

**New Paradigms in Substance Abuse Treatment:  
Whole Hearted Healing for Addictions**

**A Research Proposal**

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## Abstract

Beginning in 1980, a series of new and effective treatments for difficult psychological problems began to emerge in the field of mental health. Known as Power, Meridian or Energy therapies, these approaches seem to have begun a paradigm shift among counselors and psychotherapists. Although they have encountered skepticism among many professionals, therapists who have utilized the interventions often report startling results. The idea that treatment need not be long term, expensive and difficult is, in itself, a new concept in psychotherapy. Another new therapy seems to share this perspective. Known as Whole Hearted Healing, (WHH), this approach has been pioneered by Grant McFertidge, MS, through his work as the Director of the Institute for the Study of Peak States, (ISPS). The aim of the institute is to develop ways to help individuals attain and maintain states of consciousness beyond normal human functioning. In the course of this research, McFertidge and a host of volunteers have discovered various ways to help persons who are suffering from a variety of emotional problems. WHH is a regressive therapy that utilizes guided imagery and emotional exercises to resolve past traumas and developmental difficulties. This writer was trained in WHH in 2000, and has witnessed a variety of successes utilizing these techniques. One such process, known as the Silent Mind Technique, was first developed around fifteen years ago and has recently demonstrated promising results in the treatment of cocaine and methamphetamine addicts. In 2004, a member of the ISPS staff developed an intervention, (known as the Crosby Addiction Process), that appears to eliminate cravings for alcohol. The intervention has been tried on a number of individuals who are reported to have remained sober. This paper proposes a clinical trial of these processes to verify their safety and effectiveness.

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### **Paradigms and Paradigm shifts**

A paradigm can be defined as an accepted world view that resists change. Changes in paradigms, or paradigm shifts, are often effected by people from outside the existing paradigm. These changes are often resisted by those who hold to the prevailing belief system. A recent example is the discovery that ulcers are the result of bacterial infection and can be effectively treated by antibiotics. This concept went against the prevailing wisdom that ulcers are the result of stress and are best treated with psychotherapeutic interventions. The establishment of Alcoholics Anonymous by Bill Wilson, an alcoholic stockbroker, occurred at a time when addicts and alcoholics were considered 'hopeless' cases by psychiatrists and other medical authorities. The treatment of small pox by vaccination with cow pox was greeted with general skepticism and derision, even though it was commonly accepted that those who had experience cow pox were immune to small pox. At the time of this writing, the field of psychotherapy appears to be in the middle of another paradigm shift that may transform treatment as we know it.

### **Paradigm Change in Mental Health Treatment**

In the past ten years, in the field of mental health treatment, the standard of care has become Cognitive Behavioral Therapy, (combined with medication when indicated). This approach is grounded in a scientific, reductionistic, materialistic paradigm that disregards past spiritual and healing traditions from our own and other cultures. Unfortunately, some problems, such as Post Traumatic Stress Disorder, (PTSD), and phobias, continue to have poor success rates in treatment under this approach. Some innovative therapists found that they had to look outside the western psychological paradigm to find effective interventions.

New approaches in the treatment of Post Traumatic Stress Disorder, phobias and other hard to treat ailments are creating a paradigm shift regarding treatment modalities and the duration of treatment. One of the best known of these new therapies is Eye Movement Desensitization and Reprogramming, (EMDR), developed and popularized by Francine Shapiro. EMDR is perhaps the best researched and one of the most controversial of the new modalities. Eye movement interventions are by no means new, having been mentioned in the literature as far back as the 1800's. EMDR, however, has received much more attention in recent years. The process consists of having the client track the back and forth movement of the therapists fingers, (or apparently, any other left/right stimulation including finger snapping, ect), while the client thinks of the problem. Theoretically, the intervention works by facilitating the integration of information from one hemisphere of the brain to the other, as is thought to occur during the rapid eye movement, (REM), stages of sleep. The brain is assumed to be overwhelmed by traumatic events, interfering with the natural integration of information. One aspect of

EMDR is a risk of triggering abreaction in the client, which makes extensive training in the method advisable.

Other new and powerful, (although less extensively researched), interventions have been devised. Often referred to as Energy, Meridian or Power Therapies, these approaches include Thought Field Therapy, (TFT), Emotional Freedom Techniques, (EFT), and Tappas Accupressure Technique, (TAT). These approaches were developed in the context of traditional oriental medicine and may be best understood in context of Eastern models such as Acupuncture and Yoga Psychotherapy. Also, some Western researchers are convinced of the effectiveness of these approaches and have proposed biological explanations of how these techniques work. In the interest of brevity, we will review only one of these new therapies.

### **Thought Field Therapy**

Thought Field Therapy, also known as the Callahan Techniques, were first developed by Roger Callahan, PhD, around 1980. Callahan combined acupressure, eye movement therapies and positive affirmations to produce a technique that produces a high success rate, (commonly cited at 80%), short duration of treatment, and a low rate of abreaction. The procedure consists of teaching the client to tap various acupressure points while thinking of the problem in question. The technique was greeted with a great deal of skepticism by the psychological community, and for several years Callahan took Thought Field Therapy “to the people” through television, radio and the publication of books, including “The Five Minute Phobia Cure” and “Why Do I Eat When I’m Not Hungry?”. Callahan eventually began providing trainings on the technique to interested therapists and there exists today a significant number of practitioners who use the technique regularly in treatment. In 1995, Charles Figley, PhD, published a study in the *Family Therapy Networker*, (see Appendix I), that compared new approaches in the treatment of PTSD. Figley, an expert in the field of traumatology, was instrumental in having PTSD recognized as a legitimate disorder. The study found TFT to be the most effective of the new therapies, which included EMDR and Traumatic Incident Reduction, (TIR). Another advantage of TFT is the low risk of abreaction, in contrast to EMDR. (In fact, the technique is safe enough for the client to use outside the therapy session as a self help technique). The study also validated the high success rate and short duration of treatment attributed to TFT. A more recent, large scale study (over a period of fourteen years and involving over 29,000 patients), compared energy therapies with Cognitive Behavioral Therapy, (CBT), combined with medication in the treatment of anxiety disorders, (see Appendix II). “The energy psychology treatments surpassed the CBT/medication protocol in the proportion of patients showing some improvement (90% vs. 63%) and the proportion of patients showing complete remission of symptoms (76% vs. 51%).” Also, duration of treatment was shorter, (averaging three sessions vs. fifteen sessions).

### **Paradigms Shifts in Substance Abuse Treatment**

Past substance abuse treatment modalities have been time consuming, expensive and had a low success rate. During the 1970’s and 80’s, twenty-eight day inpatient programs were the standard of care and a confrontational style of counseling was the

prevailing practice. Changes in the treatment of substance abuse have been predicated by cost and effectiveness. These factors have resulted in an emphasis on brief therapies, day treatment programs and more “person centered” counseling approaches. Recent innovations in substance abuse treatment have resulted in higher rate of success and a shorter duration of treatment.

Motivational Enhancement Therapy, (MET), has been one result of these changes. MET emphasizes a client centered approach that eschews confrontation and promotes a therapeutic alliance with the client. One important shift away from past approaches is the concept that client resistance is in proportion to counselor attitude. Naturally, this shift in emphasis resulted in a certain amount of resistance on the part of therapists dedicated to older modes of treatment.

Some practitioners of TFT and EFT have reported success in the treatment of addictions. Permanent, or at least long term, cessations of cravings have been reported, but these cases have not been verified and no long term studies have been published. According to Dr. Callahan, cravings are the result of multiple blockages in the energy field, and addiction is the result of an attempt by the addict to relieve the resulting stress. Cravings tend to come back following the intervention, but, over time, the cravings are said to become less frequent and less intense. It has been this writer’s experience, however, that results appear to depend on the addictive potential of the substance. Cravings for tobacco tend to return within twenty four hours, but I have had clients report a cessation of craving for chocolate that has lasted for over one year to date. In order to be successful, the subject must consistently employ the technique whenever cravings arise. In practice, however, the subject usually chooses to indulge in the addiction.

### **Abraham Maslow and Peak States**

During the 1960’s, the prevailing emphasis on psychopathology in psychology resulted in a movement among professionals to study and promote modes of consciousness that were beyond normal functioning. Followers of Carl Jung, Otto Rank, Fritz Perls and other innovative psychotherapists formed a ‘third force’ in psychology. This movement was represented by Abraham Maslow, who developed the concept of the Hierarchy of Needs and coined the term “peak experience.” Maslow was interested in the study of individuals who had surpassed normal standards of mental health and had embarked on the journey of self-actualization.

### **Whole Hearted Healing and The Institute for the Study of Peak States**

Whole Hearted Healing, (WHH) is a regression therapy that focuses on healing trauma in key developmental events through guided imagery. This promising therapeutic intervention was pioneered by Grant McFertridge, MS. Whole Hearted Healing is based in part on the McLean/Papez Triune Brain Theory and the work of Gay Hendrix, PHD as well as ideas from Native American Shamanism. Further investigation of this approach has resulted in techniques that not only seem to be effective in the treatment of psychopathology, but also promote the acquisition of peak states that in many cases appear to be long term, if not permanent. In 1995, McFertridge, established the Institute for the Study of Peak States, (ISPS), to further develop and promote his approach.

McFertridge now holds the position of Director of Research for the ISPS. As of this writing, no formal studies of Whole Hearted Healing, or of other techniques developed through the Institute for the Study of Peak States, have been performed. All processes have been developed and tested through the efforts of volunteers and workshop participants. Many of these volunteers have reported significant reductions in traumas and other problems, as well as the achievement of long lasting positive changes in consciousness that bear striking similarities to peak states as described by Abraham Maslow. While WHH is not a “meridian therapy,” it does avail itself of the newer therapies to resolve problems that stem from developmental traumas on a prenatal and transpersonal level. Examples of ISPS processes that have been effective on individuals are:

- Whole Hearted Healing- combines visualization combined with cognitive processes and emotional awareness to synchronize the brain stem, limbic system and neocortex. The individual then uses a “self loving technique” developed by Gay Hendrix, PhD, to decrease the negative feelings associated with the trauma.
- The Silent Mind Process- This technique appears to be effective in eliminating voices in schizophrenics, unusually strong and compulsive sexual activity and panic attacks.
- The Distant Personality Release- seems to eliminate the phenomena of transference and counter-transference between individuals.

This writer has been trained in the use of Whole Hearted Healing, and has witnessed remarkable progress among clients who have availed themselves of these techniques.

ISPS research suggests that problems with alcoholism and addiction appear to stem from at least four causes- trauma, prenatal trauma, “copies” and genetic predisposition. For example, it is commonly accepted that individuals who experience PTSD often attempt to self medicate through the use of drugs and alcohol. Abuse can escalate, resulting in tolerance and the surpassing of a trigger point for alcoholism or addiction. These individuals appear to be effectively treated by the use of therapies focusing on the initial trauma. The Silent Mind Technique is based on the idea that individuals acquire thoughts and emotional states in-utero. Prenatal trauma has been demonstrated to be a valid parameter in fetal development (1). Also, one study has indicated a relationship between tobacco use among expectant mothers and increased rates of substance abuse and conduct disorder among their offspring (2). “Copies” occur when an individual imitates an emotional state or behavior of another, significant, person. Finally, the Crosby Addiction Process is based on an ancestral factor. Past research into the causes of alcoholism suggest a strong genetic predisposition. Individuals with parents and/or grandparents who were alcoholic are four times more likely to develop alcoholism. The same risk holds true for those who report a wide family history of alcoholism. A genetic predisposition is also evidenced by high rates of alcoholism among various ethnic groups, such as Native Americans.

## **The Silent Mind Technique in the Treatment of Cocaine and Methamphetamine Addiction**

The Silent Mind Technique, (SMT), was developed by Grant McFertridge, MS, about fifteen years ago for use in the treatment of schizophrenics. Originally, the method was demonstrated to be effective in the elimination of the voices that many schizophrenics experience. I have successfully used the technique on several occasions to deal with substance induced psychotic states that included voices. On one occasion, the technique also reduced visual hallucinations substantially, according to the client's report. I have also successfully used the intervention to deal with sexual compulsions and panic attacks. Recently, I have had occasion to use the Silent Mind Technique with five white female cocaine and methamphetamine addicts, (ages 16 to 41) with impressive results. All of the participants were initially treated on an outpatient basis, the most recent on June 15<sup>th</sup>, 2006. One client subsequently dropped out of treatment, so no follow up has been possible since about a week following the intervention. All subjects reported a substantial reduction or total elimination of craving for the drug. All subjects also reported immediate results, and that the craving has not returned, the longest period being three months and three weeks as of this writing. One subject described the change thusly: *"When I think about using, I don't get the excitement that I used to- it's like I'm just not interested anymore."* The same client was recently confronted with a situation where she said she would have used in the past, but instead chose not to. She ascribed the change in behavior to the SMT. Two clients have reported that their cigarette consumption has been cut in half, smoking only when they feel "bored." I recently distributed a questionnaire to the participants to rate their experience of cravings both before and after the intervention. One respondent is quoted below:

"Because I haven't had any cravings, I'm able to focus more on recovery. I don't have the thoughts of drugs clouding my mind, so that obstacle is not hindering my progress. I feel relieved, like a weight has been lifted off my shoulders. I feel positive about my recovery. I'm not having to deal with the fear of my cravings."

This particular participant was the first to use the technique, on March 1<sup>st</sup>, 2006, and is currently in a ninety-day residential program. She entered that program about a month following the intervention.

The technique does not, however, keep subjects from using drugs. Instead, it appears to eliminate the physical compulsion to use. One client, whose case is detailed below, reported that even thinking of using cocaine would often result in severe physical reactions including nausea and vomiting. Following the Silent Mind Technique, she reports that even these violent reactions were eliminated. She has used on three occasions since the intervention, with binges substantially reduced in length and severity. She reports that the lapses have consistently been the result of emotional distress, rather than a compulsion to use. Interestingly, she reported that, when she did use crack cocaine after the intervention, it was different in that she felt that she could "take it or leave it." Currently, she has abstained from all drugs and alcohol for three weeks.

The client is a 36 year old white female who was raped by her brother-in-law when she was twelve years old. This event resulted in a state of emotional arrest, symbolized by her continued wearing of pigtails. We discussed the significance of the pigtails in session. She stated that she never wanted to grow up and be responsible and would never stop wearing pigtails. The rape also resulted in typically inappropriate sexual acting out as an adult, including prostitution. The money she earned was spent to support her habit, and she felt no guilt regarding her behavior. "It's like being paid to do something I would be doing anyway," as she explained in therapy. She also often dressed as a teenager when working as a prostitute. During the initial phase of the rape, she states that she willingly complied with oral sex. Later in the event, however, she resisted and was tied down and assaulted. She reports that she associated oral sex with strangers with feelings of love and acceptance, emotions that she seldom experienced as a young girl. The client's drug habit was severe, usually smoking crack cocaine and drinking alcohol on a daily basis, during binges that often lasted for weeks. She reports that she seldom went more than one day without using, often experienced blackouts, at which time she could be violent, and spent a lot of time in crack houses.

Initial attendance at sessions was spotty, and she later reported that she had expected to receive benzodiazepines as a part of treatment, this being her main motivation for entering treatment. As noted above, she often experienced cravings that were physically violent, an indication of advanced and severe addiction. Having recently had success with the SMT with one previous cocaine addict, I suggested she use the intervention. The client had used Emotional Freedom Techniques with good results, and was willing to try the SMT. She was currently experiencing cravings, which she rated eight on a Subjective Unit of Distress, (SUD) scale of one to ten, with ten being the worst. I explained the theory behind the technique and guided her through it, the actual intervention taking less than five minutes. At the end of the time, the client reported a total elimination of craving accompanied by a state of deep relaxation.

The client's first lapse occurred about five days after the intervention. It lasted about six hours and appears to have been the result of dropping off her son at her mother's house. She reported a sense of freedom, or "What should I do now?" She stated that she considered going to church, but instead went to a bar. The second incident occurred after six days of the previous lapse, and involved using a \$20.00 rock of crack cocaine. She reported that the high was unpleasant and that it resulted in paranoia. She was using in an unoccupied house with a man who demanded sex. She left the situation, reporting that she did not want to be found dead in an abandoned house. This incident also followed dropping her son off with her mother. The third occasion also occurred on the day she dropped her son off, but had been planned earlier in the day as a response to an argument with her partner. It involved drinking six beers and smoking \$100.00 dollars worth of crack cocaine. She stated that it was a different experience and that she did not experience the overwhelming compulsion to continue to use. All of the lapses occurred at about six day intervals, and had emotional components. The client has not missed any individual sessions and her attendance at group has greatly improved. She has also begun attending church twice on Sundays. Future lapses may be avoided by regular attendance at 12 step meetings, which she has recently been attending twice daily. It has been three weeks since her last use. Recently, she was accepted into the local half way house, where she should be a resident for three months.

Other significant changes have occurred as a result of her practice of Whole Hearted Healing between sessions. Recently, she arrived for session with her hair out of pigtails. When questioned, she stated that she had decided to take it down two days previously. Further discussion revealed that she had been practicing WHH on the initial rape trauma, having started two days earlier. She has also begun dressing more appropriately for sessions and recently discussed getting rid of her past wardrobe.

Another significant aspect of this case is the normalization of sexual response. The client had reported an abnormally high sex drive, or compulsion that could be described as a sexual addiction. Following the intervention, the client reported a reduction of sexual drive to a more normal response for a woman of her age. It should be noted that the client was unconcerned about the change and, when asked, reported a sense of "relief." Whether this phenomena was the result of the intervention or of some other origin remains to be clarified. A substitution of sexual activity for the addict's drug of choice is often noted in recovering persons, suggesting that the two are linked. Of course, the addiction is believed to "hijack" the pleasure systems of the brain, which, in this writer's mind, would suggest such a relationship. Some research supports this assumption (3). If there is a relationship, it would be a highly significant result, given the fundamental and presumably unalterable nature of the sexual response in relationship to the personality.

#### **The Crosby Addiction Process**

In 2004, two volunteers for the ISPS were working on alcohol dependency issues. Their experience resulted in a technique that appears to eliminate cravings and promote long term recovery. The subject reported that her cravings ended immediately during the session and have not returned. This individual had been sober for many years, and her case is unusual in that she continued to experience strong cravings though out her recovery until this point. The process was also tried with a methamphetamine addict with similar results. Since this discovery, eight other alcoholics have been treated by workshop participants under the direction of Grant McFertridge. Each of the eight subjects reported a sudden and complete elimination of cravings and are reported to have remained sober since the intervention.

Subjects whose alcoholism does not appear to be traumatic in nature may respond positively to the Crosby process. The technique involves using the craving for alcohol as a means of facilitating the healing of intergenerational trauma. Following this intervention, clients report an absence of cravings.

This paper proposes a pilot study intended to investigate the safety and effectiveness of these techniques. In order to ensure the safety of the participants involved, Grant McFertridge would conduct a workshop on Whole Hearted Healing to prepare therapists to participate in the study. The training could be conducted over the Internet to reduce costs. The workshop would provide basic groundwork in Whole Hearted Healing and meridian therapies, and would prepare the therapists with ways to deal with any issues that may arise. Therapists who complete the training would also be licensed in the use of Whole Hearted Healing for Addictions through the ISPS. The license would be maintained through continued education in association with the Institute. Study participants would need to attend weekly individual sessions to monitor any unanticipated problems that may result from the intervention, then bi-monthly and monthly sessions to continue to monitor sobriety for twelve months. The first session

would evaluate the client, complete a psych-social, and explain the process to ensure the client's informed consent. Clients would be referred for specific interventions based on evaluation of the probable cause of the addiction. Individuals selected for the study would provide a variety of information to demonstrate effectiveness. Participants would rate cravings on a zero to ten Subjective Unit of Distress scale, (SUD), to gauge intensity of cravings. Progress would be documented through the use of the Michigan Alcoholism Inventory, self report, drug testing and breathalyzers administered throughout the study.

Preliminary reports indicate that the processes are both safe and effective, but it is important the techniques be tried with a larger sample under controlled circumstances. Double blind studies and comparisons with other approaches could be done at a later date, if these processes are successfully demonstrated.

## **Footnotes**

- (1). Drug Abuse and Conduct Disorder Linked to Maternal Smoking During Pregnancy. NIDA Notes vol. 15, number 5. October 2000, page 1.
- (2). LeDoux, Joseph. The Synaptic Self, 2002, Viking Press, pg. 98.
- (3). Cues for Cocaine and Normal Pleasures Activate Common Brain Sites, NIDA Notes, vol. 16, number 2, May 2001, page 1.

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#### Related Web Sites:

- [www.emofree.com](http://www.emofree.com) (Emotional Freedom Techniques).
- [www.energypsych.org](http://www.energypsych.org) (Association for Comprehensive Energy Psychology).
- [www.peakstates.com](http://www.peakstates.com) (Institute for the Study of Peak States).
- [www.tftrx.com](http://www.tftrx.com) (Thought Field Therapy).