

# Stop Smoking Research

Dibawah ini adalah laporan hasil riset ilmiah antara tahun 1956 - 2001 tentang manfaat hipnosis untuk "merdeka dari jeratan rokok".

2001

**Barber, Joseph (2001). Freedom from smoking: Integrating hypnotic methods and rapid smoking to facilitate smoking cessation. International Journal of Clinical and Experimental Hypnosis, 49 (3), 257-266.**

Hypnotic intervention can be integrated with a Rapid Smoking treatment protocol for smoking cessation. Reported here is a demonstration of such an integrated approach, including a detailed description of treatment rationale and procedures for such a short-term intervention. Of 43 consecutive patients undergoing this treatment protocol, 39 reported remaining abstinent at follow-up (6 months to 3 years post treatment). Gibbons, Don E. (2001). Experience as an art form: Hypnosis, hyperempiria, and the Best Me technique. San Jose CA: Authors Choice Press. ([available online:] <http://www.iuniverse.com/bookstore/marketplace>)

NOTES

The Best Me Technique is a procedure for constructing suggestions which incorporates many different dimensions of experience -- beliefs, emotions, sensations, thoughts, motives, and expectations -- for maximum involvement and effectiveness. Best Me suggestions may be used with either hyperempiria, an alert induction based on suggestions of mind expansion and increased alertness and sensitivity, or with more traditional forms of hypnotic induction.

2000

**Green, Joseph P.; Lynn, Steven Jay (2000, August). Hypnosis and suggestion-based approaches to smoking cessation: An examination of the evidence. [Paper] Presented at the annual meeting of the American Psychological Association, Washington, D. C..**

This article reviews 59 studies of hypnosis and smoking cessation from the point of view of whether the research provides support for hypnosis as an empirically supported treatment (Chambless and Hollon, 1998). Whereas hypnotic procedures generally yield higher rates of abstinence relative to wait list and no treatment conditions, hypnotic interventions are generally comparable to a variety of nonhypnotic treatments. The evidence for whether hypnosis yields outcomes superior to placebos is mixed. In short, hypnosis can not be considered to be a specific and efficacious treatment for smoking cessation. Furthermore, in many cases, it is impossible to rule out cognitive/behavioral and educational interventions as the source of positive treatment gains associated with hypnotic treatments. Hypnosis can not, as yet, be regarded as a well-established

treatment for smoking cessation. Nevertheless, it seems justified to classify hypnosis as a "possibly efficacious" treatment for smoking cessation. - Abstract taken from Psychological Hypnosis: A Bulletin of [Amer Psychol Assn] Division 30. Fall, 2000.

**1999**

**Capafons, A. (1999). Applications of emotional self-regulation therapy. In Kirsch, I.; Capafons, A.; Cardega, E.; Amigs, S. (Ed.), Clinical hypnosis and self-regulation: Cognitive-behavioral perspectives (pp. 331-349). Washington, D.C.: American Psychological Association.**

This chapter reviews the main applications of emotional self-regulation therapy, which have received empirical support: smoking reduction, obesity, fear of flying, drug addictions, and premenstrual distress and dysmenorrhea. The logic of each treatment and main empirical results are summarized.

**1997**

**Bayot, A.; Capafons, A.; Cardega, E. (1997). Emotional self-regulation therapy: A new and efficacious treatment for smoking.. American Journal of Clinical Hypnosis, 40 (2), 146-156.**

We described emotional self-regulation therapy, a recently-developed suggestion technique for the treatment of smoking, and present data attesting to its efficacy. Of the 38 individuals who completed treatment, 82% (47% of the initial sample) stopped smoking altogether and 13% (8% of the initial sample) reduced their smoking. A follow-up at 6 months showed that 66% (38% of the initial sample) of those who had completed the treatment remained abstinent and reported minimal withdrawal symptoms or weight gain. In a no-treatment comparison group, only 8% reduced their smoking or became abstinent.

**Johnson, David L. (1997). Weight loss for women: Studies of smokers and nonsmokers using hypnosis and multicomponent treatments with and without overt aversion. Psychological Reports, 80 (3, Pt 1), 931-933.**

Study 1 compared 50 overweight adult female smokers (mean age 37.7 yrs) and 50 nonsmokers (mean age 41.2 yrs) in an hypnosis-based, weight-loss program. Smokers and nonsmokers achieved significant weight losses and decreases in Body Mass Index. Study 2 treated 100 women either in an hypnosis only (n = 50) or an overt aversion and hypnosis (n = 50) program. This multicomponent follow-up study replicated significant weight losses and declines in Body Mass Index. The overt aversion and hypnosis program yielded significantly lower posttreatment weights and a greater average number of pounds lost. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

**1995**

**Capafons, A.; Amigs, S. (1995). Emotional self-regulation therapy for smoking reduction: Description and initial empirical data.. International Journal of Clinical and Experimental Hypnosis, 43 (1), 7-19.**

Self-regulation therapy (Amigs, 1992) is a set of procedures derived from cognitive skill training programs for increasing hypnotizability. First, experiences are generated by actual stimuli. Clients are then asked to associate those experiences with various cues. They are then requested to generate the experiences in response to the cues, but without the actual stimuli. When they are able to do so quickly and easily, therapeutic suggestions are given. Studies of self-regulation therapy indicate that it can be used successfully to treat smoking.

Holroyd, Jean (1995). Handbook of clinical hypnosis, by Judith W. Rhue, Steven Jay Lynn, & Irving Kirsch (Eds.) [Review]. International Journal of Clinical and Experimental Hypnosis, 43 (4), 401-403.

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"This is a book for the thinking clinician" (p. 401). "The editors are to be congratulated for making this volume much more coherent than most edited books" (p. 402). "My impression is that the book is best suited for an intermediate or advanced course on hypnotherapy, or for people who are already using hypnosis in treatment. Although there is some material on the basics of hypnotic inductions and a few introductory sample scripts for inductions, a beginners" course should probably use a different book, or this book could be accompanied by an inductions manual. ... I recommend it very highly" (p. 403).

**1993**

**Page, Roger A.; Handley, George W. (1993). The use of hypnosis in cocaine addiction. American Journal of Clinical Hypnosis, 36, 120-123.**

An unusual case is presented in which hypnosis was successfully used to overcome a \$50-0 (five grams) per day cocaine addiction. The subject was a female in her twenties. Six months into her addiction, she acquired a commercial weight-control tape that she used successfully to stop smoking cigarettes (mentally substituting the word "smoking"), as well as to bring her down from her cocaine high and allow her to fall asleep. After approximately 8 months of addiction, she decided to use the tape in an attempt to overcome the addiction itself. Over the next 4 months, she listened to the tape three times a day, mentally substituting the word "coke." At the end of this period, her addiction was broken, and she has been drug free for the past 9 years. Her withdrawal and recovery were extraordinary because hypnosis was the only intervention, and no support network of any kind was available.

Spiegel, David; Frischholz, Edward J.; Fleiss, Joseph L.; Spiegel, Herbert (1993). Predictors of smoking abstinence following a single-session restructuring intervention with self hypnosis. *American Journal of Psychiatry*, 150, 1090-1097.

Examined the relation of smoking and medical history, social support, and hypnotizability to outcome with Spiegel's smoking-cessation program. A consecutive series of 226 smokers were treated with the single-session approach and followed up for 2 years. With a total abstinence criterion, 52% success was found after 1 week, and 23% abstinence at 2 years. Hypnotizability and having been previously able to quit smoking for at least a month significantly predicted the initiation of abstinence. Hypnotizability and living with a significant other person predicted 2-year maintenance. The results are superior to those of spontaneous efforts to stop smoking and suggest it is possible to predict which patients are most likely to respond and which patients are least likely to respond to such a brief intervention.

**1992**

**Spanos, Nicholas P.; Simulates, Ann; de Faye, Barbara; Mondoux, Thomas J.; Gabora, Natalie J. (1992-93). A comparison of hypnotic and nonhypnotic treatments for smoking. *Imagination, Cognition and Personality*, 12, 23-43.**

Three experiments administered variants of Spiegel's (1970) smoking cessation procedure to smokers in hypnotic and nonhypnotic treatments. Follow-up periods were from twelve to twenty-four weeks depending on the experiment. Complete abstinence was an infrequent outcome in all three experiments. Greater-than-control reductions in smoking for treated subjects were obtained in two of the experiments but, in both cases treatment and control subjects failed to differ significantly before the end of the follow-up period. Hypnotic and nonhypnotic treatments produced equivalent smoking reductions in all studies, and neither hypnotizability nor questionnaire assessments of motivation to quit correlated significantly with treatment outcome. Implications are discussed. NOTES 1:

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When the experimenters compared number of treatments they simply compared two sessions of Spiegel's one-session treatment with four sessions of it. The authors make the point that perhaps they should vary the four sessions.

"In all three of the present experiments the abstinence rates associated with the Spiegel treatment were very low. Our abstinence rates were similar to those reported in one earlier study [4 - Perry et al.], but substantially lower than those reported in three other studies [2, 22, 25]. The reasons for these discrepancies between studies remains unclear, but experiment 3 suggests that these discrepancies cannot be accounted for simply in terms of whether the subjects were drawn from a university or nonuniversity population, and experiment 2 suggests that the discrepancies are unrelated to the number of treatment sessions administered to subjects.

"The finding that hypnotic and nonhypnotic subjects in all three experiments attained equivalent reductions in smoking is consistent with other comparison studies in this area which indicate that hypnotic treatments are no more effective than various nonhypnotic procedures at inducing reductions in smoking [22, 25, 30]. More generally, these findings are consistent with comparison studies on a wide variety of clinical disorders (headache pain, warts, phobias, obesity) which indicate that hypnotic treatments are no more effective than nonhypnotic ones at producing therapeutic change (see [3] for a review).

"The failure to find significant correlations between smoking reduction and hypnotizability among treated subjects is also consistent with the findings of most studies in this area [3], but the reasons why significant correlations between these variables are found in some studies and not others remains unclear. Spanos [3] suggested that significant correlations between these variables are particularly likely when hypnotizability testing is integrated into the treatment protocol. Under these circumstances subjects are likely to form strong expectations about treatment success on the basis of their self-observed responses to the hypnotizability scale. Such expectations may, in turn, influence subjects' motivations to comply with the treatment regimen, the self-statements they make concerning their likelihood of quitting, etc. In all of the present experiments hypnotizability was assessed at the end of the follow-up period and, therefore, could not influence subjects' expectations of treatment success" (pp. 40-41).

Spiegel, David (1992, October). Hypnotizability. [Paper] Presented at the annual meeting of the Society for Clinical and Experimental Hypnosis, Arlington, VA.

## NOTES

Dr. Spiegel announced that this was a last minute substitution for Fred Frankel's presentation on Hypnotizability.

We have ongoing a major replication of the study that we published on group therapy with terminally ill breast cancer patients. The matched control patients get educational materials but not psychotherapy. We are looking at NK cytotoxicity and delayed hypersensitivity.

Tasks: spend 15 minutes discussing list of problems; 15 minutes discussing things like, "What is your spouse doing that doesn't help; what can we do to help it?" We get drop in NK cytotoxicity immediately afterward, returning after 24 hrs to usual levels. Controls don't drop in NK cytotoxicity. This measure of stress may be a predictor of survival time.

In Fawzy's study of group therapy with melanoma patients, they noted a significant difference at 6 months in interferon augmented activity of NK, which didn't hold up at a year. But at 6 years there were 10 of 40 deaths in control group vs 3 of 40 deaths in treated group. This is a vigorous effect.

Cohen's study of colds in New England J. of Med is another good clinical study.

There are two broad areas of relevance of hypnotizability to healing: 1. Hypnotizability as a trait: do highs differ in way they regulate body or mind? 2. Is there something you do when in hypnotized state that is different? Studies of treatment of warts with hypnosis are important 3. Transition between states, e.g. circadian rhythms; is there a shift in wakefulness between trance and nontrance states that affects health?

Psychiatric Diagnosis and self regulation. High hypnotizability is associated with certain psychiatric disorders (dissociative reaction, PTSD, MPD, etc.). Schizophrenics score much lower than normals (av. = 4 vs 7; replicated with the Hypnotic Induction Profile (HIP). Stanford Hypnotizability Scales show no difference in means, but do show a difference in range). I don't know what this means. But schizophrenics can falsely pass some Stanford Scale items, e.g. amnesia which they don't however reverse; so schizophrenics' hypnotizability scores may be inflated on Stanford scales. We don't see extremely high scores in schizophrenics.

Psychoactive medication doesn't affect scores of schizophrenics, but improves scores of anxiety neurotics (by reducing anxiety). Frischholz has an article coming out in a psychiatry journal that confirms this.

There is a lot of evidence that patients with dissociative disorders are more hypnotizable than other groups. Frischholz et al couldn't replicate Frankel's finding of higher scores in phobics. Pettinati et al found higher scores in bulimia and I haven't seen anything to counter that. Another idea is that high hypnotizables are very good at internal regulation

Spiegel & Ken Kline selected Ss who could regulate gastric activity. They got an 80% increase in gastric acid output while imagining eating; got 40% decrease in output when imagining something pleasant that wasn't imagining eating. Injected with pentagastrin, which induces gastric output, they still got a decrease in gastric acid output in the relaxation condition.

This suggests that hypnotizability should be a selection criterion for some research. See also Katz et al. 1974 (?) with acupuncture; and McGlashan, Evans & Orne on the placebo response.

Herbert Spiegel found that 2/3 of highs but 1/3 of lows were cured of phobia. Eye roll sign on the HIP, living with spouse/lover, rating self as hypnotizable, and giving a postcard follow-up response at one week post treatment were associated with 89% rate abstinence at 2 years follow-up, when only 23% overall of 223 were abstinent. Absence of those positive predictors was associated with only a 4% rate of abstinence.

## 1991

**Court, John (1991). Lord of the trance. Journal of Psychology and Christianity, 10 (3), 261-265.**

A verbatim account of hypnotically-based therapy utilizing Christian imagery serves as the basis for illustrating some of the benefits of this approach where therapist and client share the same value system. The interactions challenge some of the familiar objections to Christian involvement with hypnosis.

Holroyd, Jean (1991). The uncertain relationship between hypnotizability and smoking treatment outcome. International Journal of Clinical and Experimental Hypnosis, 39, 93-102.

Literature on the relationship between hypnotizability and smoking treatment outcome was reviewed. 91 private patients treated for smoking with hypnotherapy participated in an investigation designed to correct problems in some of the earlier research. 43% quit smoking by the end of treatment but only 16% abstained at least 6 months. Neither immediate quitting nor continued abstinence correlated with hypnotizability. Other variables hypothesized to predict smoking cessation also were not correlated with outcome: number of

treatment sessions, need to smoke, motivation to quit, and gender. The low abstention rate may have impeded verification of a relationship between hypnotizability and treatment outcome.

#### NOTES

In the Discussion, the author notes that the low overall abstention rate works against finding the predicted relationships, as did restricted range on the hypnotizability measure. "Secondly, the present research design in effect tested the potency of hypnosis (hypnotizable patients) against nonhypnotic treatment (nonhypnotizable control patients) in a research design recommended by Orne (1977). Intensive nonhypnotic involvement with the nonhypnotizable individuals over several sessions may have worked against finding differences between low and high hypnotizables" (p. 99).

"Patients generally did not complete the recommended four sessions ... and they generally were non-adherent to recommended follow-up telephone contact. The observed relationship between initial quitting and number of treatment sessions may exist because people who are responding to treatment stay in treatment longer, or because more treatment sessions provide a more potent intervention, or both" (p. 99).

"Treatment contracts between patients and therapist increased the number of sessions that patients completed but did not increase their abstinence rate" (p. 100).

#### 1990

**Suedfeld, Peter (1990). Restricted environmental stimulation and smoking cessation: A 15-year progress report. *International Journal of the Addictions*, 25, 861-888.**

The first successful use of restricted environmental stimulation therapy (REST) as a method of smoking cessation was reported in this journal in 1972. Since then, close to 20 papers and articles have further investigated this application. The results have been consistently positive and have further shown that--unlike most techniques--REST combines synergistically with other effective treatment modalities. The effect of REST seems to target primarily the major problem with other known treatments in this area: It substantially reduces the relapse rate among clients who quit smoking at the end of treatment. Furthermore, REST is safe, has no known adverse side effects, and is easily tolerated by most participants. Nevertheless, the method has not found wide acceptance among practitioners. This paper explores and answers some of the concerns that may be involved in its relative lack of popularity. NOTES 1:

#### NOTES

Provides a thorough review of REST (restricted environmental stimulation technique) and smoking cessation, with analysis of why the technique has not been widely adopted, how to set up a lab (including costs and equipment), and the political considerations surrounding REST research (many of which would apply to hypnosis). The author describes how sensory restriction got a bad reputation in Hebb's lab. But both "brainwashing" and intensive interrogation rely primarily on overstimulation and intense stimulus bombardment; these are occasionally interrupted for brief periods to arouse fear and uncertainty about their

resumption.

The optimal approach in treatment of smokers seems to be to combine an approach that maximizes immediate cessation rates, with REST which maximizes continuing maintenance rates. Tikalsky (1984) reported that combining REST with self-management training and the establishment of a social support group, there was a 6-month abstinence rate of 88%. (This was a clinical treatment study rather than a controlled experiment.)

"The estimated maintenance rates after REST converge at about 50%, about twice as high as those commonly accepted as characterizing the literature (see, e.g., Hunt and Belpalec, 1974; Shumaker & Grunberg, 1986). The unusually high maintenance rates (percentage of subjects who were abstinent at every follow-up throughout 12 months, using as the baseline those who had quit at end of treatment) are in most--although not all--cases combined with only average quit rates (using total number of followed-up subjects as the baseline), indicating that the initial impact of REST is less impressive than its effect on long-term maintenance" (p. 872).

Why is REST underutilized? Some say it is a placebo. But there is evidence that "expectancy has but little effect on objectively quantifiable (as opposed to subjective) measures in REST (Barabasz & Barabasz, 1990; Suedfeld, 1969b; Suedfeld, Landon, Epstein, & Pargament, 1971)" (p. 873). See also Suedfeld & Baker-Brown (1986).

How does REST work? "In REST, the normal flow of exogenous stimuli is suddenly and very drastically reduced. As a result, attention can be (in fact, must be, if the processing of information is a basic human need) refocused to the ongoing internal generation of physiological, cognitive, affective, memorial, imaginal, and other stimulation. This enables REST participants to concentrate on working out personal problems, including (if so desired) those related to the continuation or termination of their smoking habit" (p. 874).

Second, the removal of specific smoking-related cues interrupts automatic, overlearned response sequences so most clients report that they no longer smoke mechanically, and conditioned cravings for a cigarette are extinguished in many Ss.

It appears from the literature that low-arousal treatments such as hypnosis and meditation are reinforced by REST. REST should improve conditioning or cognitive change therapies because it improves learning and memory, and research supports this assumption. REST also should facilitate the acceptance of information ('messages') because it decreases defenses against novel or dissonant information, but that has not proven true in research to date.

## **1988**

**Jeffrey, L. K.; Jeffrey, T. B. (1988). Exclusion therapy in smoking cessation: A brief communication. *International Journal of Clinical and Experimental Hypnosis*, 36 (2), 70-74.**

This study investigated the effect of exclusion therapy on the outcome of a 5-session treatment protocol for smoking cessation. A total of 120 Ss were randomly assigned to a group hypnotic and behavioral program

which required 48 hours of pretreatment abstinence from use of tobacco products, or to an identical treatment which encouraged, but did not include, this pretreatment stipulation. Results indicated there were no significant differences between groups in dropout rates or number of Ss abstinent from smoking. For all Ss, including dropouts, the abstinence rate was 59.2% upon completion of treatment. It was 45.5% and 36.7% at 1- and 3-month follow-up, respectively.

Neufeld, V.; Lynn, Steven Jay (1988). A single-session group self-hypnosis smoking cessation treatment: A brief communication. *International Journal of Clinical and Experimental Hypnosis*, 36 (2), 75-79.

This study was designed to assess the efficacy of a manual-based, single-session group of self-hypnosis intervention. At 3 months follow-up, 25.92% of the total number of participants (14 male, 13 females) reported continuous abstinence, and at 6 months, 18.52% of the participants reported continuous abstinence. Reported social support and motivation to quit were both associated with successful outcome. Comparison of the current data with other findings reported by the American Lung Association (Davis, Faust, & Ordentlich, 1984) suggests that treatment effects may not be solely attributable to the use of a maintenance manual, education, and attention. Limitations of the research associated with issues of experimental control, generalizability of the findings, and outcome measures are discussed.

Williams, J. M.; Hall, D. W. (1988). Use of single session hypnosis for smoking cessation. *Addictive Behaviors*, 13, 205-208.

Twenty volunteers for smoking cessation were assigned to single-session hypnosis, 20 to a placebo control condition, and 20 to a no-treatment control condition. The single-session hypnosis group smoked significantly less cigarettes and were significantly more abstinent than a placebo control group and a no-treatment control group at posttest, and 4-week, 12-week, 24-week, and 48-week follow-ups.

## 1987

Gmur, M.; Tschopp, A. (1987). Factors determining the success of nicotine withdrawal: 12-year follow-up of 532 smokers after suggestion therapy (by a faith healer). *International Journal of Addictions*, 22, 1189-1200.

In 1973, 532 heavy smokers were questioned prior to treatment by the faith healer Hermano and questioned 4 months, 1 year, 5 years, and 12 years after the therapeutic ritual. From the moment of treatment, 40% of the subjects remained nonsmokers (with no relapse) after 4 months, 32.5% after one year, 20% after 5 years, and 15.9% after 12 years. At the time of the follow-up, 37.5% of the Ss were nonsmokers, the majority of them having stopped smoking again after suffering a relapse. To investigate factors determining success, Ss who for 12 years had uninterrupted abstinence were compared with those who for 12 years had continued to smoke almost without interruption. Personality factors, sociodemographic features,

and characteristics of smoking behavior showed no demonstrable connection with the tendency to relapse. On the other hand, it did prove possible to explain 16% of the variance in the responses to treatment: in particular, high alcohol consumption, markedly addictive smoking, rare attendance at church, and the attitude that 'you have to believe in the treatment' were found to be conducive to relapse and addiction.

#### **1986**

**Barabasz, Arreed F.; Baer, Lee; Sheehan, David V.; Barabasz, Marianne (1986). A three-year follow-up of hypnosis and restricted environmental stimulation therapy for smoking. International Journal of Clinical and Experimental Hypnosis, 34, 169-181.**

Clinical follow-up data were obtained from 307 clients. Clinicians' experience level, contact time, and procedural thoroughness varied in 6 interventions for smoking cessation. An additional intervention combined hypnosis with restricted environmental stimulation therapy (REST). The major results suggest positive treatment outcomes to be related to greater hypnotizability, absorption, hypnotist experience level, procedural thoroughness, and client-therapist contact time. The least effective intervention (4% abstinence at 4-month follow-up) involved intern trainees using a short, single-session approach. The most effective procedure (47% abstinence at 19-month follow-up) involved the combination of hypnosis and REST. Data interpretation limitations are discussed.

Lambe, R.; Osier, C.; Franks, P. (1986). A randomized controlled trial of hypnotherapy for smoking cessation. *Journal of Family Practice*, 22, 61-65.

#### **NOTES**

242 patients who were smokers (49% of all patients in this group family practice) were contacted, and 180 (74%) who were interested in hypnosis as a method of helping them quit were included in the study. These 180 were randomly assigned to control and hypnosis groups. Of the 90 assigned to hypnosis: 50% 45 had at least 1 hypnosis session

7% 6 quit smoking before hypnosis 20% 18 declined hypnosis 23% 21 were lost to follow-up [This gives some idea about volunteer participation in research.]

#### **1985**

**Jeffrey, Timothy B.; Jeffrey, Louise K.; Greuling, Jacquelin W.; Gentry, William R. (1985). Evaluation of a brief group treatment package including hypnotic induction for maintenance of smoking cessation: A brief communication. International Journal of Clinical and Experimental Hypnosis, 33 (2), 95-98.**

Hypnotic, cognitive, and behavioral interventions were used in a 5-session treatment program to assist 35 Ss with maintenance of smoking cessation. 63% of the treated Ss discontinued smoking, and 31% maintained abstinence for 3 months ( $p < .005$ ). These results include 13 dropouts, all of whom were smoking at 3 months

follow-up. No S in the waiting-list-control group quit smoking. The results demonstrate that a brief, group treatment program, including hypnotic techniques, can be effective for smoking cessation.

#### **1980**

**Holroyd, Jean (1980). Hypnosis treatment for smoking: An evaluative review. *International Journal of Clinical and Experimental Hypnosis*, 28 (4), 341-357.**

17 studies of hypnosis for treatment of smoking published since 1970 were reviewed. Abstinence after 6 months posttreatment ranged from 4% to 88%. Effectiveness of treatment outcome was examined in terms of: S population, individual versus group treatment, standardized versus individualized suggestions, use of self-hypnosis, number of treatment sessions and time span covered by the treatment, and use of adjunctive treatment. At 6 months follow-up, more than 50% of smokers remained abstinent in programs in which there were several hours of treatment, intense interpersonal interaction (e.g., individual sessions, marathon hypnosis, mutual group hypnosis), suggestions capitalizing on specific motivations of individual patients, and adjunctive or follow-up contact. The 17 studies are presented in sufficient detail to permit clinicians to follow the published procedures, and recommendations are made for future research.

Powell, Douglas H. (1980). Helping habitual smokers using flooding and hypnotic desensitization techniques: A brief communication. *International Journal of Clinical and Experimental Hypnosis*, 28 (3), 192-196.

A subgroup of individuals who were helped to stop smoking by hypnosis or other means returned to consuming a few cigarettes a day. A flooding and hypnotic desensitization technique assisted 4 of 7 individuals who resumed smoking in becoming and remaining abstinent for a 6- to 9-month follow-up period.

#### **1979**

**Pederson, Linda L.; Scrimgeour, William G.; Lefcoe, Neville M. (1979). Variables of hypnosis which are related to success in a smoking withdrawal program. *International Journal of Clinical and Experimental Hypnosis*, 27 (1), 14-20.**

65 habitual smokers were randomly assigned to one of 4 groups: live-hypnosis plus counseling, videotape-hypnosis plus counseling, relaxation-hypnosis plus counseling, and counseling alone. The content and mode of presentation of the hypnosis session varied among the first 3 groups. At 6 months posttreatment, the live-hypnosis plus counseling group contained significantly more abstainers than the other 3 groups. The importance of the specific content of the hypnosis session and the presence of the hypnotherapist for the effectiveness of the procedure is discussed.

Perry, Campbell; Gelfand, Robert; Marcovitch, Phillip (1979). The relevance of hypnotic susceptibility in the clinical context. *Journal of Abnormal Psychology*, 88 (5), 592-603.

Despite experimental evidence that hypnotic susceptibility is a relatively stable characteristic of the individual, and one that is very difficult to modify, clinical investigators tend to see susceptibility as irrelevant to therapeutic outcome. Such investigators view motivational and interpersonal variables as more essential to the therapeutic change. The evidence for the clinical relevance of hypnotizability is sparse and contradictory. Most existing studies stem from medical hypnosis and indicate that susceptibility plays an important role in the successful treatment of such conditions as clinical pain, warts, and asthma. Two studies are reported that seek to pursue a contrary finding reported by Perry and Mullen, who found that susceptibility was unrelated to the successful treatment of a socially learned behavior (cigarette smoking). Both studies confirmed the earlier finding of a lack of relation. In Study 1, however, stepwise multiple regression analysis located three inventory items concerning the motivation of cigarette smokers. The combination of items was found to predict outcome for 67.39% of 46 clients treated either by hypnosis or by rapid smoking. The finding was replicated in Study 2, which utilized a combined hypnosis - rapid smoking technique and employed a different therapist. The outcome for 9 of the 13 quitters and 37 of the 62 nonquitters across the two studies could be predicted by the three motivational questionnaire variables.

**1978**

**Stanton, Harry E. (1978). A one-session hypnotic approach to modifying smoking behavior. *International Journal of Clinical and Experimental Hypnosis*, 26, 22-29.**

Recent literature reviewing attempts to modify smoking behavior through the use of hypnosis is outlined, and an approach utilizing only 1 treatment is described. This single session includes: (a) the establishment of a favorable "mental set" on the part of the patient, (b) a hypnotic induction, (c) ego-enhancing suggestions, (d) specific suggestions directed toward the cessation of smoking, (e) an adaption of the "red balloon" visualization, and (f) success visualization. Of 75 patients treated by this technique, 45 ceased smoking. 6 months after the treatment session, 34, or 45%, were still nonsmokers, attesting to the efficacy of the method.

**1977**

**Barkley, R. A.; Hastings, J. E.; Jackson, T. L., Jr. (1977). The effects of rapid smoking and hypnosis in the treatment of smoking behavior. *International Journal of Clinical and Experimental Hypnosis*, 25 (1), 7-17.**

29 Ss were assigned to one of 3 treatment conditions and treated for their cigarette smoking over a 2-week period. These conditions were: group rapid smoking, group hypnosis, and an attention-placebo control group. All treatments produced significant reductions in average daily smoking rates during the treatment phase but all Ss returned to near baseline levels of smoking by the 6-week follow-up. The rapid smoking and hypnosis groups did not differ from the control group in smoking rates at treatment termination or at the 6-week follow-up. They also did not differ from the control group in the number of Ss abstaining from smoking by

treatment termination but did differ at follow-up. Eventually, at the 9-month follow-up, only Ss from the group rapid smoking condition had significantly more abstainers than the control group. The results suggested that rapid smoking can work as effectively in group procedures as previous individualized approaches had demonstrated. Group hypnosis, while less effective than some previous individualized approaches had indicated, was nevertheless only marginally less effective than the group rapid smoking procedure. The use of abstinence rates as opposed to average rates of smoking was strongly recommended as the best measure of treatment effectiveness for future research in this area.

#### **1976**

**Watkins, Helen H. (1976). Hypnosis and smoking: A five session approach. *International Journal of Clinical and Experimental Hypnosis*, 24, 381-390.**

An individualized method of treatment aimed at the reduction of smoking is described which is based on a study of the motivations of each client. Specialized suggestions and specifically-tailored fantasies are then initiated to undermine rationalizations and reinforce the person's commitment to stop smoking. A number of different techniques are mobilized within a hypnotic, "concentration-relaxation" approach and are combined with behavior therapy procedures to achieve strong counter-motivations to smoking. 78% of those who finished the program stopped smoking, and 67% were still not smoking at the end of 6 months. The individuals who were most resistant to the treatment appeared to be those who were using smoking as a way of controlling anger.

#### **1975**

**Mullen, G.; Perry, C. (1975). The effects of hypnotic susceptibility on reducing smoking behavior treated by a hypnotic technique. *Journal of Clinical Psychology*, 31, 498-505.**

In order to examine the relationship between hypnotizability and treatment outcome in which hypnosis is used, 54 people ages 19-47 who undertook to stop smoking were studied. Although it is logical that there should be a relationship, clinical anecdotal material published by people who used hypnosis (Freud, Weitzenhoffer, Lazarus, Sheehan, Orne) suggests that may not be the case. Hypnotic susceptibility was evaluated with a clinical procedure developed by Orne and O'Connell (the DRP). Patients were taught self hypnosis using a brief procedure developed by Herbert Spiegel. Baseline smoking rate and three-month follow-up with postcards mailed every week were employed as measures. Success in the treatment program was defined as a 50% reduction in smoking behavior. After 3 months, 7 people were abstinent, 10 had reduced smoking to criterion level (50%), 16 people had discontinued the investigation, and 21 did not change. Considering only the 15 most and 15 least hypnotizable, 12 of the 15 high susceptibles had reduced smoking by at least 50%, as compared to 5 of the 15 of the low susceptibles. ( $\chi^2 = 4.88$ ,  $df = 1$ ,  $p < .05$ ).

1972

Suedfeld, Peter; Landon, P. Bruce; Pargament, Richard; Epstein, Yakov M. (1972). An experimental attack on smoking (attitude manipulation in restricted environments, III). *International Journal of the Addictions*, 7 (4), 721-733.

Forty male cigarette smokers were Ss in a study which involved 24 hr of sensory deprivation (SD) and a brief anti-smoking message. On a measure of belief instability (errors in scaling the extremeness of statements about smoking), SD Ss showed more instability than controls; but the scores of Ss who heard the message were about equal, regardless of SD. Agreement with antismoking statements was highest in the SD-no message and message-no SD groups. While the message induced belief instability and attitude change under normal circumstances, it had the opposite effect in SD. This may have been due to the stimulus value of the message and/or to the overt nature of the manipulation attempt. In spite of this, three months later SD Ss (regardless of message) reported smoking significantly less than controls. The results relate the known cognitive effects of SD to its effects on persuasibility, further explore the cognitive uncertainty model of attitude change, and indicate the potential usefulness of SD as a technique for bringing about significant attitudinal and behavioral change.

1970

Dengrove, Edward; Nuland, William; Wright, M. Erik (1970). A single-treatment method to stop smoking using ancillary self-hypnosis: Discussion. [Comment/Discussion] .

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Discusses H. Spiegel's (see PA, Vol. 45:Issue 1) smoking treatment method comparing it to behavior therapy and suggesting modifications to treat smokers not responding to the method as described. It is suggested that certain psychological conditions must become active for nonsmoking status to be achieved or maintained including: (a) recognizing the consequences of smoking to be imminent, (b) identifying oneself as a nonsmoker, (c) expecting and wanting to participate in a satisfying future, and (d) adopting a way by which the individual can gain control over smoking. The technique outlined deals with these 4 dynamic aspects and makes a significant contribution to the treatment of the smoker's problem. (German & Spanish summaries) (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Hall, J. A.; Crasilneck, H. B. (1970). Development of a hypnotic technique for treating chronic cigarette smoking. *International Journal of Clinical and Experimental Hypnosis*, 18, 283-289.

4 hypnotic sessions were found successful, in the majority of cases, in eliminating cigarette smoking without undesirable substitution symptoms. Patients were strongly motivated by the referring physicians and by various nonhypnotic techniques incorporated into the treatment program. Examples are given of the specific

nature of both the hypnotic and the nonhypnotic suggestions employed. (German & Spanish summaries) (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Kline, Milton V. (1970). The use of extended group hypno-therapy sessions in controlling cigarette habituation. *International Journal of Clinical and Experimental Hypnosis*, 18, 270-282.

Results of the present experimental approach to the treatment of smoking habituation tend to be consistent with the view of smoking habituation as a dependence reaction, parallel to drug addiction, and with the concept that habituation must be examined as a psychosomatic entity. Therapeutic approaches must take into account the psychophysiological characteristics of deprivation behavior. Hypnosis, and particularly extended periods of hypnotherapy involving the reduction and control of deprivation behavior, seems to offer a promising approach to the therapeutic treatment of smoking habituation. (German & Spanish summaries) (17 ref.) (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Nuland, William; Field, Peter B. (1970). Smoking and hypnosis: A systematic approach. *International Journal of Clinical and Experimental Hypnosis*, 18, 290-306.

Compared 2 methods of helping cigarette smokers stop smoking using 181 patients. After 6 mo., 60% of those treated with an active, personalized approach were not smoking. This approach emphasized: (a) the feedback, under hypnosis, of the S's own reasons for quitting, (b) maintaining contact with the S by telephone, (c) use of meditation during hypnosis to obtain individualized motives, and (d) self-hypnosis. Only 25% of Ss were successfully treated by an earlier hypnotic procedure that did not systematically employ these features. (German & Spanish summaries) (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Spiegel, Herbert (1970). A single-treatment method to stop smoking using ancillary self-hypnosis. *International Journal of Clinical and Experimental Hypnosis*, 18 (4), 235-250.

Discusses the 1st 615 patient-smokers who were treated with a single 45-min session of psychotherapy reinforced by hypnosis. Technique of treatment, including rationale of approach, induction procedure, assessment of hypnotizability, and training instructions to stop smoking are presented in detail. 6-mo follow-up study results are discussed. Of 44% who returned a questionnaire, hard-core smokers stopped for at least 6 mo. Another 20% reduced their smoking to varying degrees. Results of a 1-session treatment compare favorably with, and often are significantly better than, other longer-term methods reported in the literature. It is suggested that every habitual smoker who is motivated to stop be exposed to the impact of this procedure, or its equivalent, so that at least 1 of 5 smokers can be salvaged. (French & Spanish summaries). (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Spiegel, Herbert (1970). A single-treatment method to stop smoking using ancillary self-hypnosis: Final remarks in response to the discussants. *International Journal of Clinical and Experimental Hypnosis*, 18 (4), 268.

Reexamines the major points of the author's papers (see PA, Vol. 45:Issue 1) on smoking modification. Data inclusion, therapy length, Ss' ability to change, and use of multiple therapists and tape recordings as reinforcement are discussed. It is concluded that the method should be used to "sharpen our techniques that we can relatively quickly learn who has the capacity to change for given goals, and then to help evoke the desired change as efficiently as possible." (PsycINFO Database Record (c) 2003 APA, all rights reserved)

**1964**

**Stein, C. (1964). A displacement and reconditioning technique for compulsive smokers. *International Journal of Clinical and Experimental Hypnosis*, 12 (4), 230-238.**

A procedure for reducing total anxiety in chronic smokers while ostensibly directed toward permissive alteration of the smoking pattern is presented. In light trance the motivated patient is taught: (a) elementary respiratory relaxation (natural sigh), (b) displacement of emphasis from inhaling smoke to exhaling clean fresh air, (c) enhancement of satisfaction from other pleasurable factors -- touch, shape, color, aroma, flame, smoke clouds, and taste, (d) to puff, hold smoke in mouth, inhale fresh air through nose and exhale through mouth. In most cases practice in stressing positive qualitative smoking pleasure soon results in automatic quantitative reduction of cigarette consumption. 5 brief case reports are presented.

**1956**

**Hershman, Seymour (1956). Hypnosis and excessive smoking. Keywords: addiction, medical, smoking**

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"Conclusion: Several methods are described wherein psycho-biologic techniques can be used with hypnotic procedures to treat excessive cigarette smoking with relatively permanent results. These techniques include symptom substitution, reeducation, reconditioning, reassurance and persuasion. The use of fantasy evocation, visual imagery, etc. by means of the hypnotic state produces an increase in the patient's responsiveness to therapy.

"Several case histories have been presented to illustrate some of the various techniques and their reactions. These procedures can readily be made available to a vast number of people with gratifying results. It is felt that all professional people in the therapeutic fields should be aware of the excellent use which can be made of hypnosis, and should acquaint themselves with hypnotic techniques in order to utilize them to the best interests of their patients. It is important to note that psychodynamic orientation is essential to the proper utilization of hypnosis and that the training received by the stage entertainer lacks this important element" (p. 29).