

Smoking Cessation and Hypnosis

Petikan dari “Smoking Cessation and Hypnosis”

A comparative review of the effectiveness of hypnosis, an advanced method of hypnosis, and other interventions used for the cessation of smoking.

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This paper presents some of the findings from a study looking at all methods of smoking cessation, including standard hypnotherapy techniques and compares those to a specially developed advanced method of hypnotherapy for smoking cessation.

High quit rates for hypnosis compared to other methods

A larger meta-analysis of research into hypnosis to aid smoking cessation (Chockalingam and Schmidt 1992) (48 studies, 6,020 subjects) found that the average quit rate for those using hypnosis was 36%, making hypnosis the most effective method found in this review with the exception of a programme which encouraged pulmonary and cardiac patients to quit smoking using advice from their doctor (such subjects are obviously atypical as they have life-threatening illnesses which are aggravated by smoking and therefore these people have very strong incentives to quit).

Table 1. Effectiveness of different types of intervention to achieve smoking cessation adapted from data in Chockalingam and Schmidt (1992)

Type of intervention	% who quit smoking	no. of subjects	no. of trials
Advice (cardiac patients)	42	4553	34
Hypnosis	36	6020	48
Miscellaneous	35	1400	10
Advice (pulmonary patients)	34	1661	17
Smoke aversion	31	2557	103
Group withdrawal clinics	30	11580	46
Acupuncture	30	2992	19
Instructional methods in workplace	30	976	13
Other aversive techniques	27	3926	178
5 day plans	26	7828	25
Aversive methods in	25	1041	26
Educational (health promotion initiatives)	24	3352	27
Medication	18	6810	29
Physician interventions (more than advice)	18	3486	16
Nicotine chewing gum	16	4866	40
Self-care (self-help)	15	3585	24
Physician advice	7	7190	17

Law and Tang (1995) looked at 10 randomised trials, carried out between 1975 and 1988, of hypnosis in smoking cessation. They found that the effect of hypnosis was highly statistically significant¹. The research they examined involved 646 subjects and cessation rates at 6 months post-treatment ranged from 10% to 38% (the average figure was 24%).

**Table 2. Effectiveness of different types of intervention to achieve smoking cessation
(adapted from data in Law and Tang 1995)**

Type of intervention	% who quit smoking	no. of subjects	no. of trials
Supportive group session (heart attack survivors)	36	223	1
Hypnosis	24	646	10
Supportive group session (healthy men in high risk for heart attack group)	21	13205	4
Nicotine patch (self-referral)	13	2020	10
Nicotine gum (self-referral)	11	3460	13
Supportive group session (in pregnancy)	8	4738	10
Advice from GP (additional sessions)	5	6466	10
Gradual reduction in smoking	5	630	8
Nicotine patch (GP initiated treatment)	4	2597	4
Nicotine gum (GP initiated treatment)	3	7146	15
Acupuncture	3	2759	8
Advice from GP (one-off)	2	14438	17
Supportive group session	2	2059	8
Advice from nurses in health promotion clinics	1	3369	2

Table 2 (above) shows that the meta-analysis of Law and Tang confirms, to a large extent, the meta-analysis of Chockalingam and Schmidt (1992); in both cases hypnosis appears as the most effective form of intervention to achieve smoking cessation with the exception of groups who are highly motivated to quit for medical reasons, such as those with existing heart or pulmonary problems.

A more recent study, by Ahijevych et al (2000), produces a similar overall figure for the success of hypnosis. This study looked at a randomly selected sample of 2,810 smokers who participated in single-session, group

hypnotherapy smoking cessation programs sponsored by the American Lung Association of Ohio. A randomly selected sample of 452 participants completed telephone interviews 5 to 15 months after attending a treatment session. 22 percent of participants reported not smoking during the month prior to the interview.

Tailored Hypnosis: Taking It to the Next Level

The results discussed so far indicate that when the bulk of random trials are considered hypnosis is shown to be the most effective intervention for achieving smoking cessation. Yet this is only half the story—many of the trials discussed so far have used very brief sessions, using standardised hypnosis techniques, many have in fact taken place in group sessions (making it difficult to tailor to each individual's needs) and have not necessarily been carried out by expert practitioners of hypnosis. If, under these circumstances, hypnosis can achieve such positive outcomes in terms of enabling smokers to quit, then what might be achieved using programmes of hypnosis which are carried out by expert hypnotists and are tailored to the needs of the individual who wants to stop smoking?

Nuland and Field (1970) found an **improvement rate of 60% in treating smokers with hypnosis**. The increased effectiveness was achieved by a more personalised approach, including feedback (under hypnosis) of the client's own personal reasons for quitting. These researchers also employed a technique of having the client maintain contact by telephone between treatments and utilized self-hypnosis in addition.

Von Dedenroth (1968) devised an innovative unique approach which appears to have been extremely successful. He began by inquiring how long the individual had smoked, whether they recalled why they had begun, whether they had ever tried to stop smoking, why they wanted to stop smoking at this particular point in time, what benefit, if any, they felt that they derived from smoking, at what specific times they felt the need most strongly (after meals, before breakfast etc.), and finally he asked them how many cigarettes they smoked. Von Dedenroth believed that answering these questions not only tended to increase rapport but also revealed, at least in part, the smoker's own feelings regarding his smoking and his reasons for wanting to give up the habit. The therapy proper did not begin until the second session, and at this time the smoker was told that 'Q Day' or 'Quitting Day' would be 21 days from that point. The smoker was also told to change his favourite brand of cigarettes and resolve to never smoke that brand again. The smoker is then told that they are not to smoke at all:

1. Before breakfast
2. For one half-hour after each meal
3. For 30 minutes before retiring

The smoker was told that, at the times mentioned above, he was to get into the habit of going to the bathroom, gargling with mouthwash and cleaning his teeth. He should have a glass of fruit juice upon awakening

and he was told to notice the fresh feeling in his mouth in the morning and following each of these routines. After his breakfast, he was to clean his teeth again and use the mouthwash, paying close attention to the clean feeling in his mouth. Thirty minutes later he was allowed to have a cigarette, but not before. This tended to break the association between the taste of food and the inevitable cigarette that usually followed a meal. He was also told to get a small note-book to carry with him, and to write down, from time to time, his reasons for giving up smoking (physical, financial and personal). Then a trance state was induced and the above suggestions, given in the waking state, were repeated and consequently greatly reinforced. Following the trance, the patient was encouraged to ask questions, and the next appointment arranged.

The third session occurred around one week later (and a week before 'Q day') in this session the smoker was told that they should not drink alcohol at all, or at least to drink alcohol only with meals, with the intention of breaking the association between alcohol and smoking. A trance state is again induced and all the previous instructions reinforced. It is also suggested that smoking will no longer be enjoyable. In particular the smoker was told that the first puff of a cigarette may be enjoyable, the second less enjoyable, and the third may possibly irritate the nose, throat or chest. The aim of this is that by the time 'Q Day' arrives the smoker may only be taking a few puffs of each cigarette a day; as the number of cigarettes smoked, and the amount of each of those cigarettes smoked, has declined, then it should be less painful for the individual to quit.

Von Dedenroth believed that the fact that the individual is able to reduce and stop smoking (with the aid of hypnosis) gives the individual a great feeling of self-accomplishment. 'Q day' begins with the induction of a trance state and it is emphasised continually to the smoker that bad habits have been replaced by good ones, and that for several weeks cigarettes have become more and more unpleasant.

The study by Von Dedenroth, described above, has the highest quoted success rate for hypnosis in achieving smoking cessation which has been reported in the literature to date; **Von Dedenroth found that his use of hypnosis enabled 94% of 1000 subjects to stop smoking (when checked at 18 months).**

Practice Builders Study (2000) (Smoke Free International's proprietary method)

This research was carried out on 300 subjects (beginning in January 2000 and continuing until March 2002) who responded to an advertisement. A 'blind trial' technique was used; subjects were not aware that they were taking part in a research project although they all ticked a box on their intake forms saying that they understood that the hypnotist's methods were always being measured, tested and improved, and that results would be collated and studied. Client confidentiality was assured so that their data could be used but not their names and these subjects were randomly allocated to receive either 'standard' hypnotherapy or a special formulation of hypnotherapy which Practice Builders has termed 'advanced therapy'. 51% of respondents were male and 49% female; the median age of all subjects was 44 years.

No respondents had previous experience of hypnosis 51% of subjects had tried nicotine patches, 14% had tried nicotine gum, 7% had tried acupuncture, 6% had tried using a nicotine inhaler and 30% had previously tried to quit using will-power alone. 11% of subjects had not previously tried to quit smoking.

For all subjects:

The client was interviewed to make sure that they wanted to stop smoking for their own reasons, and were not being pressured into it by someone else (doctor, loved one etc.).

The price was kept high (£250) to establish commitment, and to avoid people who were casually or speculatively trying hypnosis (as opposed to those who have some commitment, confidence or belief that hypnosis would help them to stop smoking).

All subjects waited a minimum of three weeks for an appointment in order to build expectancy subjects were already thinking about, and planning being, a non-smoker for weeks before the treatment began.

Before the actual hypnosis, the client (or subject) is asked a series of questions about their smoking habit and their beliefs. This allows the hypnotherapist and the client to build rapport and also lets the hypnotherapist become aware of any thought patterns based on myths or misconceptions that need to be cleared up before the hypnosis. They are asked, for example:

- ◆ *'Do you believe you are addicted to nicotine?'*
- ◆ *'What fears do you have about stopping?'*
- ◆ *'What do you know about hypnosis?'*

Hypnosis was then fully explained to the client, as well as how the conscious and the unconscious mind works, and any myths debunked (such as, you cannot make someone do something they don't want to do, hypnosis is not sleep or unconsciousness, you will be aware of everything that is going on and will remember everything that happened in hypnosis after the session, you can stop the session at any time, etc.). This is called the "pre-talk".

A hypnotic contract is then entered into, in which the client agrees to go along with all techniques and to accept all the suggestions that are for their benefit.

For subjects treated with the standard technique:

The client then reclines in the chair, and a basic stop smoking script is read. This type of standard technique doesn't allow for much in the way of personalising a session, as it is the same for every client. The wording of

some of the best basic techniques uses hypnotic language patterns (Neuro Linguistic Programming). The client is then emerged.

For subjects treated with the advanced technique:

Hypnosis is induced using a progressive test induction tailored to the client. Ideo motor techniques are used to gain unconscious communication. The client's own motivations, Meta programmes, and values are utilised in the session using a combination of metaphor and suggestion. NLP sub-modality and anchoring techniques are used according to the client's processing style. At the end of the session, the client is emerged from hypnosis and the change is tested, then future paced and ratified.

Findings

Quit rates were established thorough telephone interviews 1 month and 6 months after the first session of treatment.

After 1 session 95% of those who received 'advanced therapy' had quit smoking. The remaining 5% received a second session of treatment leading to a further 1.3% of the group quitting smoking. In total therefore, at 6 months, 97% of those who received 'advanced therapy' had quit smoking.

Of those who received 'standard therapy' 51% quit smoking after one session and a further 6% quit after a second session—a total of 57% had quit smoking at 6 months.

Those who were still smoking at 6 months did not differ from those who had successfully quit in terms of gender, age or therapies previously tried. These results mean that for both standard treatments and the 'advanced treatment' quit rates are extraordinarily high and well above what has hitherto been reported in the literature. Results for both treatments were significant at the 0.001 level (chi-square).

Outcomes for the 'advanced therapy' are considerably higher than any findings previously reported in the literature. In addition, the success rate achieved using the standard technique was considerably higher than expected and this may be due to the fact that the elements that the standard treatment and 'advanced treatment' have in common (price, waiting period for the session, advertising exposure, and pre-talk etc.) have powerful effects on outcomes.

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Combined results were statistically significant at the .001 level, meaning that there is less than a one in a thousand chance that these results happened by chance.

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