of Hypnosis and Hypnotherapy. The visualization technique used in Hypnotherapy mirrors The Miracle Question that is used in Solution-Focused Therapy. Connecting this knowledge to what scientists and researchers are discovering in the field of Neuroscience allows us to see that it is possible to harness the power of the mind using Hypnotherapy as a potential treatment for substance use, and other mental health issues.

Keywords: Substance Use, Substance Abuse, Hypnosis, Hypnotherapy, Visualization, Miracle Question, Solution-Focused Therapy, Neuroscience, Consciousness, Brain Waves, Suggestibility, Susceptibility

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Therapeutic Potential of Hypnotherapy to Treat Substance Use

The word “hypnosis” can trigger an image of a subject on stage involuntarily clucking like a chicken at the command of a hypnotist, but research shows that this altered state of consciousness is not voodoo at all, it is backed by science. Breaking down the components of hypnosis and hypnotherapy shows the potential of accessing altered states of consciousness to therapeutically treat the long-standing issue of the use and abuse of substances.

The recent opioid crisis spotlights the deadly effects of opioid abuse, but deaths from all drugs are rising year after year. The National Institute on Drug Abuse (2022) reports that 92,000 people in the US died from drug-involved overdoses in 2020. This number far exceeds the 52,404 deaths in 2015. Despite all efforts to mitigate substance use, it seems that what is being done is not working as well as it should. This is because there are limitations in many treatment programs that do not always address the root cause of the substance use itself. Much has been learned about the real causes of addiction, and researchers have found that trauma and Adverse Childhood Event scores (ACEs) are strongly linked with substance use disorders (He et al., 2022). With high rates of co-occurring mental health and substance use issues, combined with high rates of relapse, professionals could benefit from an alternate option that steps away from the “treatment as usual” format being used by most programs today.

This information will serve to inform professionals in the mental health and substance abuse fields of the potential benefits of using Hypnotherapy to treat substance use, and possibly other mental health issues, making this an approach that many professionals may want to have in their toolbox.

Literature Review

Substance use has been an ongoing issue in the United States for decades and it remains a costly issue. This literature review will examine the effects that substance use has on our society as well as the effects it has on the body and brain of the individual using them. This review aims to show that many substance abuse treatment programs are not getting to the root of the problem, which is the trauma and pain driving the substance use. This highlights the need to expand the types of services offered. Hypnotherapy is one option that this literature review will explore.

A solid understanding of the components of hypnosis and Hypnotherapy will show the benefits of accessing altered states of consciousness. This review will examine the similarities between the Hypnotherapy technique of visualization and The Miracle Question that is used in Solution-Focused Therapy. Tying this information to what is being discovered in the field of Neuroscience makes it possible to see the potential effects Hypnotherapy could have in treating substance use, and other mental health issues. The research that has been done using Hypnotherapy to treat substance use is limited, which allows for many misunderstandings about the therapeutic use of the state of hypnosis.

Substance Use

Substance abuse is a term that is linked to the classification of a substance use disorder in the DSM-5. The DSM-5's section on Substance-Related and Addictive Disorders contains 10 classes of drugs, including alcohol; caffeine; cannabis; hallucinogens; inhalants; opioids; sedatives, hypnotics, and anxiolytics; stimulants; tobacco; and other substances (American Psychiatric Association, 2013). Those who suffer from substance use disorders have a combination of cognitive, behavioral, and physiological symptoms where the individual continues to use a substance despite significant problems. The terms substance use, and

substance abuse will be used interchangeably throughout this paper because an individual using substances does not have to meet the criteria for having a substance use disorder to see that there are still costly effects to both the user and society.

Costs

The National Institute on Drug Abuse (2020) reports that the use and abuse of substances such as “alcohol, nicotine, and illicit drugs, and misuse of prescription drugs cost Americans more than \$700 billion a year in increased health care costs, crime, and lost productivity”. A portion of that amount is being spent on numerous attempts to treat substance use disorders in treatment programs.

Treatment programs are raking in \$42 billion each year to rehabilitate those with substance use disorders (LaRosa, 2020). In 2009 health insurance payers spent 24 billion dollars on substance use disorders, and 21% of that amount was paid by Medicaid (Webster, 2022). The average number of serious attempts an individual makes to resolve a substance abuse problem has been estimated to be an average of five (Kelly et al., 2019). Whether it is insurance companies, private pay, or taxpayers footing the bill for the price of treatment, multiple treatment episodes are likely, which makes treating substance use disorders a costly task.

It is difficult to determine an accurate relapse rate, but The Hazelden Betty Ford Foundation (2021) reports that 40-60% of those suffering from a substance use disorder experience a relapse. Researchers have determined that more than 85% of those in recovery from alcohol, drugs, and nicotine relapse and return to substance use within one year of completing treatment (Sinha, 2011). Despite experiencing multiple treatment episodes, relapse rates remain steady. This is costly to both the user and society, and it is enough evidence to show that there must be limitations in how facilities treat substance use disorders.

Treatment Limitations

There are a few main treatment options available to individuals who struggle with substance use disorders. Some may enter a detoxification program, which allows an individual a safe place to detox from a substance and manage their withdrawals. Depending on the level of care needed, most people would attend either outpatient treatment or residential inpatient treatment.

There is more known about addiction now than ever before. Researchers are now linking mental health issues to substance use. Unfortunately, this shows the limitations of substance abuse treatment programs. A survey done in 2019 reports that only 53% of treatment centers in the US offer programs for people with co-occurring disorders (Buffo, 2022). In most treatment programs, group interventions are primary, with many programs not even offering individual counseling (DeSanto, 2012). Simultaneously treating a client's mental health seems to be one of the missing pieces in the treatment of substance use disorders.

Mental Health Correlation

The recent focus on co-occurring disorders highlights the importance of providing mental health care to those suffering from substance use disorders. Co-occurring disorders refer to an individual who suffers from both a mental health disorder as well as a substance use disorder. The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health (2019) report that 10.2 million adults had a substance use disorder without a mental health disorder, and 9.2 million suffered with both a mental health disorder and a substance use disorder. These numbers show that almost half of the almost 20 million suffering from a substance use disorder also have a mental health disorder.

Much has been written about what leads to substance use and abuse, and there is more known now than ever before. Dr. Gabor Maté is an experienced physician and author who spent years working with individuals struggling with substance use disorders, and he states that all addiction stems from a source of pain in that person's life (Maté, 2018). Johann Hari is a journalist and author who, after years of researching and traveling across the country, believes that people are not getting to the root of their addiction, which is the pain and despair they are experiencing (Roll, 2019). Hari goes on to say that if humans are unable to fulfill their need to bond because of trauma or isolation, then an innate drive will push them to seek something else, such as substances, to bond to (Hari, 2015). There are deep psychological needs that humans are not receiving in a culture that is becoming more and more disconnected, and people do not use drugs when they have bonds and connections that they want to be present for (Hari, 2015). Substances are abused when a person cannot bear to be present in their own life because it is such a painful place to be.

It seems that even if a person has been diagnosed with a substance use disorder, but not a mental health disorder, that individual potentially has some trauma or pain in their past that they have not healed from, leading them to use substances. This has been found to be true with research that connects Adverse Childhood Experience scores (ACEs) with substance use. ACEs are potentially traumatic events that occur in childhood between the ages of 0-17 (Centers for Disease Control and Prevention, 2022). Some examples of these potentially traumatic events include physical, sexual, or emotional abuse, neglect, abandonment, losing a family member to suicide, having a mentally ill parent, having a parent who abuses substances, witnessing violence in the home or community, having an incarcerated parent, and having parents who divorced. Researchers have found that there is a correlation between an individual's ACE score and their

risk for substance use. Individuals with ACE scores at or below five are seven to ten times more likely to suffer from a substance use disorder and are four to twelve times more likely to become drug abusers (He et al., 2022). Unhealed trauma is part of the reason why individuals use and abuse substances, but we must not discredit the dire effects substances have on the brain.

Effects of Substance Use on The Brain

Science has now shown through brain imaging that substance use changes the brain. The survival/reinforcement circuit in the brain, which encourages one to reinforce and repeat an action, is a part of the old brain, and its purpose is to keep the human species alive (Inaba & Cohen, 2014). This survival/reinforcement circuit drives people to innately seek food, water, sex, and other survival necessities. This circuit in the brain is the part most affected by substance use. The old brain has three main functions: to regulate physiological functions such as heartbeat, temperature, breathing, etc., to experience emotions and cravings, and to imprint survival memories (Inaba & Cohen, 2014). This primitive part of the brain is like a “go” switch, and it triggers humans to repeat actions and remember them. Its goal is to seek out safety and pleasure. This part of the brain remembers the pleasure that comes with substance use. This innate drive, and the emotional memories associated with the experience, keep users seeking more.

The new brain is the thinking brain. Over the past 200,000 years, this part of the brain has grown and expanded to make room for new cells as our species has evolved (Inaba & Cohen, 2014). This is the part of the brain that allows humans to think before they act, allowing people to take time to make decisions. It is essentially the “stop” switch in the brain, providing information when one is satiated. It shuts down the “go” switch in the old brain.

The primitive brain is faster acting, and the cravings that come from the old brain can easily override the cognitive rationalizations of the new brain. The brain seems to become

hijacked, making an individual crave the substance as if it is a survival need (Inaba & Cohen, 2014). This altered chemistry in the brain makes the “go” switch more powerful and impossible to ignore, and the “stop” switch malfunctions and does not shut the “go” switch off. The more one uses a substance, the more their tolerance goes up. As tolerance goes up, the body’s state of homeostasis is affected, causing the user to want more of the substance to relieve unpleasant withdrawal symptoms (Walters & Rotgers, 2012).

The brain records emotionally charged memories deeper than everyday experiences (Inaba & Cohen, 2014). This is important because substance use gives users a feeling of satisfaction in the form of a high, or relief from pain. This is an emotionally charged experience which means the brain records the memory, encouraging the substance user to use again to achieve that same high, or to relieve the pain again. The repetition and the high emotion tied to the use of the substances creates a deeply ingrained habit (Abshire, 2022). Our habits form neural pathways in the brain (Dispenza, 2012). The brain creates subconscious memory systems, so environmental cues often called triggers, can lead to cravings because the brain has been conditioned to closely associate all aspects of the substance use (DeSanto, 2012).

The effects that substance use on the brain seem to be the other missing piece in treating substance abuse disorders which underscores the need for counselors to have more options. Hypnotherapy is an option that has the potential to essentially rewire the brain by pruning away the pathways related to the substance use and creating new pathways related to a life free of pain and substances.

Hypnotherapy

The National Center for Complementary and Alternative Medicine (NCCAM) is a branch of the National Institute of Health (NIH) who labels Hypnotherapy as one of many

complementary and alternative therapies (Hartman & Zimberoff, 2011). Hypnotherapy is the use of hypnosis in a therapeutic setting to achieve a desired goal. It is considered a mind-body technique where the body is given a voice to bring awareness to what is going on in the subconscious, which is over 90% of an individual's awareness (Harman & Zimberoff, 2011). Just as there are many different styles and theoretical approaches to counseling, there are also many different styles of Hypnotherapy. Brain Working Recursive Therapy (BWRT), Cognitive Hypnotherapy, Ericksonian Hypnotherapy, Hypno-Psychotherapy, Hypnoanalysis, and Solution-Focused Hypnotherapy are just a few examples (Nicholls, 2021).

One Hypnotherapy approach that is rising in popularity is Rapid Transformational Therapy (RTT). Marisa Peer is the creator of this hybrid approach that uses hypnosis to relax the client, allowing their subconscious mind to take them back to the root cause of the presenting problem (Rapid Transformation Therapy, 2021). Using Cognitive-Behavioral Therapy (CBT) the hypnotherapist would find the core beliefs that the client formed from past experiences, reframe those beliefs, and install new, positive beliefs. Hypnosis allows the client to go back to the moment the belief was installed, which allows that belief to be reversed (Peer, 2018).

Most Hypnotherapy approaches include the following elements: hypnosis to relax the mind, and visualization (Williamson, 2019). In addition to these elements, and depending on the type of approach used, other counseling theories can be added to the session such as Psychoanalysis, Cognitive-Behavioral Therapy, Solution-Focused Therapy, Neurolinguistic Programming, and Emotional Freedom Techniques (Nicholls, 2021).

Hypnosis

The practice of hypnosis has been around for thousands of years. There are references to the Egyptians using a version of hypnosis in their temples, and some believe that there are

references to hypnotic experiences in the Bible (Gezundhajt, 2007). Hypnosis has a lengthy history of traveling through many realms of thinking throughout the centuries. It grew as a tool to aid in treating patients in the late 1700s by a German physician, Franz Mesmer (Hammer, 2022). Mesmer's use of hypnosis was very different from the way it is used today, but the idea of mesmerism, which is what he called the experience, caught the attention of others (Gezundhajt, 2007). The terms "hypnosis" and "hypnotism" were derived from Hypnos, the Greek god of sleep, and these terms were coined by James Braid (Hammer, 2022). The phenomenon entered the field of Psychology when it was used by well-known theorists such as Sigmund Freud, Carl Jung, and Milton Ericson (Sharf, 2016).

Hypnosis is a way to access what is stored in the subconscious (Wolf et al., 2022). It is best described as "a trance-like mental state in which people experience increased attention, concentration, and suggestibility" (Cherry, 2020, para. 1). An individual can enter a state of hypnosis through relaxation, focused attention, and imagery (Williamson, 2019). This can be done with the help of a professional hypnotist or through self-hypnosis. Hypnosis itself is not a therapy, but rather a "psychological phenomenon" (Heap, 2012, p. 1). The trance-like state, which is hypnosis, is not an unfamiliar state. Williams coined the term "highway hypnosis" in 1963 to define the phenomenon of arriving home after a drive but not remembering the details of that drive (Naoumidis, 2020). This process reveals that humans can respond to environmental cues while simultaneously being internally focused on their thoughts, processing information from different levels of consciousness.

Brain Activity in Hypnosis

To understand hypnosis, it is important to understand the brain wave states. There are five main brain wave states that vary in frequency. The lowest frequency is Delta, which is

representative of sleep and dreaming; then Theta, which is drowsiness with an inward focus; then Alpha which is very relaxed and reflective; then Beta, which is the busy, active, critical mind; then the highest frequency is Gamma, which is the deep concentration (Zuber, 2019). During hypnosis, the subject is relaxed out of the Beta state and into an Alpha state or deeper, depending on how susceptible the subject is to hypnosis. Highly hypnotizable individuals “respond to hypnotic inductions and suggestions with increases in theta activity” (Jensen et al., 2015).

Researchers have attempted to find out what happens in the brain under hypnosis. A study done at Stanford shows that for subjects that are highly hypnotizable, there is decreased activity in the dorsal anterior cingulate cortex of the brain (Bach, 2016). The dorsal anterior cingulate cortex is the part of the brain responsible for cognition and motor control (Bush et al., 2001). What this indicates is that a highly hypnotizable subject under hypnosis has less cognitive activity and is more absorbed in a relaxed state. A similar study by Jiang et al. (2017) also found that in hypnosis, there is a greater connection between the dorsolateral prefrontal cortex and the insula, which strengthens the connection between the mind and body, allowing for deeper communication between the two areas. The dorsolateral prefrontal cortex is associated with cognitive functioning, while the insula is associated with sensations in the body. Researchers in this study also found a reduced connection between the dorsolateral prefrontal cortex and the default mode network, which shows a disconnect between what the subject under hypnosis is doing, and their awareness of them doing it (Bach, 2016). This indicates that a person under hypnosis is less inhibited and less focused on self-reflection.

Positron emission tomography (PET) images have shown that both the left and right hemispheres of the brain are activated while in hypnosis (Kahn & Hobson, 2003). The relationship between the two sides of the brain is best described in this way:

The brain has two cerebral hemispheres, and while in our normal waking state, the left brain tends to be more dominant and could be likened to our 'conscious mind'. This communicates verbally and is the more intellectual, conscious, and rational part of ourselves. When we relax or become deeply involved in some activity, our right brain becomes more dominant. The right brain could be seen to be the more emotional, creative part of ourselves that communicates with symbols and images and could be seen as our 'unconscious mind'. There is always difficulty in telling ourselves not to be upset or anxious because words are not the language of the right brain. But one can paint a word picture using guided imagery or metaphor. (Williamson, 2019, para. 9)

It seems that hypnosis allows an individual to relax their mind, slowing their brain waves down and activating both sides of the brain. This would lower cognitive processes, decrease motor control, lessen the focus on the outside world, heighten the focus on the inner world, strengthen communication between mind and body, and lower inhibition and self-reflection. This seems like an entirely different state of consciousness of the mind.

Consciousness

Distinguishing between the subconscious and the unconscious gets confusing. Both define processes that happen out of our awareness. For simplicities sake, the term subconscious will be used throughout this paper. In the subconscious, an individual holds belief systems, thoughts, and feelings (Anbar, 2021). The material held in the subconscious mind drives our behavior without us even knowing. Scientists believe that 95% of our brain power is subconscious and out of our awareness (Films Media Group, 2012). Humans take in an estimated 11 billion bits of information per second but are only able to process a very small fraction of that amount (DiSalvo, 2013). This indicates that it is the subconscious that is doing most of the work.

Most behaviors happen out of conscious awareness. Walking is a perfect example because one does not have to consciously think about putting one foot in front of the other, it just happens. It can be assumed that knowledge of how to walk is a subconscious program. This is relevant because hypnosis allows a person to relax the conscious, thinking mind, and access the subconscious mind. This is where their beliefs, thoughts, and feelings are stored (Anbar, 2021). When using hypnosis to slow the brain waves down, a person can enter different levels of consciousness, which allows them to access the operating system of their brain where they can make changes to their subconscious programs (Bilyeu, 2018). This allows access to parts of the mind that are beyond normal awareness.

Consciousness has been studied for hundreds of years. Sigmund Freud talked about the subconscious as a “container for memories and emotions that are threatening to the conscious mind and must be pushed away” (Sharf, 2016, p. 35). Freud’s ideas were somewhat negative, and the subconscious is much more than deep, sexual drives. Carl Jung also theorized about different levels of consciousness. He brought about the idea of the personal unconscious and the collective unconscious (Sharf, 2016). Even though many of these ideas are outdated, it is impossible to deny that there is an unseen presence guiding us all (Films Media Group, 2012).

Suggestibility

The benefit of hypnosis is that in this state, the subject is suggestible (Cherry, 2020). Being suggestible means that the subject is attending to the ideas that are being presented to them by the hypnotist (Heap, 2012). Rather than just hearing the ideas being presented to them, they attend to those ideas in a way that allows them to grasp onto and absorb the ideas. Suggestibility is enhanced by hypnosis, not created by it (Watts, n.d.). This means that the state of hypnosis relaxes the subject so that their critical mind is shut down and they can take on new ideas. The

subject does not just hear the suggestions being given to them; they experience the suggestions as if they were happening in real-time, altering their sensations (Heap, 2012).

These suggestions could potentially lead the subject into taking on new beliefs, new ideas, new thoughts, new behaviors, and new feelings that the subject previously identified as desirable. For example, if the client wants to stop drinking alcohol, then being in a state of hypnosis could potentially allow them to take on the suggestion that they feel utterly disinterested in alcohol, and just the thought of it is unattractive.

Susceptibility

Some individuals are more susceptible to hypnosis than others. The 2022 American Psychological Association's Dictionary of Psychology defines Hypnotic Susceptibility as "the degree to which an individual is able to enter into hypnosis" (para. 1). Hypnotic susceptibility, also known as hypnotizability, varies from person to person. There are assessments, such as the Stanford Hypnotic Susceptibility Scale, designed to measure susceptibility to hypnosis. Data shows that hypnotic susceptibility conforms to the typical bell-shaped curve distribution, with most people falling in the middle of the curve (Montgomery, Schnur, & David, 2011). This suggests that roughly 10% of people are highly susceptible to hypnosis, and 10% have a difficult time entering the state of hypnosis (Cherry, 2020). Even though researchers have attempted to understand what makes an individual susceptible, the research is not consistent.

Some researchers have used the NEO Personality Inventory-Revised (NEO-PI-R) and linked openness to experience to susceptibility (Zhang et al., 2017). The ability to be easily absorbed in fantasy has been linked to susceptibility (Cherry, 2020; Green et al., 2008). The ability to dissociate, which is representative of the state of hypnosis, has been linked to susceptibility (Cojen et al., 2015). Even though much research has been done on the variables

linked to susceptibility, assessing levels of susceptibility can be lengthy, and researchers have found that more people could benefit from Hypnotherapy even if they don't score high on an assessment of susceptibility (Montgomery, 2011). The most important component of Hypnotherapy to zero in on is the technique of visualization.

Visualization

Visualization is a key component in Hypnotherapy practice. It is a technique that has been used in meditations and prayers for centuries (Moe, 2021). Visualization allows a person to think about what they want and engage in selective attention that involves details of an end goal (Moe, 2021). This visual stimulates all five senses and activates the brain in the same way as if the person was living out that visual in real life. Researchers have determined that mental imagery functions like a lower level of perception (Pearson et al., 2015).

Studies have shown that mental imagery can prevent muscular atrophy. Clark et al. (2014) immobilized the hand and wrists of two groups of healthy individuals. One group was instructed to participate in mental imagery, imagining that they were exercising the hand and wrist for a short period of time, five days a week. What they found was that the mental imagery activated regions of the brain as if they were performing the exercise in real-time. This activation prevented muscle weakness, and at the end of the study, there were significant differences in muscle strength between the two groups.

Visualization has also been tested on guitar players. Iorio et al. (2021) compared two groups of guitar players in their study. One group practiced physically, while another group practiced both physically and mentally. What they found is that the group who practiced both physically and mentally showed improved performance, and a clearer difference at the one-week follow-up session, compared to those who practiced only physically. Visualization, or mental

practice, can improve performance, improve long-term retention, and reduce physical workload. The research shows that visualization is such a powerful tool, that it can change the mind and body. These changes are being researched more and more in the field of Neuroscience.

Neuroscience

Researchers are beginning to understand the power of the mind in changing the brain. “Neuroplasticity is the brain’s ability to change and adapt due to experience” (Cherry, 2022, para. 1). The brain is changeable all throughout life and not as fixed as researchers once believed. Our behaviors and habits hardwire pathways of neurons in our brain by firing repetitively in the same ways over and over, eventually becoming subconscious habits (Dispenza, 2012). This allows the brain to rewire itself to lighten our load and free up our attention so we can focus on other activities, essentially allowing the subconscious mind to free the conscious mind (Films Media Group, 2012). The brain-changing and adapting due to our experiences makes our lives easier.

The brain does not know the difference between what a person is thinking and what they are experiencing, which is why humans can turn on the stress hormone by thought alone (Dispenza, 2012). Just thinking about doing something repeatedly will build networks in the brain as if that person physically performed the habit (Lohr, 2015). The research on guitar players using mental imagery to practice shows the power that visualization has in changing the mind, which can then change behaviors. The mind and body are so intertwined that they cannot be separated. Visualization can change the brain before the actual experience of something, creating pathways in alignment with what is wanted (Dispenza, 2012). With the repetition of visualization, humans can essentially install new software in their brains, aligning their brains with what they want before it becomes their reality. This could prove to be powerful for an

individual who has the desire to be free of substances and live a life of sobriety. Individuals who have been using substances for a long period of time have built deep neural pathways associated with their use, making it difficult to stop. A familiar mental state becomes a subconscious way of being, an identity (Dispenza, 2012). Changing that identity by breaking the automatic subconscious behaviors by changing the brain could be another key to finding freedom from substances. Getting to the root of the substance use and healing the pain and trauma is half the battle but changing the brain seems to be the other missing piece.

If the mind and body connection is so powerful, and researchers have proven how beneficial visualization can be, it seems appropriate to question why more professionals are not using the technique in their practice. For Solution-Focused Therapists, visualization is one of the main components of their therapeutic approach. The technique is labeled, The Miracle Question, and it allows the client to visualize their life without the issues that brought them to therapy (De Shazer et al., 2021).

The Miracle Question

The miracle question was first used by accident by Insoo Kim Berg, co-founder of Solution-Focused Therapy (DeShazer et al., 2021). By asking this question, the therapist is allowing the client to visualize what their life would be like without the problems that brought them to therapy. It allows the client to speak in grave detail about their desires, goals, and wishes for what they want their life to be like. This question is a drastic shift away from problem talk. When the therapist asks the miracle question, the client seems to behave as if they are experiencing their life without the problem. By asking this question, “the activity of answering appears to elicit a significant shift in their state of consciousness” (DeShazer et al., 2021, p 42). The goal is to allow the client time to mentally leave the therapy room and visualize their life

without the problem. Over the years, Solution-Focused Therapists observed that after asking the miracle question, the client's body becomes very still, their breathing slows down, their eyes dilate a bit, and lose focus as they stare off into space (DeShazer et al., 2021). As the therapist listens to the client's answer to this miracle question, they find that "the more detailed the description, the more vivid and real the experience becomes for the client, thereby making it easier and more natural to carry out in real life" (DeShazer et al., 2021, p 46). As the client contemplates these changes, it increases their motivation. It allows the client to involve their emotions and feel what it would feel like if their problems were gone, giving them courage and hope.

Solution-Focused Therapy is an efficacy-based therapeutic approach with positive effects. The visualization in the miracle question might be a big part of the reason why since it is the main technique. It seems that when this question is asked, the client falls into a lower level of consciousness. To know this for sure, more research would need to be done. Unfortunately, the research using Hypnotherapy to treat substance use is limited.

Research Using Hypnotherapy to Mitigate Symptoms of Substance Use

Hypnotherapy has been around for hundreds of years, it is only recently making a comeback by first being used to help people stop smoking, and more recently being used to treat other addictions (Potter, 2004). Most of the research available has been based upon the results of using Hypnotherapy for nicotine addiction, with a few studies on alcohol and other substance use. There are characteristics of substance use disorders that create changes in the brain leading to relapse and intense drug cravings (American Psychiatric Association, 2013). Some substance use disorders cause the individual to experience withdrawal. The characteristics of withdrawals and cravings will be part of the focus of this review. Because abstinence is the end goal for most

individuals diagnosed with a substance use disorder, it will also be a major focus. Finally, because substance use disorders can negatively impact a person's life, we will also look at negative symptom improvement after a Hypnotherapy intervention.

Withdrawals

Research has shown that withdrawal symptoms can be lowered after a Hypnotherapy intervention. Participants in an inpatient detoxification treatment program who met the criteria for having dependence on multiple drugs were randomly assigned to Hypnotherapy treatment to manage their withdrawal symptoms, while a control group received supportive counseling (Zimmerman et al., 2006). Results showed a significant decrease in withdrawal symptoms among those in the Hypnotherapy group compared to the group that received supportive counseling. Although the Hypnotherapy group showed more of a decrease in withdrawal symptoms than the group who received supportive counseling, the between-group differences were not significant, which could be due to the small sample size.

Another study showed positive outcomes with a hypnosis intervention to decrease the severity of nicotine withdrawal symptoms. A randomized controlled trial was done to compare using hypnosis and standard behavioral therapy to help people quit smoking (Carmody et al., 2008). Both groups in this trial were also using nicotine patches to aid in smoking cessation. This trial was completed at the San Francisco Veterans Affairs Medical Center and included 286 participants. Results from this study showed that the severity of nicotine withdrawal symptoms was significantly lower at week two for the group that received the hypnosis intervention. At week three and week nine the difference between the two treatment conditions was not significant.

Cravings

More research has been done on the effects of Hypnotherapy on tobacco use than any other substance. Researchers have found that during follow-up of tobacco use post Hypnotherapy, participants showed significant differences in the number of cigarettes smoked per day when compared with their baseline levels prior to receiving Hypnotherapy (Li et al., 2019). Another study using Hypnotherapy for tobacco cravings was done in an inpatient detoxification program (Zimmerman et al., 2006). Cravings were measured before the intervention and after. One group received two Hypnotherapy sessions, while another group received supportive counseling. Results showed a significant difference in cravings between the two groups. The group that received only supportive counseling showed no difference in cravings when comparing their cravings before group counseling and after group counseling. The group that received two Hypnotherapy sessions reported less tobacco cravings after the intervention.

A single case study was done on a 65-year-old man who wanted to stop smoking but would always cave into his cravings for nicotine, making it impossible for him to quit on his own (Riegel & Tonnie, 2011). A formal hypnosis session was done, guiding the client into a state of relaxation. The hypnotist then used guided imagery to bring the client into an imagined future one year from that date. The client was unable to create a visual but did feel relaxed. The hypnotist offered a suggestion to the client saying, “to stop smoking can be unbelievably easy by just finding a specific strategy and using one’s inner knowledge” (Riegel & Tonnie, 2011, p. 84). The client then asked the hypnotist how other clients had managed to stop smoking, and curb cravings, and the hypnotist gave the client a few different stories. In the last story he told to

the client, he made sure to tell the client how similar he was to the man in the story. The man in the story had stopped smoking by using a simple phrase he had heard from his own three-year-old child after being told “no” to getting a toy at the store. That phrase was, “It is okay. If you don’t buy it, I don’t have it”. The participant in this case study left the session not knowing how he would ever be able to quit smoking and curb his cravings for nicotine.

After one month, the client came back for another session and reported that he had been completely abstinent from nicotine since his last session, and he was able to manage his cravings by telling himself, “If not, then not” (Riegel & Tonnie, 2011, p. 84). This case study shows the impact that suggestibility in hypnosis can have on someone who is in a relaxed state. After one year, this same client was still not smoking.

Abstinence

Hypnotherapy efficacy studies have demonstrated positive outcomes on alcohol use. Potter (2004) studied 18 participants who were voluntarily placed in a private practice treatment facility for alcohol use. The researcher performed 20 Hypnotherapy sessions in a four-week time frame with one session per day, five days a week. The results of this program showed a 77% success rate, where 14 of the participants were still at their goal after one year. There were 12 participants completely abstinent and two participants who went back to moderate drinking but were overall reported to be doing well. The last two participants relapsed and went back to abusive drinking.

The use of Hypnotherapy has been compared to the use of Motivational Interviewing for individuals struggling with Alcohol Use Disorder (Shestopal & Bramness, 2018). There were 31 patients randomly assigned to receive either five Hypnotherapy sessions or five Motivational Interviewing sessions. Both groups also received intensive group therapy. All participants were

patients in an inpatient treatment center in Norway. Results showed that both groups had reduced their alcohol consumption significantly, but the Hypnotherapy group showed a larger number of participants with a lower score meaning more of this group had reduced their drinking. Although the difference between the Hypnotherapy and Motivational Interviewing groups was not significant, there was a slight trend in favor of the Hypnotherapy group.

When comparing the effectiveness of Hypnotherapy to the effectiveness of Nicotine Replacement Therapy (NRT), it has been found that Hypnotherapy patients were more likely to be non-smokers at 12 weeks (Hasan et al., 2014). Patients were hospitalized with either a cardiac or pulmonary illness at North Shore Medical Center in Salem, MA. The patients were randomly chosen to be in one of three groups: NRT only, Hypnotherapy only, and both NRT and Hypnotherapy combined. A single Hypnotherapy session was conducted within 1-2 weeks prior to patient discharge.

Hypnotherapy has been shown to have positive long-term outcomes on smoking cessation. Nicotine users were placed into two groups and compared. The control group that received no intervention was compared to a group that received eight Hypnotherapy sessions over a period of two months (Elkins et al., 2006). Participants in both groups had target dates set to stop smoking. Follow-ups were done for both groups at eight weeks, 12 weeks, and 26 weeks after the target date for quitting. During these follow-ups, researchers simply asked each participant if they had smoked in the last seven days, and this was confirmed by levels of carbon monoxide is less than 8 parts per million (ppm). At eight weeks, 10% of the control group were not smoking compared to the 40% not smoking in the Hypnotherapy group. At 12 weeks, 0% of the control group were not smoking compared to the 60% not smoking in the Hypnotherapy group. At 26 weeks, 0% of the control group were not smoking compared to the 40% not

smoking in the Hypnotherapy group. This shows a significant difference in the Hypnotherapy group compared to the group that had no intervention at all.

The effects of Hypnotherapy on relapse rates for Opium abusers have been shown to be successful (Golabadi et al., 2012). Researchers invited 22 males who went through detoxification for opiate use to take part in a study. Out of the 22 participants, 11 were assigned to an intervention that combined Hypnotherapy and Psychotherapy, and a control group with the remaining 11 participants only received Psychotherapy. There were 21 participants who completed the entire trial, and the Hypnotherapy group showed a relapse rate of 40%, while the control group had a relapse rate of 73%.

Other Negative Symptoms

Zimmerman et al. (2006) found that anxiety, nervousness, and depressed mood were all significantly decreased after a single Hypnotherapy session done on participants in an inpatient detoxification treatment program who met the criteria for having dependence on multiple drugs. The control group did not receive a Hypnotherapy session, but they did receive supportive counseling, and although there was a decrease in anxiety and nervousness, there was an increase in a depressed mood.

In a study done by Golabadi et al. (2012) relapse rates for opium abusers were significantly lower after a Hypnotherapy and Psychotherapy intervention compared to a control group that only received Psychotherapy. The group that received both Hypnotherapy and Psychotherapy also reported improvements in insomnia, restlessness, pain, and autonomic disturbances.

Views of Hypnotherapy

With the available research and the evidence showing the potential for its success, it is a wonder why Hypnotherapy is not used more often. There are many assumptions why this may be the case. A common assumption is a bias among religious communities.

Some religions have very negative views on the trance state, which is hypnosis. For instance, Christianity rejected the trance state and referred to it as demonic, driven by occult forces (Gezundhajt, 2007). This idea that hypnosis is some sort of witchcraft that utilizes dark forces is why some religions have rejected it, but it is also one of the greatest misconceptions (Du Plessis et al., 2021). Other assumptions of Hypnotherapy lead people to think that they are out of control while in hypnosis, which is what stage hypnosis is responsible for.

When people hear the word hypnosis, they immediately think of stage hypnosis, where the subject is unaware of the behaviors they are performing. Stage hypnosis and the hypnosis used in Hypnotherapy are not the same, which is a big misunderstanding. Contrary to this belief, hypnosis is not mind control (Du Plessis et al., 2021). Rather, the subject under hypnosis is in full control. Getting into the trance state requires voluntary participation, and subjects cannot be forced to perform acts against their will (Cherry, 2020).

These common, negative assumptions have led people to misunderstand and distrust the hypnosis process. This may contribute to why the research in this area is limited. Hypnotherapy is considered a complementary and alternative form of therapy. The World Health Organization has grouped this approach with other approaches that lack scientific credibility, making it almost difficult to get any type of support or funding (Williamson, 2019)

Application to Clinical Mental Health and Alcohol and Drug Counseling Programs

Professionals in the fields of mental health counseling and alcohol and drug counseling could benefit from having a certification in Hypnotherapy. Mental health counselors are likely to encounter clients with substance use issues since research on co-occurring disorders shows that over half of those struggling with a substance use disorder also have one or more mental health disorders (SAMHSA, 2019). Substance abusers that do not have a co-occurring mental health disorder still need mental health treatment since research shows that trauma and pain drive substance abuse (Maté, 2018; Roll, 2019). Many alcohol and drug counselors are not trained in mental health counseling, and Hypnotherapy is a certification that will train counselors in the addiction field to treat the root cause of the substance use disorder. This would ensure that professionals working in treatment centers not offering co-occurring treatment services could still treat the trauma driving their client's substance abuse.

Hypnotic susceptibility conforms to a bell-shaped curve showing that most people are susceptible to at least a light state of hypnosis (Montgomery et al., 2011). This shows that it would not be necessary to spend time determining how susceptible a client is. What does matter is whether the client is open to the idea of using hypnosis in therapy. For hypnosis to be effective, the subject must participate voluntarily (Cherry, 2020). A quick screening process could be done by simply asking who is open to participating in a Hypnotherapy session. This simplifies the process for any professional wanting to use this tool.

Once the client is screened and shows interest, hypnosis can be used to relax the mind allowing access to the belief systems, thoughts, and feelings that are stored in their subconscious (Anbar, 2021). In this altered state of consciousness, belief systems can be changed (Peer, 2018). Over 95% of behavior is subconscious and out of normal awareness (Films Media Group, 2012).

This means that a hypnotic state is necessary to obtain the important information stored at this level of the mind. Using Hypnotherapy, a counselor can access the belief systems directly linked to the presenting problem, whether that problem is a substance use disorder, another mental health disorder, or other negative symptoms impacting an individual's life. Changing the belief systems in the subconscious mind would lead to changes in behavior (Anbar, 2021). Then, changes in the brain can be made permanent with the building of new neural pathways using the power of visualization (Lohr, 2015).

Professionals can get creative with how they work with their clients on their visuals. One or more Hypnotherapy sessions could be done to heal the root of their problem and to begin building in the details of the client's visualization. The client could then use self-hypnosis at home to repeatedly revisit that visual in their mind (Williamson, 2019). The repetition of the visualization would build new neural pathways in their brain (Lohr, 2015). These pathways would be in alignment with what the client wants (Dispenza, 2012). They would include details of their life free of pain, substances, or other negative symptoms. Then, traditional counseling could be used to reinforce further the new belief systems and the details of the visualization. This would give the client hope, courage, and motivation to live out that visual in real life (DeShazer et al., 2021).

There is not one single treatment out there that works for everyone (DeSanto, 2012). Knowing this, it is important to have a wide range of tools to be as effective as possible in treating substance use disorders and other mental health issues. Hypnotherapy is a tool that counselors in both fields could benefit from having.

Conclusion

The use and abuse of substances is a costly issue to both the user and society and substance use-related deaths continue to rise year after year. This review shows that about half of those suffering from a substance use disorder also suffer from a co-occurring mental health disorder, but unfortunately, only half of the treatment programs offer mental health services. Relapse rates remain high, and multiple treatment episodes are likely. This is because many treatment centers are not dealing with the root cause of the substance use itself, which is a symptom of a bigger problem.

Much has been written about the cause of substance abuse, and leaders in the field have linked pain and trauma to the issue. The higher the ACE score, the higher the risk for substance abuse later in life. This information is enough to prove that even if a substance abuser does not have a co-occurring mental health disorder, they do have pain and trauma in their past that is driving their addiction. This highlights the need to address past trauma and pain to treat the substance use itself effectively.

Substance use affects the survival/reinforcement circuit in the brain, making the desire to use the substance feel like a survival necessity. The old brain's "go" switch gets imprinted with the high emotional memories linked to the use of substances, making it difficult for the new brain's "stop" switch to satiate the user. The repetition of the use builds deep neural pathways in the brain and drastically changes the body's level of homeostasis. Hypnotherapy is a modality that can heal past trauma, as well as make positive changes to the brain.

Hypnosis allows brain waves to slow down into an Alpha state or lower to access information such as belief systems, emotions, and memories that are stored in the subconscious mind. The subconscious mind holds over 95% of an individual's state of being, including the

information that is driving the symptoms of the presenting problem. While in a state of hypnosis, a certified professional can understand and uproot the pain and trauma driving the substance use. In this suggestible state, the client can take on new suggestions relative to a life of freedom from substances. Most people are susceptible to at least a light hypnotic state making this approach worthy of using.

A key factor in Hypnotherapy is the use of visualization. This technique is already being used in the form of The Miracle Question in the efficacy-based approach of Solution-Focused Therapy, which means there are proven therapeutic benefits to it. The practice of using visualization to stimulate the senses builds new neural pathways in the brain, as shown in this review. The new pathways would be built using the client's visual of what life will be like, free from substances. The pruning away of old neural pathways directly linked to all aspects of the use and abuse of substances is necessary to allow the substance abuser to step into a new identity with new behaviors and habits. The dire effects substance abuse has on the brain shows the importance of using Hypnotherapy to rewire the neural pathways in the brain.

What we know about using Hypnotherapy to treat substance use is limited, showing a need for more research in this area. Since there is little research, Hypnotherapy is not considered an efficacy-based treatment modality, so this approach is not covered by insurance companies. Those attending treatment under their personal insurance coverage would have to pay for Hypnotherapy services out of pocket, which is a huge limitation of this approach at this time. More research could prove Hypnotherapy effective, allowing insurance companies to cover its cost to those who choose to use it. Another limitation of this approach is the way Hypnotherapy is viewed in the eyes of those who do not understand it. Stage hypnotism has skewed our idea of what hypnosis is, making it seem like a state of mind where the subject is completely out of

control and vulnerable to do things they may not want to do at the hands of the hypnotist.

Research in this review shows that this is not true. An individual cannot take on suggestions that they do not want to accept. These negative views may be part of the reason why receiving funding for Hypnotherapy research is difficult, which is another limitation of this approach.

The available research shows that Hypnotherapy has helped with withdrawals and cravings, which are two symptoms of substance use disorders that one would need to manage to maintain freedom from use. Abstinence is the goal of most substance users, and the research in this paper shows that Hypnotherapy can assist in maintaining that goal. Other negative symptoms have also been relieved with this approach, making it one that would be useful in both the addiction and mental health fields.

Professionals in the mental health and addiction counseling fields should consider using Hypnotherapy to get to the root cause of their client's substance abuse. Only in relieving the pain driving the use can one find true relief. Then, and only then, would abstinence be a lifelong goal that seems achievable. Research in the field of Neuroscience shows that rewiring the brain with visualization can change the brain in positive ways. Pruning away the old using pathways and forming new pathways directly related to the beautiful life that will come with freedom from substances.

Author's Note

I am passionate about helping others live happier, healthier lives, and my future career will be dedicated to helping others find freedom from mental health issues, addictions, and the pain that is left from the traumas we experience in life. Mental health counseling and addictions counseling go hand in hand. My main goal will be to find the root cause that is driving addictions and other mental health issues. Finding and healing the source of the pain must come before attempting to manage the symptoms. Hypnotherapy is one modality that I plan to keep in my toolbox. I am someone who struggled with substance use for a long period of time. With no mental health issues and no history of big trauma, I had a difficult time making the correlation between my use and the pain I did not know I had. It took some deep digging into my past, and a few Hypnotherapy sessions, to see that I, too, had pain that was driving my use. I healed and found my freedom. Now I will spend the rest of my life helping others find theirs.

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