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CLINICAL REPORT

THE USE OF HYPNOSIS WITH AN INJECTING HEROIN USER: BRIEF CLINICAL DESCRIPTION OF A SINGLE CASE

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ABSTRACT

This paper describes the use of hypnosis with an injecting heroin user. This client was finding it very difficult to keep to his methadone prescription and was frequently using heroin 'on top'. He received three sessions of hypnosis in order to facilitate relaxation and visualization, and resolution of ambivalence concerning his drug use. The results suggest the client has responded well to treatment. Details both of the client and of the three hypnosis sessions are given and the outcome is discussed.

INTRODUCTION

There are few reports on the use of hypnosis with drug users in the literature, reflecting the fact that it is not commonly used as a treatment option. Those reports that have been published have been mainly case reports (e.g., Page & Handley, 1993), although an interesting controlled study was carried out by Manganiello (1984) who looked at the effects of adding hypnosis to a treatment package for clients on methadone maintenance. The experimental group received hypnotherapy for 6 months in addition to the psychotherapy offered as standard treatment, while the control group received only psychotherapy. After treatment, the experimental group had significantly less discomfort and illicit drug use and a greater number of successful withdrawals from methadone. The hypnotherapy is described as using 'standard trance induction' and hypnotic suggestion to facilitate covert conditioning, and desensitization to the cues leading to drug-taking behaviour. Subjects were also trained in self-hypnosis and encouraged to use it to alleviate anxiety and discomfort.

With regard to alcoholism, attitudes towards the use of hypnosis as a treatment option seem to waver between endorsing the official approval and recognition given by the American Medical Association (e.g., Miller, 1991) and Erickson's account of his own lack of success with this client group (Erickson & Rossi, l976). Nevertheless, a wide range of approaches using hypnosis in the drug and alcohol field have been described including not just the behavioural approaches mentioned above, but also visualization, imagery, regression, unification of ego states, 'alexithymia training', and recreation of the drug experience (Beiglbock & Feselmayer, 1994; Manganiello, 1984). I shall describe below a clinical case involving an opiate user, which was my first experience of using hypnosis in this field. I hope this account will stimulate interest in the area and will encourage others to write about their clinical experiences.

Client Details

Mark was a 28-year-old actor whose main drug of use was heroin, which he had been injecting on a daily basis since he was 21 and was now using about a 0.25 g per day. He had tried an inpatient detoxification and rehabilitation programme in 1985 and an outpatient detox. programme supervised by his GP in 1987, but had relapsed soon after both. However, in 1989, he did a more successful detox. supported by this agency, which resulted in his staying off heroin for 4 years. He then relapsed following a personal crisis and carried on using owing to the ease of supply. He approached the agency again as he was very concerned that his heroin use might jeopardize his career. He was accepted for an oral methadone detox, on an outpatient basis, but was soon using heroin on top on a regular basis, usually injecting it. He admitted to feelings of ambivalence about his drug use but could not fully understand his urge to use. He was referred to me after several months by his keyworker for help with addressing this problem. This consulting role is one I encourage within the agency when a keyworker feels stuck with a client.

Description of Treatment

When I first saw Mark he asked if I 'did' hypnosis as he felt this would be useful for him. I was initially quite sceptical, as I was aware of how destructive the fantasy of a magical solution could be, and of the lack of research endorsing this approach in the addictions field. However, I was impressed with Mark's attitude: although he had never tried hypnosis before, he was aware that it was not possible to be hypnotized so that he would not want to take drugs. Instead, he said he felt he might be a good hypnotic subject, and felt that he wanted to explore the trance state to see how it might help him. We did an initial induction for about 20 minutes, using a permissive Ericksonian approach (e.g., Barber, 1984) using suggestions for relaxation and comfort, deepening trance and visual imagery. Mark remained very still for the entire session, and afterwards told me he been very relaxed and had been particularly able to use the visual imagery of walking along a beach, a fantasy in which he felt totally absorbed.

In the second session he was able to respond to suggestions for arm levitation, which was used to deepen the trance further. It was then that I first started to use suggestions about his drug use and about his identity as a drug user. The most relevant clinical material to which I had access was a series of hypnosis training tapes by Joseph Barber (Barber, 1984), one of which contains some imagery suggestions that are part of a 'stop smoking' package. In one section, hypnotized subjects are encouraged to think of themselves as someone who used to smoke, looking back at a prison containing people who still smoke.

In Mark's case I invited him to think of himself as someone who used to use heroin and to encourage fantasies involving a quite literal 'looking back' on this part of his identity which he was leaving behind. After he had come out of the hypnotic state he was able to describe a 'dream-like' experience in which he was standing at one end of a street, looking over his shoulder down the street towards a telephone box. He could see himself in the telephone box speaking to the dealer from whom he had obtained heroin on many occasions. The scene was very familiar to him; he had been there many times, but now the self looking down the street was literally waving goodbye to this old self. The fantasy was very vivid: he could describe what he was wearing in this scene in precise detail. In addition, the other significant feature of the session was an attempt at addressing Mark's obvious ambivalence concerning his

heroin use, about which he had always been very upfront. I suggested to him while hypnotized that the decision to stop using was one in which his whole mind and body could participate and that he could enjoy noticing a progressive sense of unity in that process. Thus, all the reasons for giving up could rest easily but powerfully in the back part of his mind and could continue to influence how he thought, felt and acted concerning his addiction. I also gave him a tape recording of the Barber naturalistic hypnosis induction, which I encouraged him to use regularly.

The next session took place 5 weeks later after the Christmas break. Mark was very pleased with his progress and felt that he had made a real breakthrough: he had not used heroin at all since the last session and indeed had not felt like using either. He described how the image that he had produced in the last session (where he was looking back down the street) had stayed in his mind and continued to be very powerful in its vividness. He had also been listening to the self-hypnosis tape on average about twice a week. This he had found useful, but not as strong in its effect as the hypnosis sessions with me.

We did a further induction during this session to which Mark responded more quickly. Feeling more confident of his hypnotic ability and encouraged by his progress, I told him during the induction that he would produce more fantasies that would help him to see himself as someone who used to use heroin. I told him that he would be pleased with and perhaps even surprised at the ability of the back part of his mind to produce these images. After he had come out of the hypnosis, he described two powerful fantasies which, as before, were dream-like experiences. In the first, he could see himself in a room writing on a blackboard. Initially he was writing the word 'heroin' on the blackboard, then rubbing it off with a duster. Subsequently, he had been writing down all the names of the dealers he had known and then began rubbing out these names as well.

In the second fantasy, he was on a small island trying to push a rowing boat out to sea. Unfortunately, the boat seemed to be wedged on the sand and would not respond. He then climbed into the boat and began rowing strongly. The boat then started to move and he began to see the island receding slowly towards the horizon. The effort required to keep rowing was considerable and he described how his arms were aching from the exertion. He did not know exactly where he was heading, but he knew he was leaving the island behind. He remembered his last view of the island because what had been a palm tree on the island had now turned into a huge 'smack spoon', which was black at the bottom of the bowl. (A spoon is commonly used by heroin users to heat up the heroin when it is mixed with water, prior to injecting.) He left the session in a very positive frame of mind and was confident that these images would stay with him for some time.

Follow-up

It is now 2 months since our last session and a letter arrived from Mark last week to say that he is continuing to make good progress; he is keeping to his prescription and has not used any heroin on top. He is also feeling generally well and is enjoying his acting work. However, it should be added that he has been fully employed for the last 4 months; over Christmas he was working in a pantomime, followed by a tour performing a major role in a well-known play. Thus, his circumstances (i.e., financial situation, self-esteem, confidence and employment status) have all improved considerably and this may in itself have led to a reduction in his illicit drug use. On the other hand, having more money, together with the pressures of touring are the kinds of circumstances that could lead to a relapse to illicit drug use. Mark himself is

very clear about what has brought about his improvement: he feels that hypnosis has been a major factor in helping him to give up heroin and he is very enthusiastic about its efficacy. I am certainly looking forward to our next session in a month's time, when we can look at future goals, which may well include using hypnosis to cope with the later stages of the methadone detox. (including the physical withdrawal symptoms) and becoming completely drug free.

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