Solution Oriented Hypnosis Changes Physiology After Heroin Detoxification*

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Abstract

I have observed that even after opiate detoxification patients report that there are still very strong thoughts about wanting to use. The research of Rossi and Cheek suggests that under hypnosis the body releases a pattern of information substances that can affect the rest of the body at a cellular level. I have previously reported developing techniques based on this idea, which I call *solution oriented hypnotic analgesia.* From case experiences, my theory is that during the first few weeks after opiate detoxification, the patient is in a very vulnerable state. It is my hypothesis that if solution oriented hypnotic analgesia is applied on a daily basis for ten days after opiate detoxification, then this will help the patient to adjust to a state of well being in a gentle healing way alleviating withdrawal. This daily hypnotic analgesia should cause the body to release and utilize its own *endogenous* opiates instead of relying on the need for a daily hit. Based on this research, I have developed a new hypnotic analgesia treatment that is suitable for post-detoxification patients. In the rest of this paper, I provide a brief summary of the theory behind hypnosis mind-body connection, present some case studies, and then discuss my hypnotic treatment to change physiology, which includes mind-to-mind resuscitation, solution oriented hypnotic analgesia, ideomotor signalling, and time distortion. I then discuss some conclusions from this work.

1 Introduction

Heroin addiction is becoming an epidemic in the 21st century. Heroin use has had a huge impact on our society, and it continues to spread. I have observed that even after opiate detoxification patients report that there are still very strong thoughts about wanting to use. My observation is that there appears to be an ongoing struggle within the person. One patient referred to it as, "being mentally pulled apart by the conflict of needing to use." The research of Rossi, Cheek and others (1988) suggests that under hypnosis the body releases a pattern of information substances (neuropeptides and stress hormones) that can affect the rest of the body at a cellular level. These information substances can relieve pain and affect wound healing and tissue repair mechanisms. I have previously reported developing techniques based on this idea (Bonollo, 1999), which I call *solution oriented hypnotic analgesia.*

From my case experiences, my theory is that during the first two to three weeks after opiate detoxification, the patient is experiencing physiological trauma and withdrawal. The patient is in a very vulnerable state. From my observations, it is my hypothesis that if solution oriented hypnotic analgesia is applied on a daily basis in the first two weeks after opiate detoxification, then this will help the patient to adjust to a state of well being in a gentle healing way. This

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daily hypnotic analgesia should cause the body to release and utilize its own *endogenous* opiates instead of relying on the need for a daily hit.

Based on this research, I have developed a new hypnotic analgesia treatment that is suitable for post-detoxification patients. My hypnotic treatment to change physiology includes solution oriented hypnotic analgesia, ideomotor signalling, and time distortion.

In the rest of this paper, I provide a brief summary of the theory behind hypnosis mind-body connection, present some case studies, and then discuss my hypnotic treatment to change physiology, which includes mind-to-mind resuscitation, solution oriented hypnotic analgesia, ideomotor signalling, and time distortion. I then discuss some conclusions from this work.

2 Hypnosis Mind-Body Connection

Rossi and Cheek's research (1988) suggests that apart from neuronal communication via neurotransmitters, neurons may communicate by the mediation of neuropeptides (e.g. opiates), hormones, factors and many other kinds of *information substances (IS).* The activity of a neuronal network can be state-dependent on the presence or absence of that information substance. IS-receptor communication systems are the psychobiological basis of the state-dependent aspects of therapeutic hypnosis. Patients are usually in a special psychobiological state of stress when they explore the sources of their psychological problems. This stress-induced state of arousal may provide the motivational energy for much of the success of hypnotherapeutic work.

Erickson's utilization approach to hypnotherapy (Rossi and Cheek, 1988) accesses and creatively utilizes state-dependent memory, learning and behaviour (the essence of the patient's "inner resources"). In the utilization approach, the therapy results from an inner resynthesis of the patient's behaviour achieved by the patient himself. The patient's altered behaviour derives from the life experience of the patient and not from the therapist.

Rossi and Cheek (1988) suggest that the stress arousal that patients experience as they ideodynamically review their problems *under hypnosis* releases a pattern of information substances (neuropeptides and stress hormones) similar to that which originally encoded their problem in a state-bound form. The release of these information substances that modulate memory and learning accesses the state-bound amnesias that have blocked the patient's previous efforts at self-understanding.

Endorphins, as well as other information substances and their receptors, function on many levels from the spinal cord up through the cortical-limbic-hypothalamic system as filters modulating all sensory, perceptual, and physiological information. This may be a basic psychological process by which the prefrontal cortex, with its conscious expectations and planning functions, can modulate psychosomatic processes down to the spinal cord level. The four major loci for opiate receptors at the cortical, limbic, brain stem, and spinal levels can be seen as one single extended mind-brain system wherein neuromodulation is continually interacting with classical neurotransmission.

Now for the immune system, a key property is that its cells *move.* They are otherwise identical to the stable brain cells, with their nuclei, cell membranes and all of the receptors. Monocytes, for example, which ingest foreign organisms, start life in the bone marrow, and they then diffuse out and travel through the veins and arteries, and decide where to go by following chemical cues. A monocyte travels along in the blood and at some point comes within "scenting" distance of a neuropeptide, and because the monocyte has receptors for the neuropeptide on its cell surface, it begins literally to chemotax, or crawl, toward that neuropeptide. Now, monocytes are responsible not just for recognizing and digesting foreign bodies but also for wound healing and tissue-repair mechanisms. Human monocytes have

several types of neuropeptide receptors for opiates, for PCP, for another peptide called bombasin and so on. These *emotion-affecting* neuropeptides actually appear to *control* the routing and migration of monocytes, which are so pivotal to the immune system.

3 Case Studies

The following are summaries of two example case studies conducted in the environment of a medical clinic. All names and identifying details in these case studies have been altered to ensure patient confidentiality.

3.1 Jenny

Jenny, aged 32, had been a heroin addict for at least ten years. Jenny works in the arts field but hadn't reached her full potential because of her drug addiction. Her capacity to continue had diminished. She was detoxing on Naltrexone and Buprenorphine. Her appearance was withdrawn; her facial expression was tense. She appeared to be physically weak and she feared that she would not be able to stop using drugs. She informed me that she had tried many other detoxes before this one and had not succeeded in giving up heroin or other drugs. She informed me that in her previous detox attempts she always felt a drive to go back to using heroin, and each time, she did relapse back to using. Jenny's session involved counselling prior to hypnotic induction using solution oriented hypnotic analgesia and ideomotor signalling. In the counselling, Jenny informed me about what her concerns and needs were; what she wanted to change – this helped her to focus.

The focus of the induction was on not using heroin anymore. During the induction, I used words such as, "I'd like to suggest that you can begin to experience some kind of sensation in some part of your body. I don't know what part of your body that will be. But when you do begin to experience that sensation in that particular part of your body, you can indicate with your *yes finger* [I then wait for the patient to signal with their finger]. After her finger moved, I suggested that she could, "Verbalise and let me know where you are experiencing that sensation." She replied, "My fingers." Then I asked her what kind of sensation are you experiencing to which she replied, "My fingers are heavier or lighter." Then I suggested to her, "As you continue to enjoy the experience and comfort of that sensation, that state of well being and that life that you want washing over you; just like a small soft gentle wave washing over you from the tips of your toes to the top of your head." During the ideomotor signalling in the induction, she also said that she wanted to go back to the pond, the flowers, and the sun on her forehead and on her head. Here, she was referring to a metaphor that I used about the warmth of the sun and a pond with crystal clear water. She informed me that the experience was interesting; that sometimes she drifted off. However, she also stated, "I don't want to use heroin again." Her facial expression was not as intense. Her skin colour was pink.

In subsequent sessions, similar techniques were used again including time distortion. Jenny was becoming a lot more focused and communicative. For example, another focus for her was to enjoy the things we take for granted. Jenny was more open and expressing more emotion. She talked more about her childhood and about her addiction. During the induction and the ideomotor signalling, she informed me that the backs of her eyes were really cold and that she felt numbness behind her eyes; that she had a chill in her body and couldn't focus. After the induction, she said that she felt physically very cold. As a result of the time distortion, she informed me that she had experiences of memories – high ones and low ones: "Sometimes I risked my life and reputation. I tried to think about highs. I realize now I can't keep going with drugs."

Over the course of several sessions, she became focused, outgoing, confident and her skin was glowing. Her self-esteem was high. She began to focus again on her career. She informed me that she visualised her body being cleansed. She informed me that she thinks about serenity and that she sees a light at that the end of the tunnel. She said that she had had

detoxes before but that this time she knew what she needed to do. She informed me that she had been eating well and also that she definitely didn't want to be part of the drug scene anymore. She informed me that she had no desire to get "high." She informed me that she had more control of her life, more clarity and getting in touch with her creative side. After her ten day programme, Jenny continued to see me on a regular basis and, several weeks later, had a prospective job offer and continued to remain drug free.

3.2 Peter

Peter, aged 19, was a heroin addict for two years and was unemployed. He informed me that at age 11 years, he started smoking cigarettes and drinking alcohol; at age 16, he took speed; and at age 17, he took heroin. He informed me that he was on Buprenorphine for one week as part of his detox and then went onto, and is continuing with, Naltrexone. He informed me that since his detox he had tried to use heroin once but that it didn't work because the Naltrexone stopped it from having any effect. His appearance was withdrawn and he had a greyish skin tone. His presenting problems were no money, bad relationships with parents and friends, girlfriend had left him, inability to work, no confidence, suffered from anxiety, depression, low self-esteem and he was unable to work. His future orientation was to stop heroin, get back on his feet, and study. Peter's first session involved counselling followed by hypnotic induction using solution oriented hypnotic analgesia, ideomotor signalling, and time distortion. During the counselling, Peter informed me that he had passing thoughts about using, that he felt stressed in the muscles, and that he had anxiety in the legs like a pulling tight sensation.

The focus of the induction was to have confidence, to not use heroin, marihuana, or other drugs. During the induction, using ideomotor signalling, Peter used his index finger to indicate when he felt the hypnotic analgesia sensation in a particular part of his body. Each time, I suggested to him that the sensation would expand to encompass some other part of his body. When I suggested that he verbalise and let me know which part of the body was where he was experiencing the sensation, he replied, "The chest, and head; from toes to head, a sensation." After time distortion, his eyes opened, I asked him if he had anything to say, he said, "Nothing to say." I then suggested that he might like to close his eyes again. I said, "As you continue to enjoy the experience and *comfort* of that sensation and that state of well-being and that life that you want washing over you from the tips of your toes to the very very tip of your head; and inside your head, expanding all the way through to your frontal lobes and prefrontal cortex; and all the way through to the very very core of your central nervous system; healing every single cell. The healing tingling coolness of the green green grass; at the back of your head; down your neck; all the way down to the very very base of your neck. Down your spine to your lower back; the back of your legs; all the way down to the back of your heels; under your feet and your toes; healing every single cell. You don't know how or why, you just know how you feel better; just better with clarity, vision, and focus." After the induction, Peter informed me that he was feeling good. He said that he experienced the pond expanding, "I saw waves expanding; the grass. I felt a wave going through me."

In subsequent sessions, similar techniques were applied. As the ten sessions progressed, Peter's focus during the induction expanded from "confidence, no heroin, and no marihuana" to "no heroin, no anxiety, no stress; to be more confident; to make the right choices; self-esteem, no anger, and no frustration." For example, after one induction, he informed me that he was "feeling like new;" He informed me of his experience during the induction as follows, "My mind was going somewhere healing up all the cells." By the third session, Peter informed me that he had no thoughts of using heroin at all, and that he was feeling better and better. He described the changes he was experiencing as follows, "Everything is fresher, feeling more focused. I'm not as depressed. I have more clarity. I'm much clearer about my thoughts; not feeling as stuck."

Over the course of several sessions, Peter's appearance changed: His skin tone had become more relaxed and pink. His posture was erect and he spoke more clearly. He was more confident; and smiling. Peter informed me that things were going very well; that he didn't need to use drugs; that he had self-esteem, confidence, no depression; he was focused and had clarity. He informed me that, at the end of this year, he wants to go to college and do a business management course. He informed me, after an induction, that he had a vision that he'd achieved everything that he wanted to. Another time, he informed me that the road for the present and the future had opened. After another session, he informed me that he had an experience like being on drugs but instead he was on a natural high. As Peter's first ten sessions were drawing to a close, he continued to make progress. By the eighth session, he informed me that he'd started a part-time job working as a tradesman. His short-term goals were to continue working, return to study, and do a computer course. Peter continued to see me on a regular basis. He continued to remain drug free. Within a week after finishing his ten-day programme, he informed me that he'd started a full-time trade job. He was still employed in that job after several months. He informed me that he's had no thoughts of using, and that everyone was noticing that his cheeks were red. He informed me that he feels positive about the future and feels strong inside.

4 Solution Oriented Hypnotic Analgesia

I have observed that even after opiate detoxification patients report that there are still very strong thoughts about wanting to use. My observation is that there appears to be an ongoing struggle within the person. One patient referred to it as, "being mentally pulled apart by the conflict of needing to use." This conflict was so strong that he felt very depressed and wanted to commit suicide rather than use. This person was quite successful and intelligent. Yet, this drive to use heroin was the only thing stopping him from sitting his final year exams. This person desperately wanted to succeed but he felt that the drive to use was stronger and was overtaking him.

There are other cases where patients have received counselling and hypnosis for several months on a weekly to fortnightly basis. One patient in particular went for a holiday to Queensland, which is where he used to use. Going back there triggered state-dependent memories of using. He felt very depressed and then had thoughts of using during the time that he was there. When he came back he experienced a state of depression and he couldn't explain why. He was scared and he felt a bit vulnerable about using.

In another case, a patient's father had been having an affair. This caused dysfunction in the family. The mother was very unhappy and distraught. The patient told me that this was not the first time that the father had been unfaithful and that his parents would eventually sort things out. The patient also informed me that he was very depressed because he had had thoughts about when he used to use. The patient said he knew he didn't want to use and he was adamant that he was never going to use again. Nevertheless, he was constantly thinking about a very close friend of his that he used to use with and who is still a heroin addict.

One of the goals, so far without success, of modern drug research is to produce potent centrally acting analgesics that do not have the potential for abuse (Leonard, 1992). My opinion, based on treating my patients, is that during hypnosis the body can release its own chemicals that cause the organism to go back to a normal state; without the withdrawal effects caused by a synthetic drug. As detailed in the section called Hypnosis Mind-Body Connection, the research of Rossi, Cheek and others (1988) suggests that under hypnosis the body releases a pattern of information substances (neuropeptides and stress hormones) that can affect the rest of the body at a cellular level. These information substances can relieve pain and affect wound healing and tissue repair mechanisms. I have previously reported developing techniques based on this idea (Bonollo, 1999), which I call *solution oriented hypnotic analgesia.*

From my case treatment experiences (as highlighted by the previous Case Studies section), my theory is that during the first two to three weeks after opiate detoxification, the patient is experiencing physiological trauma and withdrawal. The patient is in a very vulnerable state. The patient is forced to adjust to the absence of opiates. In a sense, the physiology is *whipped* into adjusting. As a result, I believe that at the cellular communication level, the adjustment has occurred in a fragmented way. This adjustment has been forced by the withdrawal of opiates. In a sense, the patient's adjustment to this state of withdrawal is itself maladjusted and fragmented. I believe this is because the state-dependent memory at the cellular communication level has not been dealt with. There are fragments of the state-dependent memory of using left over. Thus, the sporadic thoughts and drive to use continue.

From my observations, it is my hypothesis that if solution oriented hypnotic analgesia is applied on a daily basis in the first two weeks after opiate detoxification, then this will help the patient to adjust to a state of well being in a gentle healing way. This daily hypnotic analgesia should cause the body to release and utilize its own *endogenous* opiates instead of relying on the need for a daily hit. It is important to apply the treatment as soon as possible post-detoxification while the patient is still traumatised and the physiology is, I believe, adjusting on a cellular level to the absence of opiates.

Based on this research, I have developed a new hypnotic analgesia treatment that is suitable for post-detoxification patients. Thus far, I have applied the treatment to patients who have detoxed with Naltrexone, Buprenorphine, or Methadone. During the course of the treatment, the patient *must* see me on a daily basis to receive counselling and hypnotic analgesia for a period of two weeks (10 sessions). Regular weekly counselling and hypnosis sessions would follow this. My hypnotic treatment to change physiology includes mind-to-mind resuscitation, solution oriented hypnotic analgesia, ideomotor signalling, and time distortion.

5 Mind-To-Mind Resuscitation: Engaging the Patient

A patient who is on heroin is like someone who is drowning needing mouth-to-mouth resuscitation: they're dying. So, at the beginning of the treatment, the therapist needs to engage with the patient using a technique which I call *mind-to-mind resuscitation.*

I engage the patient by constructing the therapy with them in the prehypnotic session; emphasizing that they are in control. It's like giving them a large number of open-ended questions with a focus, which they direct, and I follow.

"What is your concern?" is one of the first things I ask patients. The patient usually says, for example, "Heroin addiction." I then ask the patient, "Have you tried other detoxes?" Usually they'll say, "One to several times but nothing has worked."

They say, "I've stayed clean for a day or two, sometimes a week, sometimes a month [depending on the individual]. Then I always need to use again. And, I don't know why." Then I say to them, "Yes, I can explain to you why you need to use again."

The next thing I say is designed to empower them and help them understand themselves and take away the power of the drug. I explain to them that, "When you use heroin or other drugs of abuse, your cellular memory changes. It becomes a state-dependent memory. What I mean by that is that we have cells in our body and each cell has a memory. That memory triggers the physiology to release chemicals, which cause you to get the withdrawal pain and the need to use. So it's not because you don't want to stop or your weak but it's because it's a physiological need that you're experiencing. It's all unconscious, like any other physiological need that occurs. It's a trigger; like hunger, your heart beat, your blood flowing." I then tell them about myself and the sort of work that I do. This is to get them involved in their

recovery by explaining my methods. The patients feel like they're being treated as individuals, like intelligent human beings to give them self-esteem and confidence.

Often they feel that everything is futile. However, this time they really want to give it their best. I ask them, "Why do you want to give up heroin?" They usually respond with something like, "Because heroin has ruined my life." I then say, "What's been the effect of heroin on your life?" They respond, "It has taken away everything. I have no social life. It's taken away all my friends. Broken relationships with my parents and family. My parents don't trust me. I've been in trouble with the police. I feel depressed, anxious, [sometimes they have suicidal ideas], anger, frustration, lack of self-esteem, lack of confidence, inability to sleep, poor appetite, inability to work." Then I ask, "Why did you start using heroin?" They usually answer, "I was in a group of friends, and one day I decided to give it a try." I say, "You could never imagine the devastating effect it would have on your life." This was said to create awareness of the effect of the drug so that they stop blaming themselves and shift the focus to the drug.

I use the following dialog to empower patients – at all times, the power for change is shifted away from me and onto them by using prehypnotic suggestions: "I'm not here to change you. I cannot change anybody. I'm here to help you change what you want to change through your own will. I do this by utilizing what you bring into the session; and making suggestions that will help you to draw on your inner resources and strengths; so that you *can* make those changes in a way that is comfortable for you. You have the inner resources and strength to do this. You were born with inner resources and strengths so that you can overcome and survive any dysfunctional experience."

Most people that I counsel who use heroin, feel guilty. I involve the patient in their recovery. It's not just me. I ask the patient, "After heroin, what would your future be like?"
They say, "I'd like to have a normal drug-free life, work and be healthy." This is focusing on their future and opening up possibilities. The reason I do this is that as soon as they get a picture of what is that they want to achieve – they immediately see that picture – and so their physiology immediately starts to release chemicals that start the process happening for them to achieve that goal. I have often observed an immediate change in patients' skin colour and their posture.

6 Ideomotor Signalling

During the hypnosis, I also use a technique pioneered by Erickson, Rossi and Cheek (1988) called *ideomotor (or ideodynamic) signalling:*

> There are at least three levels at which mind-body information can be encoded: the *physiological,* the *ideodynamic,* and the *verbal* levels. Information that is encoded at deeper psychobiological levels by the release of hormones and "messenger molecules" during times of emotional, physical, and surgical stress, however, becomes state-dependent … to that specific psychophysiological state of stress … The repetitive scanning of the stress-encoded psychobiological sources of memory and problematic behaviour by use of *ideodynamic signalling* during a light state of hypnosis, however, can apparently serve as a mediator or bridge between the physiological and the verbal levels.

The following shows the dialog of how I use ideomotor signalling as part of the hypnotic induction:

"I will be making suggestions to you which will help you to experience some kind of sensation in some part of your body. And when you do begin to experience that sensation, I will be asking you to indicate with your "yes" finger – and that finger can be any finger you

choose it to be. I will be asking you to verbalise and let me know where you're experiencing that sensation."

"Whenever your unconscious detects that trigger of you needing to or wanting to use heroin or other drugs, your unconscious will release a hypnotic analgesia, amnesia, neuropeptides and chemicals to disrupt those messages from reaching your consciousness. Just like a sneeze that never quite happens. You don't know how or why you just know how you feel better with clarity, vision and focus. You have inner resources and strengths, positive indignation, positive energy, self-esteem and confidence in every single thing that you do."

"And as you continue to enjoy the experience and comfort of that state of well-being and that life that you want washing over you, I'd like to suggest that you *can* experience some kind of sensation in some part of your body – I don't know what part of your body that will be – and when you do begin that sensation in that particular part of your body you can indicate with your "yes" finger; and that finger can be any finger that you choose it to be. That's right… [moves finger]. And you can verbalise and let me know where you're experiencing that sensation. That's good… That's right… you can verbalise and let me know where you're experiencing that sensation" [patient verbalises and let's me know where they're experiencing that sensation].

"And as you continue to experience that sensation, that state of well-being washing over you, just like a small, soft gentle wave washing over you, from the tips of your toes, to the very very tip of your head…"

Some patients respond to the ideomotor signalling and the verbal communication. Others may respond to just the verbal and no ideomotor signalling. Others may not respond at all in this way. In the last case, I make suggestions to them that they can continue to enjoy the experience and comfort of that sensation – that state of well-being and that life that they want washing over them – expanding to other parts of their body – from the tips of their toes to the very very tips of their heads. And sometimes this causes them to respond to the ideomotor signalling at some later time when I repeat those suggestions again.

7 Time Distortion

Time distortion (Erickson and Cooper, 1989) is a technique used in hypnosis where patients can review events which have occurred in their past (e.g. several years) over a very short space of elapsed session time (e.g. 20 seconds). As Cooper and Erickson (1989) explain, "Time distortion is most commonly seen in the dream, where many hours of dream-life may be experienced in but a few minutes by physical time." The following shows the dialog of how I use time distortion as part of the hypnotic induction (This dialog is partly based on the Erickson and Cooper dialog, 1989):

"As you continue to enjoy that sensation, that state of well-being and that life that you want washing over you, from the tips of your toes to the tip of your head, with my watch I will give you an allotted world time of 20 seconds. In your own special experiential time, those 20 seconds will cover hours, days, months and even years of your experiential life. When I say, "Now!" you will begin the experiment. When I say, "Stop!" you will be finished. During those 20 seconds of world time, you will sit quietly, neither speaking nor moving, but mentally in your unconscious you will do the experiment, taking all the experiential time you need. This you will do thoroughly, carefully. As soon as I give you the starting signal, I will name the experiment and you will do it completely. Are you ready?"

When the patient says, "Yes", I say, "I'd like to suggest that you can allow your unconscious to release neuropeptides and chemicals, so that your unconscious can go through every single experiential experience that you have ever experienced in your whole entire lifetime even

prior to birth, psychological, physiological, emotional, state-dependent or in any other way whatsoever; every single experiential experience leaving absolutely nothing out. Every single experiential experience that has caused you to experience anxiety, depression, anger, fear, helplessness, hopelessness, every single experiential experience which has caused you to need to and want to behave in a way, which is dysfunctional to your present and your future; every single experiential experience which has caused you to need to and want to use heroin and other drugs."

"[Continuing …] So that at the end of those experiential experiences and experiential time, you will no longer experience e.g. anxiety, depression, anger, fear, helplessness, hopelessness; and you will no longer experience the need to or wanting to behave in a way which is dysfunctional to your present and future; and you will no longer need to or want to use heroin or other drugs for the rest of your life. And you'll have clarity, vision and focus, inner resources and strength, positive indignation, positive energy, self-esteem, and confidence in every single thing that you do. And when you come out of that experiential time into the now time, you won't know how or why, you'll just know how you feel better – just better. And you will no longer experience e.g. anxiety, depression, anger, fear, helplessness, hopelessness; you will longer need to or want to behave in a way which is dysfunctional to your present and future; and you will no longer need to or want to use heroin or other drugs for the rest of your life. And you'll have clarity, vision and focus, inner resources and strength, positive indignation, positive energy, self-esteem, and confidence in every single thing that you do."

"Now – go through all the causes of your problem. *Now.* [20 seconds elapses] – Stop!" Sometimes they open their eyes – sometimes they don't. I ask them, "Is there anything you'd like to talk about?" Sometimes they remember a whole history of events in their life. Sometimes they'll say no – nothing to talk about – I just had some flashes – often patients – especially those who have experienced sexual abuse as well – remember at some later stage."

8 Discussion

Patients on Methadone maintenance therapy, or on Buprenorphine, often feel the need to use heroin as well. Using solution oriented hypnotic analgesia techniques can help these patients to stabilize on their regular dose, without feeling the additional need to use. Whenever these patients start detoxing by reducing their regular dose, that tendency to want to use recurs. Again, using solution oriented hypnotic analgesia helps them to stabilise to the reduced dose without the need to use.

In my experience, most of the patients who completed their ten-day solution oriented hypnotic analgesia treatment and then continued visits on a regular basis have not gone back to using heroin. Over a 14-month period, 20 out of 24 patients who completed the ten-day program have not gone back to using heroin. The success rate is 83%. There have also been a small number of patients who decided to discontinue their ten-day course. These patients relapsed soon after and continued to use heroin.

In my opinion, heroin causes cellular memory changes, which cause a psychological, physiological and emotional change of neuropeptides and chemicals. Thus a new psychological, physiological and emotional and behavioural pattern occurs; with the addict wanting to continue to use and succumb to that drug or behavioural pattern; and becoming less and less dependent on inner resources and strengths. So the patient sinks deeper and deeper into helplessness and hopelessness.

I would like to suggest that the physiological changes that occur during and after the solution oriented hypnotic analgesia sessions are due to the release of the body's own information substances such as neuropeptides and endogenous opiates. This is because, from my

observations, I realized that patients needed to actually experience the physiological release of neuropeptides and chemicals while under hypnosis; replacing the neuropeptides and chemicals released during a state dependent learning and cellular memory dysfunctional experience.
Based on my experiences, it appears that solution oriented hypnotic analgesia techniques can change cellular memory, physiology, and can access and change state dependent memory and learning. The key to this work is that patients can experience physiological changes by the therapist making suggestions using mind-to-mind resuscitation, solution oriented hypnotic analgesia, ideomotor signalling, and time distortion. These suggestions are made by empowering patients to draw on their inner resources and strengths and by utilizing what the patients want to change in their lives.

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