

Hypnotherapy: Can it Stop Cigarette Addiction?

By Tommy Schroeter

Hypnosis: Not Just Entertainment Anymore?

“And now, when I snap my fingers, you will never smoke again!” Could there be something more useful to hypnosis than just magical entertainment? Are there applications for hypnosis in the medical realm? Hypnotherapists now advocate hypnosis as a near panacea, claiming it can help one lose weight, stop smoking, improve memory, improve athletic ability, reduce stress, build self-confidence, overcome phobias, find lost articles, and even manage chronic pain (<http://sageways.com/sageline/0196/hah.html>).

It has been estimated that some 390,000 Americans die prematurely from cigarette smoking each year. Smoking has been linked as a major risk factor to lung cancer (and many other forms of cancer), heart disease, chronic lung diseases, stroke, and respiratory illness. However quitting smoking can decrease the risk of these chronic illnesses and those who quit smoking generally live longer and healthier than those who do not. As scientific evidence revealing the harmful effects of smoking has accumulated to the point of universal acceptance, smokers are now seeking heavily (even desperately) to terminate their potentially fatal habit. Furthermore, smokers usually must make multiple attempts to quit their habit before reaching the point of abstinence. In such despair, an unorthodox treatment such as hypnosis can arise as a tantalizing option. But can a hypnotherapist really use hypnosis to end such an ingrained habit, or are the seemingly magic powers of hypnosis being used to swindle money from the gullible and the desperate?

Who Advocates Hypnosis?

In general hypnotherapists and other alternative therapists endorse hypnosis. Many of these advocates do not possess a medical or scientific background but, rather, a business background. This fact lends evidence to the possibility that some hypnotherapists may be businessmen and businesswomen rather than therapists, devoted to making a dollar rather than curing a health risk. This is something to consider before spending up to \$1800 on a session of treatment.

What do Hypnotherapists Say about Hypnosis and How Might it Help “Kick” the Habit?

Hypnotherapist T. Joyce Caldcleugh explains that hypnosis is a “naturally occurring state” characterized by heightened “awareness and alertness” during which the subconscious mind can be accessed and focused on a particular goal (<http://www.sageways.com/sageline/0169/hah.html>). In their advertisement of their product, hypnotherapists are vague (almost secretive) about their methods. However, in explaining their form of alternative therapy, hypnotherapists generally center around a common rationale: hypnosis releases the powers of the subconscious mind, which entails 90% of our mental power and “contains all our emotions, memories, habits, belief systems, and controls all of our integral organs” (<http://www.rogueweb.com/hypnosis/articles.html>). Through hypnosis, this large amount of mental power can be unleashed as will power, which is normally held captive in the less powerful conscious

mind. Thus, the ingrained desire and habit of smoking is replaced by the will power to quit. It is for this reason that hypnotherapists boast of their treatment being a “natural” therapy in that it allows one to use his or her “natural abilities to produce healing results” (<http://www.sageways.com/sageline/0196/hah.html>). To a lesser extent, hypnosis supporters emphasize the ability of hypnosis to relieve stress in a “healthy, positive manner” (<http://www.rogueweb.com/hypnosis/workshps.html>). Such stress relief could directly take away the need for stress relief through smoking. Furthermore, the reduction of stress allows the immune system to work in increased levels, bringing the smoker to further levels of wellness (<http://www.infinityinst.com>).

How Successful do Hypnotherapists Claim Their Treatment is?

Hypnotherapists generally boast their treatment has a 60-90% success rate (<http://www.hypnotherapy.net/stopsmok.html> & <http://www.lifeenrichment.com/lodato/>). However, they fail to define what success is. For example, 90% of their patients may quit smoking initially, but then fail to remain abstinent. Additionally, these rates may not include the 10-25% of people in the general population who are not hypnotizable and therefore cannot benefit from the treatment (Schubert 1983). Still, 60-90% is an extremely high success rate and, if accurate, begs for support. Yet surveys and studies conducted by hypnosis advocates lending support to any kind of success are scarce. The Road Counseling and Personal Development, a business that offers hypnosis as a method to stop cigarette smoking, recognizes such a need for evidence. It notes “some therapists claim a success rate of 60-70% or higher, but without conducting a survey over a long period, it is difficult to see how they come up with their figures”(<http://www.theroad.com.hk/nosmokeinf.html>). However, this same group that recognizes such paucity also fails to publish any proof of their treatment’s effectiveness.

In addition, without a proper study to prove the effectiveness of hypnosis, it is difficult to discern which part of the treatment works, if any. For example, the act of spending \$1800 on five sessions of hypnotherapy may be what really unleashes that “will power” within the smoker to quit, at risk of having poorly invested a large sum of money. It is also possible that the smoker may have already been resolved to quit before the treatment began. Furthermore, the relaxation involved in hypnosis may serve as the reduction in stress needed to overcome cigarette cravings. Without proper studies, who can tell what part of the therapy is effective?

What are the Facts about Hypnosis?

A popular way of explaining hypnosis within the scientific community is that it is an “altered state characterized by increased relaxation, concentration and suggestibility”(Mutter & Coates 1990, p. 70S). Hypnosis as it applies to health is described as a “state of focused concentration in which the subject is more receptive to suggestions about changes that might improve his or her health”(Mutter & Coates 1990, p. 70S). Mutter & Coates (1990) also explain that during hypnosis, the patient receives therapeutic advice uncritically and that hypnosis is not a state of sleep, but an alpha state measurable by electroencephalography. Perhaps it is for these reasons that Schwartz (1992) notes that hypnosis is not a very effective way of changing behavior on its own, but is effective in aiding the individual to accomplish what he or she already wants to do. Reinforcing a smoker with suggestions or reasons to quit may provide the will power to cease his or her addiction.

How is Hypnosis used in Therapy?

Hypnosis can exist either as self-hypnosis (or autohypnosis), in which the subject hypnotizes himself or herself, or as hetero-hypnosis, in which a clinician guides the subject into the hypnosis; in both cases, the subject is under control and can leave the hypnotic state if he or she wishes (Mutter & Coates 1990). Additionally, there are many different approaches to hypnotherapy. Schwartz (1992) outlines five

methods to hypnotic procedures:(1) giving direct suggestions to the smoker to change;(2) altering the smoker's perceptions regarding addictive behavior;(3) using hypnotherapy—hypnosis combined with verbal psychotherapy;(4) using hypnoaversion—hypnosis used to develop an aversion to smoking; and(5) using self-hypnosis to supplement the treatment. Hypnosis methods usually include behavioral adjuncts, such as “imagery, suggestions, substitute behavior, desensitization, self-relaxation, aversive methods, positive and negative reinforcement, inconvenience ploys, and counseling”(Schwartz 1992, p. 462). Furthermore, hypnosis can be administered in a single individual session, a series of individual sessions, or a group session (or group sessions) and is many times continued in the form of autohypnosis. In general, the most effective methods involve entering the hypnotic state while repeating phrases in favor of quitting (such as “You want to quit smoking. You will quit smoking. Smoking is harmful. ”).

How Effective is Hypnosis for Smoking Cessation?

There is much evidence that hypnosis, when used with behavioral adjuncts, can be very successful as an aid to quit smoking. Schwartz (1992) notes in his review that a smoker who wants to quit but has had difficulty doing so by using other methods many times finds success in hypnosis. Spiegel, Frischholz, Fleiss, and Spiegel (1993) found that when using hypnotherapy, those who were previously able to quit smoking for at least one month but relapsed were much more likely to quit with the aid of hypnosis than those who had not previously been able to quit. Thus, a sincere desire to quit combined with hypnosis may yield a successful outcome. There is also proof that hypnotherapy is effective when combined with a smoking ban at the workplace. Sorensen, Beder, Prible, & Pinney (1995) performed a study in which the participants attended a tutorial on how to use hypnosis in the cessation of smoking. The participants were then subjected to a ban on smoking at the workplace. One year after the tutorial, a survey was administered to the subjects and it was found that 15% of the participants had quit smoking. While this is not a relatively large percentage, it was found that a large ratio of those who complied with the program of autohypnotization quit smoking. Social support as an adjunct to hypnosis has also been found to be a successful method in the cessation of smoking. Spiegel, Frischholz, Fleiss, and Spiegel (1993) conducted an experiment in which 226 smokers were treated with a single-session involving self-hypnosis. While 23% of their subjects maintained abstinence after two years, 51.1% of subjects living with a spouse were able to maintain abstinence after two years.

Hypnotizability, or the susceptibility of a subject to hypnosis, is perhaps the greatest determinant in evaluating the likelihood of effectiveness of hypnotherapy. Schubert (1983) performed an experiment in which one group of smokers was subject to hypnotherapy as the experimental treatment condition. These subjects received four 50-minute, weekly, individual sessions of hypnotherapy. A second group of smokers underwent systematic relaxation as the comparison treatment condition. This group underwent the exact same treatment as the hypnotherapy group with the exception that hypnotic induction was replaced with relaxation induction. At the completion of the treatment, 55% of the hypnosis group and 74% of the relaxation group had quit smoking. Four months after the completion of the treatment, 55% of the hypnosis group maintained abstinence while 58% of the relaxation group remained abstinent. The results of this experiment suggest that over time, there is no real difference in the success of the two methods. However, Schubert notes that those subjects in the upper two-thirds of hypnotizability in the hypnotherapy group reduced their cigarette consumption considerably more than those of the relaxation group. Thus, hypnotherapy may be an effective option for those who are susceptible to hypnosis. While there is much evidence in support of hypnosis for smoking cessation, there is an equal amount of evidence that it is generally ineffective. Lando's review (1996, 66) concludes that results for hypnosis in the cessation of smoking are “disappointing . . . [yet] patients may benefit from expectations of successful outcome.” A review performed by Van Dyck & Hoogduin (1990, p. 396) notes that results of hypnotherapy are related to hypnotizability in “the treatment of anxiety, pain, and psychological

disorders, but not in the treatment of addiction or habit disorders. ”A study performed by Lambe, Osier, and Franks (1986) in which the experimental group of smokers underwent hypnotherapy was compared to a group of smokers who were educated on the harmful effects of smoking yielded similar success rates for each therapy. While 21% of subjects in the hypnosis group and 6 % of the education group subjects quit smoking three months after the program, the rates evened out after six months and similarly, after one year. Similarly, Kaufert, Rabkin, Syrotuik, Boyko, and Shane (1986) found that health education and hypnosis had similar success, while behavior modification was far more effective. Finally, Colgan, Faragher, and Whorwell (1988, 1299) concluded in their study that “no change in smoking habits or alcohol consumption occurred as a result of hypnotherapy. ”

The Verdict; Hypnosis: Treatment or Trance?

Research shows that under some circumstances, hypnotherapy is an effective method for smoking cessation. When the subject is susceptible to hypnosis, hypnotherapy can be a good method to aid in quitting the habit. Additionally, those who use hypnosis as an adjunct to other variables (social support, clinical support, or smokeless environment) find some success in the cessation of smoking. However, there is much evidence that hypnosis is only as effective as other accepted methods for treatment. For example, health education and relaxation were both found to yield similar success as hypnotherapy. These treatments would be more logical as they tend to be less expensive and easier. While no studies were found to verify the lofty promises of hypnotherapists, success rates for hypnotherapy are still greater than those of no treatment at all and hypnosis, therefore can be regarded as a more effective way of quitting cigarette addiction.

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