

# Freedom from Smoking: *Integrating Hypnotic Methods and Rapid Smoking to Facilitate Smoking Cessation*

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**Abstract:** 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 posttreatment).

Hypnotic methods have been used adjunctly with other treatment approaches to enhance the treatment effects of a number of cognitive-behavioral interventions (Kirsch, Montgomery, & Sapirstein, 1995). The unsupported belief that hypnotic treatment alone—that is, a suggestion such as, “You will not smoke again”—can cure someone of smoking addiction may be partially reinforced by the sometimes quite powerful effects of posthypnotic suggestion to alter an individual’s perception and behavior (Barnier & McConkey, 1996, 1998a, 1998b). Ultimately, however, hypnotic suggestion alone is not likely to be effective in the long-term treatment of smoking addiction, because hypnotic suggestion cannot stop someone from smoking if the person wishes (or feels the need) to continue doing so.

This is not an efficacy study. No attempts were made to compare this intervention with a control group. Nor were physiological indices of nicotine consumption measured at any point. Using 43 consecutive cases for illustrative purposes, this report is intended to demonstrate how hypnotic methods can be seamlessly integrated with a Rapid Smoking (RS) protocol. Perhaps clinicians will be encouraged to explore such an integration, and perhaps researchers will examine the interaction between behavioral and hypnotic interventions.

RS is a behavior modification technique that has been reported to be 60% effective as a long-term cure of smoking addiction (Lando, 1975;

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Lichtenstein & Rodrigues, 1977; Poole, Sanson-Fisher, & German, 1981; Relinger, Bornstein, Bugge, Carmody, & Zohn, 1977; Zelman, Brandon, Jorenby, & Baker, 1992). This substantial success rate is associated with some risk. Thus, it is important to note here that RS may constitute a serious danger to pregnant women and to patients who have compromised cardiovascular or pulmonary function. Further, because of the risk of nicotine toxicity, any patient considering this treatment should seek appropriate medical consultation.

Two previous studies have examined RS and hypnotic intervention for smoking cessation. Perry, Gelfand, and Marcovitch (1979) examined the effects of RS and hypnotic treatments used separately and concluded that motivation is exceedingly predictive for both treatments. Barkley, Hastings, and Jackson (1977) also investigated the effectiveness of RS and hypnotic treatments used separately and conclude that both are effective at 6-week follow-up. Tori (1978) reported a slight variation on these investigations, an examination of the effects of hypnotic treatment for follow-up reinforcement of the RS treatment. To my knowledge, no one has reported an integration of the two treatments. Accordingly, in this paper I describe such an integration.

#### THE RATIONALE FOR INCLUSION OF A HYPNOSIS COMPONENT

Combined with RS, hypnotic suggestion was intended to achieve these goals:

1. Clarify and heighten the patient's awareness of his or her own motivation to stop smoking.
2. Provide ego-strengthening suggestions to encourage and support the patient's healthy decision and to inspire the development of new behavior that competes with the old habit.
3. Ease the physiological and psychological effects of smoking withdrawal.
4. Encourage an increase in daily activity.

An emphasis is placed on determining whether smoking may constitute self-medication for some chronic unpleasantness—*anxiety or depression, for example*—in the patient's life. Smoking often provides a distraction from unpleasant emotions. If this is the case, if the emotion-evoking problem is not solved, and if some other mood-altering solution is not found, then it is likely the patient will begin smoking again, rather than tolerate the unpleasantness.

In summary, the treatment plan described here includes attention to motivational, behavioral, and physiological change in support of smoking cessation.

#### *Initial Patient Contact*

Is this patient a candidate for this treatment? When a patient initially requests treatment (often in a telephone contact), I specifically ask, "Do

you want to stop smoking?" If the patient's response is "Yes," I arrange an appointment. No further criteria were used for inclusion for treatment. However, if the patient's response is anything else, I consider that the patient is probably not a candidate for this treatment. For example, if the patient responds, "Well, I know I should," or "My doctor says I have to," or another response that reflects the patient's ambivalence (or lack of interest), I explain that I cannot make him or her stop doing something, including smoking, if he or she does not really want to stop. Frequently at this point, the patient expresses relief and ends the conversation.

Occasionally, however, the patient acknowledges the ambivalence and asks for help in resolving it. If so, I offer to meet with the patient in order to explore in what way I can be of help, but I make it clear that the goal of treatment will not be smoking cessation. (To emphasize the importance of a patient's unambivalent clarity in wanting to stop smoking to the success of the treatment, it is worth noting that more patients were excluded from this treatment than were included.) However, if the patient is a candidate for this treatment, the plan continues as follows:

#### *Preliminary Evaluation Consultation*

The essential plan involves an initial assessment followed by four treatment appointments. At the first appointment, in addition to the usual psychological intake interview, information is developed concerning the patient's physical health, attitude toward health, smoking history, history of previous attempts at smoking cessation, and the specific reasons why he or she wants to quit smoking now (rather than at some previous time). In addition, the patient's understanding and attitude with respect to hypnotic methods is discussed. At the outset of this interview, it is made clear that no commitment from either the patient or myself for treatment has yet been made and that such commitment will be made only after the treatment plan has been fully elaborated.

Following the intake, I reiterate to the patient that I have no power to make him or her stop smoking if he or she does not want to do so but that I can assist him or her, which will make stopping smoking an easier experience. Further, I emphasize that the single most important factor that will insure treatment success is the patient's own interest in and motivation for success. I then describe the range of possible effects of the treatment based on my experience, including: Some patients have such a complete lack of difficulty or discomfort that I find it hard to believe they needed treatment in the first place, whereas other patients experience moments of significant craving and the posthypnotic suggestions bring them only partial, not total, relief. For most patients, the experience of quitting seems to be far easier than they expected it would be but is still harder than they would like it to be. They are surprised, though, that they tolerate the discomfort more easily than they had expected.

Following this discussion, I might then say, "I wonder how easy it will be for you." This statement constitutes both a challenge to the patient's motivation and a suggestion for ease of success. I then proceed to describe the following treatment plan.

#### *Explaining the Treatment Plan*

For 4 days, beginning 3 days prior to the day on which the patient has decided to stop smoking (the date will be determined by the patient at this first appointment), he or she is to undergo RS. Even though the instructions for RS are explained orally, they are also described on a printed sheet that will be taken home by the patient.

This procedure is to be done in the morning before leaving for work (or otherwise beginning the day).

1. Smoke continuously for 5 minutes exactly, inhaling once every 4 seconds, no more.
2. Write continuously for 5 minutes, describing, "How I feel right now."
3. Repeat step 1—5 more minutes of RS.
4. Repeat step 2—5 more minutes of writing. Take this opportunity to edit what you have just written so that it accurately describes how you feel right now.
5. Continue on throughout the rest of the day, smoking as much or as little as you want.
6. Repeat this procedure for 3 more consecutive days. The last cigarette you have on the morning of the 4th day is the last cigarette you will have. From that moment on, you are a former smoker.

Before asking the patient to agree to this treatment, it is emphasized that undergoing this procedure produces significant, though temporary, physiological changes, including tachycardia and hypertension, may result in nausea and, in rare cases, may cause vomiting. This is a potentially dangerous treatment if the patient is pregnant or has cardiovascular or pulmonary difficulties. *Consultation with the patient's physician is essential.*

#### *Patient/Therapist Decision to Proceed*

It is at this point, as the patient receives the instructions for RS, that I decide whether or not to treat this patient for smoking addiction, based primarily on my judgment of the patient's motivation to succeed. If I decide to proceed with treatment, the patient is given the opportunity to choose to participate in the treatment. If the patient decides to undergo treatment, then future appointments are made, and a date for stopping smoking is determined. Follow-up appointments are made for: (a) the last day of RS (the day of smoking cessation), (b) the day after cessation, (c) the second day after cessation, and (d) 1 or 2 days or 1 week following, depending on how comfortable the patient is. Again, depending on the patient's needs, whereas many patients in my experience require only

the four initial treatment appointments, some patients in this sample have needed an additional 1 to 12 appointments to express satisfaction that they no longer feel the need to smoke.

#### *First Treatment Appointment*

The first treatment appointment occurs on the morning of the first day of smoking cessation. This appointment provides an opportunity to further assess the patient's motivation by exploring the RS experience. I inquire, for instance, if the patient carefully complied with the RS instructions. This appointment is also an opportunity to consolidate whatever unpleasant associations (because that is the object of RS) that may have developed as a result of the procedure. This is done in a casual manner with care taken not to make the patient feel insulted or manipulated for having complied with the instructions. I may simply ask, for instance, "What did you notice about this experience?" And "Did the procedure have any effect on your interest in smoking?"

This appointment affords further the opportunity for the patient to experience the quality of his or her motivation. This is often expressed as a reaction to the aversive experience of RS. This conversation is also an opportunity for assessing the degree of social support the patient may be receiving, as well as an opportunity to intervene, if necessary, in this area. Primarily, however, this appointment is an opportunity to introduce hypnotic suggestion to the patient. I explain to the him or her that hypnotic suggestion is intended to ease the process of withdrawal and thus ensure greater likelihood of continued success.

The actual language of the therapeutic suggestion might vary widely across patients, depending upon what is necessary. The theme of the suggestions is support and encouragement for the freedom the patient has chosen. The patient's choice to be free to determine his or her behavior, rather than to be compelled by smoking addiction, is fundamental to the therapeutic communication in this intervention. Suggestions that focus on negative or punitive ideas are wholly avoided. Five hypnotic suggestions are communicated, in whatever form and with as many repetitions as I judge to be optimal:

1. If you have any ambivalence at this time with respect to stopping smoking, let's discuss it now and take the opportunity of meeting any possible objections you may have to stopping. [If any objections are expressed, they are discussed at that moment.]
2. You are someone who used to smoke. You no longer smoke and, as you have told me, there is no reason on earth that is sufficient to justify your ever picking up a cigarette again.
3. If your child or someone else you love had for some reason a really strong craving to eat poison, you wouldn't let your child eat that poison, would you? [Following the patient's presumably negative response:]

Not even if it tasted very good? [Again, following the patient's presumably negative response:] No, of course not. Not even if your child gave you very good reasons? [Following the patient's presumably negative response:] No, of course not. You might be amused or even surprised by the inventiveness of the reasons, but you would never take the reasons seriously, would you? [Following the patient's presumably negative response:] No, of course not. You can be delighted by the creativity you may show in developing really interesting rationalizations, but you won't take them seriously, will you? [Following the patient's presumably negative response:] No, of course not.

4. You may occasionally have a very brief, very peculiar, but very interesting experience over the next several hours or days or even weeks. Every now and then you will see an image of looking back over your shoulder at the high, white walls of a kind of prison, a prison that once held you for some reason. A reason perhaps long forgotten, but now you have liberated yourself. You are no longer a prisoner there. You may be able to hear or even feel the discomfort of the prisoners who are still there, and you will probably feel compassion for them, but you can also enjoy the clear air of your freedom. You can feel really proud of your decision to become free and to remain free. In fact, you may be surprised over the next while when you notice sudden feelings—perhaps familiar, perhaps not—feelings of real pride and well-being, pride that you have chosen to take care of yourself, pride that you have chosen to stand by what you know to be right, and you can even feel pride that you have chosen to let this experience be one that is calmer and more comfortable than you may have once expected. You are free now. You can enjoy the process now of learning to live freely and of enjoying the unencumbered experience of living the way you choose, of making even small, freely chosen movements simply because you choose to. You no longer have to do something because someone else once convinced you that you must. You are now free to choose to care for yourself and to do so freely.

H4 = 5. I can remind you that this experience of comfort and well being is your experience, not mine, and the ability to create this experience is your ability, not mine. You can learn how to use your ability to create this kind of comforting experience whenever you want to. You can discover, for instance, that any time you want to feel more comfortable than you do, all you have to do is sit back in a chair or sofa or bed and take a very, very satisfying breath and hold it. And then, as you let it all the way out, these feelings of comfort and well being will automatically wash over you, just like water in a hot tub. Any time you feel anxious or feel a craving, that is all you have to do. You can take comfort in knowing that if any feelings were bothering you, they no longer need to.

*Subsequent Treatment Appointments*

Subsequent appointments are made as needed; many patients required two further treatment appointments. Ordinarily, the third appointment is made for the next day. Some patients will require subsequent daily treatment for a few days, whereas others will do well with two or three appointments at weekly intervals.

*Coping With Emotions*

These subsequent appointments are used to bolster the patient's resources as he or she faces the emotional difficulties that may be highlighted by having stopped smoking—difficulties that range from simple fidgeting with now unencumbered hands to anxiety or depression secondary to increased awareness of an unresolved problem.

Further hypnotic intervention can be used adjunctly, both to palliate the symptoms of anxiety or of cravings and especially to reinforce the previous posthypnotic suggestions. It may also be used for exploring emotional conflicts that may develop as a result of greater emotional awareness that usually follows smoking cessation. I find it helpful to emphasize to patients that this change—no longer smoking in response to a feeling of emotional tension—is not a temporary maneuver but a long-term shift in coping, not just for a month or 6 months or even 6 years, but for the rest of his or her life.

*Craving is Permitted*

In order to “immunize” the patient against the compelling effect of craving—and to disconnect the feeling from subsequent action to satisfy it—it is also made very clear that it is perfectly permissible—and natural—to feel craving, to miss this old habit. The difference now, the patient is told, is that, from now on, the craving is not going to be responded to in the old way. Rather, it is explained, new responses can be discovered that will lead to more satisfying results in the future. The patient is taught to permit craving but not to permit the old response to craving.

*Increased Activity*

Although RS and hypnotic suggestion facilitate the patient's comfort during smoking cessation, other variables should not be overlooked.

For example, the patient is encouraged to increase activity levels. Sedentary individuals may require only a slight increase in activity, such as parking the car a little further away than is usual and walking the extra distance. In more active people, this increase may involve the renewed dedication to their favorite sport.

### *Increased Fluid Intake*

Patients are also encouraged to drink more water, particularly in the first week. This offers a substitute oral behavior in response to craving; in addition, it facilitates the elimination of the metabolites of smoking. To support this, a hypnotic suggestion might be made such as: "Whenever you feel a craving or would like to satisfy a feeling in your mouth, you can really enjoy the pleasure of drinking a full glass of water. You might be surprised how really satisfying that can be."

### *Outcome*

Over 3 years, 43 patients (25 females, age range 27-66, and 18 males, age range 34-52) were treated with this combination of hypnotic suggestion and RS. All patients underwent the full treatment protocol. All patients were contacted for follow-up telephone interviews with me. At follow-up intervals ranging from 6 months to 3 years, four patients reported that they began smoking again. The other 39 patients each reported being pleased that they had not resumed smoking subsequent to treatment. Each of the four who resumed smoking did so within 1 month after treatment and reported doing so in response to intolerable anxiety. These cases represent individuals for whom smoking served a self-soothing function that not smoking did not provide.

Careful intake and exploration of the patient's ability to deal therapeutically with stressful emotions may allow better predictions of success. Further, for patients identified as having inadequate emotion-coping skills, facilitation of the development of those skills within the smoking cessation protocol may foster success for such patients. Although this treatment is described as a fairly strict regimen, like most effective treatments, it probably needs to be tailored to the needs of the individual. Systematic investigation of these variables may yield more promising outcomes for smoking cessation treatment.

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### **Nicht-Mehr-Rauchen: Integrieren von Hypnoseverfahren und Schnellrauchen zur Unterstützung der Raucherentwöhnung**

**Joseph Barber**

**Zusammenfassung:** Hypnoseintervention kann mit einem Behandlungsprotokoll des Schnellrauchens zur Raucherentwöhnung verbunden werden. Hier wird eine Demonstration eines solchen integrierten Ansatzes berichtet, einschließlich einer detaillierten Beschreibung der Behandlungsgrundlagen und Verfahren für eine solche Kurzzeitintervention. Von den 43 Patienten, die sich diesem Behandlungsprotokoll unterzogen, berichteten 39 bei der Nachbeobachtung eine Nikotinabstinenz (Nachbeobachtungszeit 6 Monate bis 3 Jahre).

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### **Guérison du tabagisme : intégration des méthodes hypnotiques et de Rapid Smoking pour arrêter de fumer**

**Joseph Barber**

**Résumé:** L'intervention hypnotique peut être intégrée dans un protocole d'arrêt de fumer. Il est présenté une démonstration d'une telle approche incluant une description détaillée des procédures et des raisons d'utilisation de cette intervention de court durée.. Sur les 43 patients consécutifs ayant suivi ce protocole 39 sont resté abstinents au cours du suivi (6 mois à 3 ans après traitement)

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**Dejar de fumar: Integración de métodos hipnóticos y fumar rápidamente (rapid smoking) para facilitar el abandono del cigarro**

**Joseph Barber**

**Resumen:** Se puede integrar la intervención hipnótica con un protocolo de tratamiento de fumar rápidamente para dejar de fumar. Informamos aquí de tal enfoque integrado, incluyendo una descripción detallada de la base teórica y procedimientos para una intervención breve. De 43 pacientes consecutivos que experimentaron este protocolo de tratamiento, 39 reportaron abstinencia en el seguimiento (6 meses a 3 años después del tratamiento).

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