



CLINICAL HYPNOSIS FOR SMOKING CESSATION: *Preliminary Results of a Three-Session Intervention*¹

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Abstract: This study presents preliminary data regarding hypnosis treatment for smoking cessation in a clinical setting. An individualized, 3-session hypnosis treatment is described. Thirty smokers enrolled in an HMO were referred by their primary physician for treatment. Twenty-one patients returned after an initial consultation and received hypnosis for smoking cessation. At the end of treatment, 81% of those patients reported that they had stopped smoking, and 48% reported abstinence at 12 months posttreatment. Most patients (95%) were satisfied with the treatment they received. Recommendations for future research to empirically evaluate this hypnosis treatment are discussed.

Each year more than 430,000 deaths in the United States are attributable to tobacco use (U.S. Department of Health and Human Services, 1990), and smoking is a leading risk factor in a host of serious illnesses. Epidemiological data suggest that approximately 46% of smokers try to quit each year. However, only 5% of smokers who attempt to quit on their own are likely to be successful (Giovino, Henningfield, Tomar, Escobedo, & Slade, 1995).

Clinical hypnosis is a brief intervention that appears to be well accepted by most medical patients (Elkins & Wall, 1996) and may be of benefit to some smokers. However, clinical and experimental studies to date have reflected a mixed picture regarding the efficacy of clinical hypnosis for smoking cessation, with some studies reporting

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a high success rate of more than 80% (Crasilneck, 1990) and others reporting less than 25% abstinence (Ahijevych, Yerardi, & Nedilsky, 2000).

Recently, in a critical review, Green and Lynn (2000) examined 59 studies of hypnosis and suggestion-based approaches for smoking cessation. Their conclusions included that, at the present time, the evidence for whether hypnosis yields results superior to placebos is mixed and that hypnosis may be considered a "possibly efficacious" treatment for smoking cessation.

In an earlier review, Holroyd (1980) suggested that the likelihood of success for hypnosis in treatment of tobacco dependency may be increased when four criteria were met: (a) more than one session, (b) individualized hypnotic suggestions, (c) adjunctive treatment and follow-up, and (d) an intense interpersonal relationship. The primary objective of the present study was to examine the effectiveness of a specific clinical hypnosis treatment that is consistent with these criteria.

We examined the effectiveness of a clinical-hypnosis intervention at the end of treatment and at 3 months, 9 months, and 12 months posttreatment. In addition, this study examined the degree of patient satisfaction with this treatment.

METHOD

Subjects

Thirty smokers enrolled in a health maintenance organization (HMO) were referred by their primary care physician for smoking cessation. After an initial consultation, 21 of the patients returned for hypnosis. The average age was 47 ($SD = 11$) and ranged from 21 to 69 years. Fifty-seven percent were men and 81% were married. The average number of years smoking was 26 years ($SD = 11$), and the average number of packs of cigarettes smoked per day was two ($SD = 1$). All patients reported having failed in previous unassisted attempts to stop smoking.

Intervention Protocol

The clinical-treatment protocol included three sessions. The first session was the initial consultation and did not include a hypnotic induction. Sessions 2 and 3 involved individually adapted hypnotic suggestions and an individual therapeutic relationship with each patient. Each patient was also provided with a cassette tape recording of a hypnotic induction with direct suggestions for relaxation and a feeling of comfort. The patients were seen biweekly for treatment.

Session 1. During the first session the initial consultation was completed and data were collected regarding the patient's history of smoking and any previous attempts to quit. In addition, an assessment was completed of the patient's mental status and any psychopathology. This session also included a discussion of the addictive aspects of nicotine and the relationship between stress and cigarette smoking. Each patient was asked to select a date to stop smoking, to discard all tobacco products, and to return for hypnosis treatment on that date. Each patient was asked to discuss their reasons for wanting to stop smoking and the possible positive effects of stopping smoking. They were also asked to consider the social support available to them. Each patient was provided with a brief discussion regarding myths and misconceptions about hypnosis and the process used in hypnotic induction. The session lasted for approximately 45 minutes and allowed for the development of rapport and a positive therapeutic relationship but did not involve a hypnotic induction.

Session 2. During the second session, patients participated in a 25-minute hypnotic session with suggestions to experience relaxation and comfort. In addition, suggestions were given for deepening relaxation, absorption in relaxing imagery, a commitment to stop smoking, decreased craving for nicotine, posthypnotic suggestions, practice of self-hypnosis, and to visualize the positive benefits of smoking cessation. The induction was standardized, but the specific imagery for relaxation and the positive benefits for smoking cessation were individualized based upon the patient's preference regarding such imagery. The suggestions may be summarized as follows:

(a) *Eye-focus induction.* "Begin by focusing your attention on a spot on the wall. As you concentrate, begin to feel more relaxed. Concentrate intensely so that other things begin to fade into the background. As this occurs, noticing a relaxed and heavy feeling and allowing your eye-lids to close."

(b) *Relaxation.* "Noticing a 'wave of relaxation' that begins at the top of your head and spreads across your forehead, face, neck, and shoulders. Every muscle and every fiber of your body is becoming more and more completely relaxed. More and more noticing a feeling of 'letting go' and becoming so deeply relaxed."

(c) *Comfort.* ". . . and as you become and remain more relaxed, finding a feeling of comfort. Feeling safe and secure. A peaceful feeling, calm and secure. Feeling so calm that nothing bothers or interferes with this feeling of comfort."

(d) *Mental imagery for relaxation.* "As you can hear my voice with a part of your mind, with another part going to a place where you feel safe and secure. A place where you become so deeply relaxed that you

are able to respond to each suggestion just as you would like to, feeling everything you need to feel and to experience." (Here individualized imagery is suggested, for example, suggestions for walking down a mountain path or along the beach, depending on the patient's preference.)

(e) *Commitment for smoking cessation.* ". . . and today becoming a nonsmoker, becoming free from nicotine and free from cigarettes. . . . You will not smoke cigarettes or use tobacco again. With each day that passes, your commitment to remain free from cigarettes will become stronger and each time you enter this relaxed state you will remember the reasons you want to stop smoking." (Here individualized imagery is suggested consistent with the patient's individual reasons for wanting to stop smoking, i.e., health, family, financial, etc.)

(f) *Dissociation from cravings.* "As you enter an even deeper level of hypnosis, you may notice a floating sensation, less aware of your body, just floating in space. Your body floating in a feeling of comfort and your mind, just so aware of being in that pleasant place [individualized imagery for a pleasant place]. As your body floats, you will not be bothered by craving nicotine. Your mind blocks from conscious awareness any cravings and you can feel more detached from your body as you become more relaxed."

(g) *Posthypnotic suggestions.* ". . . and as you become and as you remain free from nicotine and free from cigarettes, you will find a sense of satisfaction and accomplishment. You will find that, more and more, you are able to sleep very well, your sense of smell will improve, and your sense of taste will improve. You will not eat excessively and you will find an appropriate amount of food to be satisfying to you."

(h) *Self-hypnosis.* "Each time you practice self-hypnosis or listen to the tape recording that I will provide to you today, you will be able to enter a very deep state of relaxation, just as deep as you are today . . . and within this relaxed state, you will find a feeling of control. You will be able to become so deeply relaxed that you will become very comfortable, and you will be able to have a feeling of dissociation that keeps from conscious awareness any excessive craving for nicotine. Within this relaxed state, your commitment to remain free from cigarettes will become even stronger and you will find a kind of strength from your practice of self-hypnosis."

(i) *Positive imagery for benefits of smoking cessation.* ". . . now, seeing yourself in the future as a nonsmoker, free from nicotine and cigarettes. Notice all of the good things going on around you, how healthy you feel, and . . . [here, individualized imagery was introduced, depending on the patient's perceived benefits from smoking cessation]. Seeing how well you are able to feel and you will not smoke, no matter if times

become stressful or difficult. You will be able to remain calm and relaxed, both now and in the future."

(j) *Alerting*. "Returning to conscious alertness as a nonsmoker. Returning to conscious alertness in your own time and your own pace, in a way that just feels about right for you today. Feeling very good, normal, with good and normal sensations in every way as you return to full conscious alertness."

Upon alerting, the therapist asked whether the patient felt fully conscious, alert, and aware of his or her surroundings. The use of a cassette tape recording to reinforce the use of self-hypnosis was discussed. It was discussed that the tape recording included only suggestions for relaxation and for a comfortable feeling. (The tape recording included the same induction and suggestions as summarized above, with the exception that only suggestions for relaxation and comfort were given; no suggestions specifically regarding smoking cessation were included on the audio tape.) It was discussed that the practice of this tape would help the patient feel more comfortable and control any excessive craving for nicotine. The patient was asked to practice with the tape recording four or more times per week.

Session 3. Patients returned for follow-up at the third session. Patients reported on their progress and any difficulties they may have had. Each patient was asked about his or her use of the audio cassette tape recording and to report on his or her experience. At the conclusion of the session, a hypnotic induction was completed as summarized in Session 2.

Data Collection and Analysis

Data collection was accomplished by retrospective chart review and telephone follow-up. The data collection/chart review was completed by the Scott & White Clinical Data Analysis Laboratory (CDAL) and was independent from the author. Patients were contacted 1 year after their last session and asked whether they had stopped smoking and for how long after treatment. Specifically, patients were asked: "Did you stop smoking after treatment? If yes, for how long? Have you smoked any cigarettes at any time since you received treatment? If yes, when after treatment did you first smoke?" Patients were asked if they had remained abstinent for 3 months, 6 months, 9 months, or 12 months. Abstinence was defined as the patients' self-report of having stopped smoking without relapse. If the patient reported having smoked any cigarettes posttreatment, they were considered to have relapsed.

Also, medical charts were carefully reviewed for consistency between the patients' self-reports and notes made by their physician. Any inconsistency was recorded as the patient having resumed smoking.

One inconsistency was found for 1 patient who had dropped out after the initial consultation. No other inconsistencies were noted. Additionally, patients that attended at least two sessions were asked about their satisfaction with the treatment that they received.

Nine patients had dropped out after the initial consultation (Session 1) and were contacted by telephone approximately 12 months after their last missed appointment. Those 9 patients were contacted and asked if they were still smoking, but we did not collect data on those 9 patients as to exactly when or how long they had stopped. Because none of those patients had stopped smoking at the time of dropping out, we only determined whether or not those patients reported smoking at the time contacted after 1 year.

The data were coded by an assistant in the Department of Biostatistics at Scott & White Hospital. The primary outcome was the number of patients who reported having stopped smoking, and for how long, after treatment. An additional outcome was the patient's reported level of satisfaction.

RESULTS

Thirty consecutive patients were referred by their primary care physician for smoking cessation. Out of the 30 patients, 9 completed only the first session (consultation), leaving a total of 21 patients who received hypnosis for smoking cessation (i.e., completed Sessions 2 or 3).

We obtained follow-up data on all of the patients for a minimum of 1 year. Most patients (95%) were satisfied with the hypnotic treatment they received. The findings regarding tobacco abstinence during the follow-up periods for the 21 patients who received hypnosis treatment for smoking cessation are presented in Table 1. Results indicated that of the patients who attended two sessions, 67% had stopped smoking at the end of treatment; 44% at 3 months had maintained abstinence, and at 9 and 12 months, 30% reported abstinence. Among the patients who attended all three sessions, 92% reported having stopped smoking at the end of treatment; 86% maintained abstinence at 3 months; at 9 months, 67% had maintained abstinence; and at 12 months, 58% reported abstinence. Data were also analyzed for all patients combined ($N = 21$) who attended more than one session. At the end of treatment, 81% had stopped smoking; at 3 months, 57% had maintained abstinence; at 9 months, 52% reported abstinence; and at 12 months, 48% reported abstinence.

Of those patients who attended only the consultation session (Session 1), none (0%) had stopped smoking at the time of dropping out. Those 9 patients were asked if they eventually had stopped smoking, and 22% reported they were not smoking when contacted after 1 year.

Table 1
Tobacco Abstinence for 30 Consecutive Patients Referred for Smoking Cessation

No. of sessions	Abstinence end of tx	Abstinence 3 mos. posttx	Abstinence 9 mos. posttx	Abstinence 1 yr. posttx
Consult only (<i>n</i> = 9)	0 (0%)	–	–	*
2 Sessions (<i>n</i> = 9)	6 (67%)	4 (44%)	3 (30%)	3 (30%)
3 Sessions (<i>n</i> = 12)	11 (92%)	8 (67%)	8 (67%)	7 (58%)
All Patients w/more than 1 Session (<i>n</i> = 21)	17 (81%)	12 (57%)	11 (52%)	10 (48%)

*2 patients (22%) that dropped out after the initial consultation reported they eventually stopped smoking and were not smoking at the time contacted after 1 year. No data are available on these 2 patients regarding how long they had been abstinent.

This information indicates that 22% were not smoking when contacted one year after dropping out.

DISCUSSION

This study provides preliminary clinical data regarding hypnosis for smoking cessation. A specific hypnotic intervention is presented which is marked by: the inclusion of three sessions, individualized hypnotic suggestions, follow-up, and the development of a one-to-one interpersonal relationship with each patient. A 48% abstinence rate at 12 months posttreatment was found. Also, there was a high degree of patient satisfaction (95%) posttreatment.

These results may be of clinical interest, but they can be considered as only preliminary. A number of caveats should be noted when considering the findings reported here. First, the abstinence rates are based upon self-reports. This study did not use any biochemical measures of abstinence.

Second, this study was clinical in nature and did not include a no-treatment control group. The addition of a control group is necessary to determine the effectiveness of hypnosis versus the effect of other variables.

Third, the present study did not include measures of hypnotizability. At least one previous study (Basker, 1985; but see Holroyd, 1991; Marcovitch, Gelfand, & Perry, 1980; Perry & Mullen, 1975) found that there was a higher abstinence rate for high hypnotizables in comparison with low hypnotizables. If hypnosis (and not nonspecific treatment factors) is an active agent in the intervention, then it follows that those who are highly responsive to the active agent (i.e., hypnosis) will attain superior benefit. This state of affairs would be reflected in a positive correlation between hypnotizability and improvement.

Additional research is needed to further evaluate this clinical hypnosis intervention for smoking cessation. Many patients seek hypnosis for smoking cessation and effective clinical interventions are needed.

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Klinische Hypnose zur Raucherentwöhnung: Vorläufige Ergebnisse einer 3 Sitzungen dauernden Intervention

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Zusammenfassung: Diese Studie stellt vorläufige Daten zum Einsatz von Hypnose bei Raucherentwöhnung in einem klinischen Setting dar. Eine individualisierte Hypnosebehandlung über 3 Sitzungen wird beschrieben. 30 Raucher, die Mitglied einer HMO (Health Maintenance Organization, Anm. d. Ü.) waren, wurden von ihrem Hausarzt zur Behandlung überwiesen. 21 Patienten erschienen nach einer einleitenden Sitzung wieder und erhielten eine Hypnosebehandlung zur Raucherentwöhnung. Am Ende der Behandlung berichteten 81% der Patienten, mit dem Rauchen aufgehört zu haben und 48% berichteten weiterhin Abstinenz 12 Monate nach der Behandlung. Die meisten Patienten (95%) waren zufrieden mit der

Behandlung. Empfehlungen für zukünftige Forschung zur Evaluation dieser Hypnosebehandlung wird diskutiert.

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**L'hypnose clinique pour arrêter de fumer : Résultats
préliminaires d'une intervention en trois sessions**

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Résumé: Cette étude présente les données préliminaires dans une étude clinique d'un traitement par hypnose pour arrêter de fumer. Il est décrit un traitement individualisé en 3 séances d' hypnose. Trente fumeurs inscrits dans un HMO ont été adressés par leur médecin pour traitement. Vingt et un patients sont revenus après une première consultation et ont eu de l'hypnose pour le cessation de tabagisme. À la fin du traitement, 81% de ces patients ont signalé qu'ils avaient arrêté de fumer, 48% a rapporté l'abstinence à 12 mois du traitement. La plupart des patients (95%) ont été satisfaits du traitement qu'ils ont reçu. Sont discutées des recommandations pour la recherche à venir afin d' évaluer empiriquement ce traitement par hypnose.

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**La hipnosis clínica para dejar de fumar: Resultados
preliminares de una intervención de tres sesiones**

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Resumen: Este estudio presenta datos preliminares con respecto a tratamiento de hipnosis para dejar de fumar en una institución clínica. Describimos un tratamiento individualizado de tres sesiones. Treinta fumadores matriculados en un HMO fueron referidos para tratamiento por su médico de cabecera. Veintiún pacientes regresaron después de la consulta inicial y recibieron hipnosis para dejar de fumar. Al final del tratamiento, 81% de los pacientes informó que habían dejado de fumar, y 48% mencionaron abstinencia a los 12 meses del tratamiento. La mayoría (95%) estuvo satisfecha con el tratamiento recibido. Discutimos recomendaciones para la investigación futura para evaluar empíricamente este tratamiento hipnótico.

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