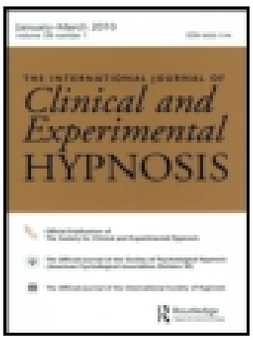

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INTENSIVE HYPNOTHERAPY FOR SMOKING CESSATION: *A Prospective Study*[1]

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Abstract: This study reports on a prospective pilot trial of intensive hypnotherapy for smoking cessation. The hypnotherapy involved multiple individual sessions (8 visits) over approximately 2 months, individualization of hypnotic suggestions, and a supportive therapeutic relationship. Twenty subjects were randomly assigned to either an intensive hypnotherapy condition or to a wait-list control condition. The target quitting date was 1 week after beginning treatment. Patients were evaluated for smoking cessation at the end of treatment and at Weeks 12 and 26. Self-reported abstinence was confirmed by a carbon-monoxide concentration in expired air of 8 ppm or less. The rates of point prevalence smoking cessation, as confirmed by carbon-monoxide measurements for the intensive hypnotherapy group, was 40% at the end of treatment; 60% at 12 weeks, and 40% at 26 weeks ($p < .05$).

Cigarette smoking is a major preventable cause of disease and it is a major cause of premature death. Smoking is a leading risk factor in chronic obstructive pulmonary disease, cancer, and vascular disease and mortality (U.S. Department of Health and Human Services, 1990). Most people who smoke are aware of the fact that smoking is associated with health risks, and as many as 80% of current smokers express a desire to stop smoking (USDHHS, 1990), however most smokers are unlikely to be successful in quitting smoking without assistance (Giovino, Henningfield, Tomar, Escobedo, & Slade, 1995).

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Several retrospective clinical studies of hypnotherapy have shown some encouraging promise for smoking cessation (Crasilneck, 1990; Elkins & Rajab, 2004). However, most of the outcome studies of hypnotherapy for smoking cessation, to date, have failed to achieve randomization and have not included biological markers of smoking cessation (Fiore et al., 1996; 2000). As a result, the potential effectiveness of hypnosis remains largely unknown (Greene & Lynn, 2000).

Further, many of the randomized studies of hypnosis have examined a minimal approach to hypnotherapy involving one or two sessions or group interventions (Berkowitz, Ross-Townsend, & Kohberger, 1979; Cornwell, Burrows, & McMurray, 1981; Hyman, Stanley, Burrows, & Horne, 1986; Javel, 1980; Neufeld & Lynn, 1988; Pederson, Scrimgeour, & Lefcoe, 1975; Rabkin, Boyko, Shane, & Kaufert, 1984; Spanos, Mondoux, & Burgess, 1995; Spanos, Sims, deFaye, Mondoux, & Gabora, 1992; D. Spiegel, Frischholz, Fleiss, & Spiegel, 1993; H. Spiegel, 1970; Stanton, 1978; Williams & Hall, 1988). The findings regarding this minimal approach to hypnosis for smoking cessation have indicated outcomes of about 20% to 25% cessation (Cornwell et al.; Rabkin et al.). Recently, Green & Lynn (2000) completed a comprehensive review of studies utilizing hypnosis for smoking cessation and concluded that it seems apparent that minimal hypnotic interventions, such as that developed by H. Spiegel (1970) and group hypnosis interventions (Lynn, Neufeld, Rhue, & Matorin, 1993) achieve abstinence rates of only around 20% or less.

Hypnosis may yet be shown to be a very effective treatment for smoking, however, an intensive treatment approach may be necessary for hypnosis to be of greater benefit for smoking cessation (Green & Lynn, 2000). Also, it has been suggested that more intensive interventions with more contact in general may result in higher cessation rates (Fiore et al., 2000). We have developed an innovative new intensive approach to hypnosis for smoking cessation that is consistent with these recommendations.

The purpose of the present study was to establish the beneficial effect of an intensive approach to hypnotherapy for smoking cessation in a prospective randomized pilot study using biological markers of abstinence. We hypothesized that the intervention would result in smoking-cessation rates of 30% or higher that would be sustained at 6-month follow-up visits.

METHOD

Subjects

Subjects were recruited from physician referral and advertisements. A total of 28 volunteers who were interested in stopping smoking were evaluated, of whom 20 met the study criteria (see below). This study was approved by the Scott and White Clinic and Hospital Institutional Review Board. After the initial screening, subjects

attended an informational meeting at which the study was explained, questionnaires completed, and written informed consent provided.

The subjects were eligible for inclusion if they were at least 18 years of age, reported smoking 10 or more cigarettes per day, were interested in quitting smoking in the next 30 days, had the ability to attend weekly sessions and spoke English. Exclusion criteria included regular use of any noncigarette tobacco product, reported current abuse of alcohol or psychoactive drugs, current use of any other smoking-cessation treatments, any reported history of borderline personality disorder, or currently using hypnotherapy for any reason.

The baseline characteristics of the participants are shown in Table 1. The average age of the participants was early to mid-40s and the majority were female; Caucasian; married; with a high school education; were smoking more than 20 cigarettes per day; and had a Fagerstrom score of slightly greater than 10.

Table 1
Baseline Characteristics of the Subjects

Characteristic	Control	Hypnotherapy
Age	41.7 ± 10.2	43.7 ± 8.4
Female Gender	80%	60%
Caucasian Race	100%	90%
No. cigarettes		
Smoked/day	25.7 ± 9.6	22.2 ± 6.1
Fagerstrom Score	10.9 ± 1.2	10.7 ± 8
Marital Status (%)		
Married/living with partner	70%	90%
Single	0%	10%
Divorced	30%	0%
Education		
HS/GED	60%	80%
1–3 yrs coll.	20%	0%
Coll. degree	10%	1%
Post grad. Degree	10%	1%
Reasons for wanting to stop smoking		
Health	100%	100%
Expensive	50%	80%
Spouse/family request	30%	30%
Job requirement	10%	0%
Insurance costs	40%	10%
Smells bad	80%	40%
Other	30%	20%

Measures

Baseline data assessments were completed regarding demographic information, smoking behaviors, reasons for wanting to stop smoking, and perceived benefits from smoking cessation. Also at baseline, nicotine dependence was assessed with the 8-item Fagerstrom Test for Nicotine Dependence (FTND) scale. The FTND is a widely used measure of nicotine dependence with a score ranging from 0 to 11; a score of 6 or greater indicates higher levels of dependence (Fagerstrom & Schneider, 1989). Self-reported abstinence was confirmed by expired carbon monoxide (CO) measured at baseline, at the end of treatment (Week 8) and at Weeks 12 and 26. Subjects were classified as abstainers if they reported no smoking in the 7 days prior to assessment and had CO values of less than 8 ppm (Cinciripini et al., 2003). Inconsistencies in self-reports and CO values were noted in 7% of measurements. Any inconsistency in self-reports and CO values was resolved with saliva cotinine analysis less than 20 ng/mL.

Procedure

At the baseline visit, subjects were randomly assigned to either receive intensive hypnotherapy for smoking cessation or to a waiting-list control group. Subjects in the waiting-list control group received self-help material from the National Cancer Institute (Glynn & Manley, 1990) and encouraged to set a date to quit smoking. Assessments of smoking cessation were completed at Weeks 8, 12, and 26. Participants received $25 for each follow-up appointment attended. Research staff provided brief supportive phone calls to all of the participants at 3 days after the target quit date and at Weeks 2, 4, and 5. The supportive phone call lasted 5 to 10 minutes each.

The intensive hypnotherapy intervention was provided by a doctoral clinical psychologist (PsyD) or physician (MD). The therapists completed 40 hours of training in hypnotherapy provided by the primary investigator. Training followed the guidelines and learning objectives outlined in the publication, *Standards of Training in Clinical Hypnosis* (Hammond & Elkins, 1994). Therapists also received additional training in the hypnotherapy treatment used in the study.

Subjects assigned to the intensive hypnotherapy intervention met with a research therapist and at the first visit (preparation visit) were provided with a brief discussion regarding myths and misconceptions about hypnosis and the process used in hypnotic induction (Elkins & Handel, 2001). At the first visit (preparation visit), subjects also received self-help material from the National Cancer Institute (Glynn & Manley, 1990). Subjects received a 30-minute counseling session that included exploring ambivalence about quitting, preparing to quit, problem solving difficult situations, and commitment following semi-structured counseling scripts. Subjects were asked to set a target quit

date approximately 7 days later. Also, subjects in the intensive hypnotherapy group were provided with a self-hypnosis tape recording and a tape player and instructed in the daily practice of self-hypnosis.

We collected self-reports of average number of cigarettes smoked per day for each of the 7 days prior to assessment of abstinence. Subjects who were unavailable for assessment were counted as nonabstainers. We allowed participants to miss no more than one in-person visit prior to each assessment. The 26-week outcome period was chosen because there is evidence to suggest that cessation rates at 26 and 52 weeks do not differ substantially (Fagerstrom, 1989; Hjalmarson, 1984; Hughes, Gust, Keenan, Fenwick, & Healey, 1989; Hurt et al., 1994; Kornitzer, Boutsen, Dramaix, Thijs, & Gustavsson, 1995; Russell et al., 1993; Fee & Stewart, 1982; Sachs, Sawe, & Leischow, 1993; Tonnesen, Norregaad, Simonsen, & Sawe, 1991).

Subjects in the intensive hypnotherapy intervention group received eight sessions, and each session lasted approximately 1 hour. A brief counseling session occurred at each visit at which time subjects received encouragement to practice self-hypnosis. The hypnotic inductions were completed at Sessions 1, 2, 4, and 7 and were standardized following a transcript. Suggestions were given for deepening relaxation, absorption in relaxing imagery, commitment to stop smoking, decreased craving for nicotine, posthypnotic suggestions, practice of self-hypnosis, and visualization of the positive benefits of smoking cessation. Subjects were asked at each session for their preferences for specific imagery for relaxation and dissociation. The suggestions followed a transcript; however, the specific imagery for relaxation and the positive benefits for smoking cessation were individualized based upon questions to determine the patient's preference regarding such imagery. The hypnotic induction used is summarized below.

> *(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 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.

(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 passesh, 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.

(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 is introduced, depending on the patients 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.

RESULTS

The efficacy of the intervention for smoking cessation was evaluated with the use of weekly point-prevalence abstinence rates and rates of continuous abstinence. In all cases, an intention-to-treat analysis was performed. For the point-prevalence rates, subjects were classified as

Table 2
Point-Prevalence Smoking Cessation Rates Confirmed by Carbon Monoxide Measurements

Time after target quitting date	% of Subjects not smoking		*p* value
	Control	Intensive Hypnotherapy	
8 weeks	10%	40%	.15*
12 weeks	0%	60%	.005
26 weeks	0%	40%	.043

*Fisher's Exact Test.

abstinent if they reported not smoking during the previous 7 days and this report was confirmed by an expired carbon monoxide value of 8 ppm or less. To be classified as continuously abstinent, the subject had to be confirmed as not smoking on the basis of carbon monoxide measurement at each visit.

The biochemically confirmed point-prevalence smoking-cessation rates are shown in Table 2. Fisher's Exact Test was utilized to compare the intervention to wait-list control. The respective point-prevalence smoking-cessation rates for the intensive hypnotherapy intervention and waiting-list control condition at the end of treatment, 12 weeks, and 26 weeks was 40% vs. 10% ($p < .15$), 60% vs. 0% ($p < .005$), and 40% vs. 0% ($p < .043$).

The rates of continuous abstinence from the target quitting date through the end of treatment are shown in Figure 1. Results indicated 30% continuous abstinence at the end of the treatment period. None of the subjects in the control group achieved continuous abstinence.

The average numbers of cigarettes smoked per day at each assessment point are shown in Figure 2. At Week 26, the average number of cigarettes smoked by those in the intensive hypnotherapy group was three. In comparison, the average number of cigarettes smoked by those in the waiting-list control group remained stable at 20 cigarettes per day.

DISCUSSION

The results of the present study revealed that an intensive hypnotherapy intervention can be an effective means of achieving smoking cessation. The rate of smoking cessation at 26-week follow-up was 40%, as confirmed by an expired carbon monoxide value of 8 ppm or less. This rate of smoking cessation is comparable to or higher than that achieved through pharmacological or nonhypnotic behavioral interventions. In this small sample, the hypnosis intervention was well accepted, and the overall results of the present study support the efficacy of an intensive approach to hypnotherapy for adult smokers.

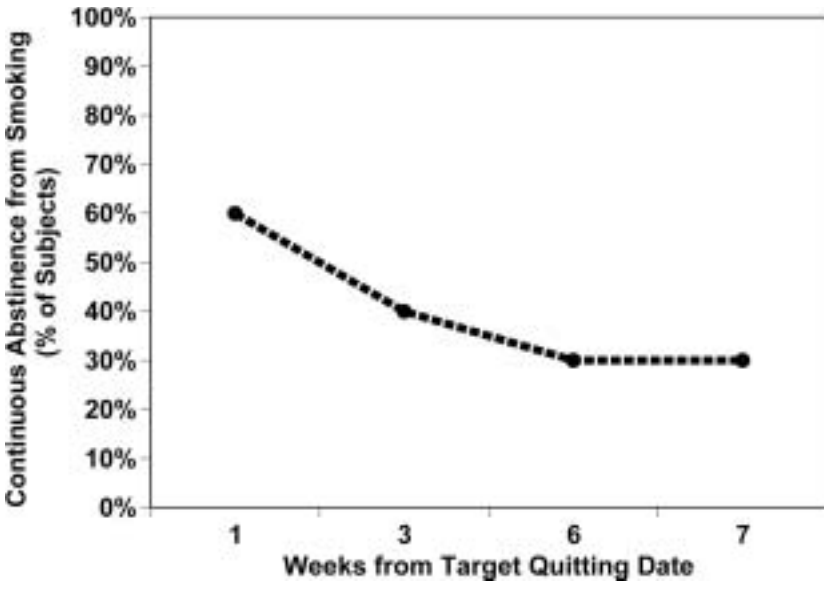

Figure 1. **Percentage of subjects who maintained continuous abstinence from smoking from Week 1 through Week 7.**

Our hypothesis that the intervention would result in smoking-cessation rates of 30% or higher and would be sustained at 26-week follow-up visits was confirmed and is consistent with previous observations that have suggested that interventions that involve considerable patient contact and are extended over a longer period of time may be more effective than minimal-interventions rates (Fiore et al., 2000). For example, Holroyd (1980) suggested that the likelihood of success for hypnosis in treatment of tobacco dependency may be increased by an approach that includes: (a) multiple sessions; (b) individualized hypnotic suggestions; (c) individualized counseling with follow-up; and (d) an intense interpersonal relationship. The present intervention was consistent with these observations and adds support to this approach to hypnotherapy for smoking cessation.

However, the present study has limitations, and these include a small sample size and the lack of measurements of hypnotizability. Additional research with a larger sample size would enhance confidence in the generalizability of the results and allow exploration of potential variables that may relate to the success of the intervention. For example, it would be important to assess the subjects' levels of

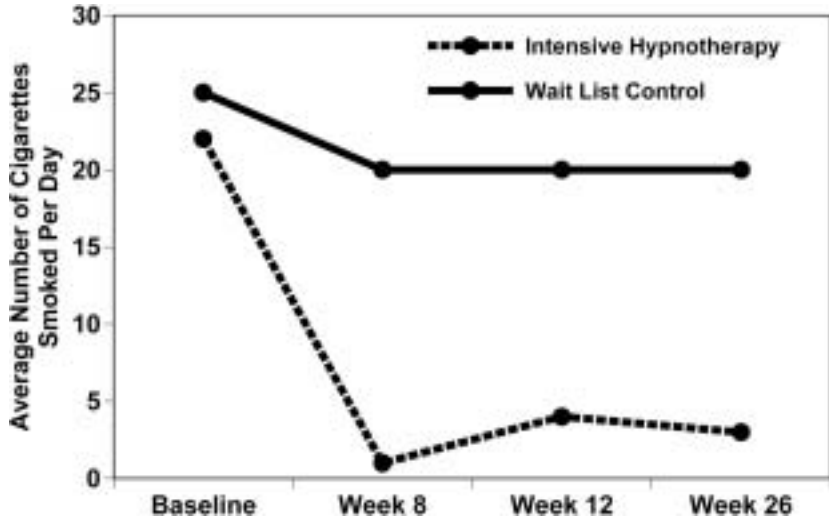

Figure 2. **Average number of cigarettes smoked per day from baseline to 26 weeks by intensive hypnosis group and control group.**

hypnotizability, as some previous studies have suggested that hypnotizability may be associated with responses to hypnotic interventions for smoking cessation (Marcovitch, Gelfand, & Perry, 1980; Perry & Mullen, 1975). Also, the effect of hypnosis on reducing withdrawal symptoms from tobacco cessation needs to be determined (Hughes & Hatsukami, 1986).

Further investigation of this intensive hypnotherapy for smoking cessation is warranted and may provide an innovative new focus for behavioral research. For example, Fiore et al. (2000) recently observed that there have been few innovations in developing new nonpharmacological interventions for smoking cessation in the past 20 years (Niaura & Abrams, 2002; Shiffman, 1993). Innovative new behavioral interventions for smoking cessation are clearly needed. Pharmacological interventions such as bupropion and nicotine replacements have yielded cessation rates of up to 35% when used in combination with each other (Jorenby et al., 1999) or in combination with behavioral interventions (Cinciripini, Cinciripini, Walfisch, Van Vunakis, & Haque, 1996). However, up to 30% or more of smokers may reject pharmacological interventions because of unpleasant or unacceptable side effects (Jorenby et al.) or for other reasons discontinue use. Further, pharmacological and/or combined interventions are ineffective for others (Hurt et al., 1997). Because

of this, many smokers prefer and seek nonpharmacological interventions such as intensive hypnotherapy.

In conclusion, an intensive hypnotherapy intervention was effective for smoking cessation and resulted in cessation rates that are higher than previously achieved by minimal approaches in randomized prospective studies. Based on the results of this initial pilot study, it would appear that intensive hypnotherapy may be an innovative behavioral intervention of significant benefit to some smokers. A larger, randomized study that integrates state-of-the-art methods for achieving high follow-up rates (Scott, 2004) is warranted to fully determine the effects of the intervention. Such a study could also reveal potential cost savings and mediating factors such as hypnotic susceptibility and expectancies.

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Intensiv-Hypnosetherapie zur Raucherentwöhnung: Eine prospektive Studie

Gary Elkins, Joel Marcus, Jeff Bates, M. Hasan Rajab und Teresa Cook

Zusammenfassung: In diesem Artikel wird eine prospektive Pilotstudie einer intensiven Hypnosetherapie zur Raucherentwöhnung vorgestellt. Die Hypnosetherapie bestand aus mehrfachen Einzelsitzungen (acht Sitzungen) über einen Zeitraum von etwa zwei Monaten, der Individualisierung der hypnotischen Suggestionen und einer supportiven Therapeutenbeziehung. 20 Teilnehmer wurden zufällig einer Gruppe mit intensiver Hypnosetherapie oder einer Wartelistenkontrollgruppe zugeteilt. Das Zieldatum zur Beendigung des Rauchens lag 1 Woche nach Aufnahme der Behandlung. Die Patienten wurden am Ende der Behandlung sowie nach 12 und 26 Wochen evaluiert. Selbstberichtete Abstinenz wurde durch einen Kohlenmonoxid-Test der ausgeatmeten Luft (weniger als 8 ppm) bestätigt. Die Punktprävalenz für Rauchabstinenz, welche mithilfe die Kohlenmonoxid-Messung objektiviert

wurde, lag in der Hypnosetherapie-Gruppe am Ende der Behandlung bei 40%, nach 12 Wochen bei 60% und nach 26 Wochen bei 40% ($p < 0.05$).

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Hypnothérapie intensive pour arreter de fumer: Une étude prospective

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Résumé: Cette étude rend compte d'un essai exploratoire prospectif d'hypnothérapie intensive pour arreter de fumer. L'hypnothérapie intensive impliquait des séances individuelles multiples (8 consultations) au cours d'environ deux mois, l'individualisation de suggestions hypnotiques et une relation thérapeutique étayante. Vingt sujets étaient affectés au hasard soit à une condition d'hypnothérapie intensive, soit à une condition de contrôle sur liste d'attente. La date d'arret envisagée était d'une semaine après le début du traitement. Les patients étaient évalués par rapport à l'arrêt du tabac à la fin du traitement et après 12 et 26 semaines. L'auto-déscription d'abstinence était confirmée par une concentration de monoxyde de carbone dans l'air expirée de 8 ppm ou moins. La ratio de prévalence d'arrêt du tabac, tels que confirmés par les mesures de monoxyde de carbone pour le groupe d'hypnothérapie intensive, étaient de 40% à la fin du traitement, 60% après 12 semaines et 40% après 26 semaines ($p < .05$)

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La hipnoterapia intensiva para dejar de fumar: Un estudio prospectivo

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Resumen: Este es un estudio prospectivo piloto de hipnoterapia intensiva para dejar de fumar. La hipnoterapia intensiva incluyó múltiples sesiones individuales (8 visitas) durante aproximadamente 2 meses, individualización de sugestiones hipnóticas, y una relación terapéutica de apoyo. Asignamos aleatoriamente a 20 participantes a una condición intensiva de la hipnoterapia o a una lista de espera como control. El objetivo era dejar de fumar 1 semana después de empezar el tratamiento. Evaluamos la abstinencia de los pacientes al finalizar el tratamiento y en las semanas 12 y 26. Informes de abstinencia fueron confirmads por una concentración de monóxido de carbono en aire expirado de 8 ppm o menos. Las tasas de abstención de fumar, confirmadas por medidas de monóxido de carbono para el grupo intensivo de hipnoterapia, fueron de 40% al finalizar el tratamiento, 60% a las 12 semanas, y 40% a las 26 semanas ($P < .05$).

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