Hypnosis as Smoking-Cessation Tool

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Alternative Method May Help Men More Than Women?

Smokers who enlist help to stop smoking from Bruce N. Eimer, PhD, ABPP, a board certified clinical psychologist and fellow of the American Society of Clinical Hypnosis, are looking for the same thing—a miracle.

They call him after they have tried nearly every smoking-cessation method under the sun, with no long-term luck, of course. The patch, the gum and other nicotine replacement therapies did not work. Anti-depressant medication like bupropion did not help. Smokers' Anonymous and other support groups? Nope, they failed at those too. For their last resort, smokers turn to hypnosis.

In a single session of hypnosis that lasts about an hour, Eimer, director of Eimer Stop Smoking Clinics and Alternative Behavior Associates in Abington and Huntingdon Valley, PA., helps patients break the dysfunctional habit of smoking. About 70 percent of his patients remain non-smokers long after the visit, he said.

Before reading any further, put aside all preconceived notions about hypnosis. There are no swaying pocket watches. No one says, "You are getting sleepy, sleepier." Neither a spiral design forms in the patients' eyes nor are they in a powerless state. That, Eimer said, is the Hollywood version.

"Hypnosis is not magic," he said. "It's a scientific approach that is effective when well-trained and licensed health professionals use it ethically."

What is Hypnosis?

Generally speaking, hypnosis involves focused concentration, imagination and visualization exercises to change a behavior, said Joseph Green, PhD, associate professor of psychology at Ohio State University at Lima. Techniques vary from clinician to clinician and from patient to patient, he added.

For his approach, Eimer describes a series of pleasant thoughts and provides suggestions on which patients effortlessly concentrate.

"When a person is in hypnosis, with that patient's permission and only with his permission, the doorway to the subconscious opens, making it possible for a hypnotist to provide information to the patient's subconscious," Eimer explained.

When the objective is to stop smoking, the subconscious receives suggestions to break the habit of smoking and to eliminate withdrawal symptoms. The subconscious also receives new beliefs about smoking. In hypnosis, patients often are told smoking cigarettes **poisons** their body. They are told that when they stop, their bodies will immediately begin the process of healing and repair.

Hypnotists individualize their sessions and reinforce their patients' personal reasons for wanting to stop smoking.

"Why do you want to stop smoking now?" This is the first question Eimer asks when potential patients contact him. From that question alone, he usually can identify which patients hypnosis will help.

Often, patients acknowledge their smoking is killing them. They say they want to stop for medical reasons. They tell Eimer they are really motivated to do it, but they need help to achieve that goal. There are answers, however, that raise a red flag for Eimer.

"If their belief is that hypnosis is going to make them not want to smoke", that it's going to make them "hate cigarettes", they either need to be re-educated, or they're not a good candidate to come and see me," he said. "If they're coming only because their spouse has nagged them and they want to come for somebody else and not for themselves, I can't help them."

Green agrees. The key ingredient to stop-smoking programs is self-motivation.

"My clinical experience tells me if a person is personally motivated—they're doing it for themselves and not someone else, they're currently motivated and they want to quit now—they'll be successful," Green said.

What Happens at a Session?

Motivation to stop smoking often lies in the patients' concern of their physical health, Eimer said. Nearly all of his patients already have symptoms of health problems caused from smoking—shortness of breath, high blood pressure, lack of energy, irritability, weight issues, stomach problems, muscle pain and sleeplessness.

"About a third of them have chronic end-stage respiratory disease like emphysema; or they are in remission for some kind of cancer; or they have serious problems with another organ that is the result of the poisons of cigarettes," Eimer added.

Questioning the patients' medical histories is just one of many facets of the session before Eimer induces hypnosis. During the Intake, he learns about their psychological health and conducts a motivational interview. He provides educational materials about the poisons of cigarettes and illnesses related to smoking.

Since the client's goal is to walk out of his office as **a non-smoker**, **clients** dispose of all their cigarettes and smoking paraphernalia in a 25-gallon jug in the waiting room of Eimer's office.

Before the actual **hypnosis induction**, Eimer takes time to dispel general myths about smoking for the patient. He tells them smoking is not an addiction; nicotine is not an addictive chemical; and it doesn't take a long time to recover from nicotine withdrawal.

He also hits some key points about hypnosis before actually inducing the patient. He tells them:

- Hypnosis is not a power-and-control relationship where the hypnotist takes control over the subject. It is actually a cooperative, collaborative relationship that can only happen with the patient's consent.
- Hypnosis is not the same as sleep. Subjects are fully aware of what is going on.
- Subjects do not subjugate their will under hypnosis. They will not divulge any secrets in hypnosis they would not want to divulge.
- Subjects do only those things in hypnosis that they would do outside of hypnosis.
- All individuals can be hypnotized if they are free of fear and willing for a positive reason.

Smoking Cessation Gender Gap

Hypnotism, as a form of therapy, is believed to have originated in **Egypt**. To cure a myriad of illnesses, **ancient Egyptian priests and healers** would lead patients to temples for hypnotic suggestion, or as they called them, "**sleep temples**".

Today, however, hypnosis is established not to be a form of sleep, Eimer tells his patients. From Egypt, hypnotherapy spread to Greece, and it eventually became widely used in England and the United States around the turn of the 20th century.

Since then, the **list of the clinical applications of hypnosis** has grown long. It is used for weight control, anxiety, phobias, psoriasis, insomnia, allergies and, of course, to help people stop smoking. In a 2000 study, Green and co-author Steven Lynn, PhD, found hypnosis is just as effective at helping people stop smoking as are nicotine replacement therapies. And in a 2004 review of studies, Green found more men become non-smokers using hypnosis than do women.

He reviewed 18 studies of hypnosis-based smoking cessation programs that included about 5,600 patients, finding that 30 percent of the men stopped successfully while only 23 percent of women stopped successfully.

Compared to gender differences in studies of other stop-smoking methods, hypnosis was consistent. Men, in general, fare better than women in cessation programs. There are a number of theories why, he said.

Some investigators believe biological differences determine nicotine's effect on the body. Some believe men are more desperate to stop smoking when they seek out hypnosis. Others think women are less successful at stopping because they fear gaining weight.

"Women, on a whole, tend to gain more weight when they stop smoking," Green explained. "Obviously, that can negatively impact maintenance because they're more sensitive to minor weight fluctuations."

Generally, smokers are three-to-five times more likely to suffer from depression and anxiety than are non-smokers. Comparing the genders, women are two times more likely to have depression than are men. "When you put those together, there is a theory that more women than men may be smoking to cope with negative emotions, to deal with stress or to deal with their depression."

<u>NOTE:</u> ACCORDING TO DR. EIMER, THE ABOVE IS NOT ACCURATE! Dr. Eimer disagrees with these research findings. In his clinical hypnosis practice, he helps equal numbers of men and women stop the smoking habit. His clinical casebooks reveal that both men and women tend to stop or not stop for similar reasons.

Finding the Right Treatment

But that doesn't mean hypnosis will not work with women or that they should not try to stop smoking, Green emphasized. The trick is to find the right combination of treatments that will help boost any smoker's chance of success, he added. **That's why, Dr. Eimer states, he is able to be equally successful with both men and women.**

To increase the success rate of stop-smoking programs, the protocol used should combine hypnosis with some other behavioral and educational program, he said. But then researchers run in to the problem of not knowing how much success is due to hypnosis and how much is due the combination of therapies. **Dr. Eimer was quick to point out** that therein lies the gap between university laboratory research findings and the data obtained by clinicians out in their offices out in the real world.

For a future study, Green plans to design a study with two groups: one given only hypnosis and the other given the wide gamut of smoking-session resources and hypnosis.

"When I take a step back and look at this whole field and ask 'what's the best way to get someone to stop smoking,' it's hard to make a blanket statement," Green said. "Some of these approaches seem to be effective in their own right, but we don't know which clients are going to work in which therapy the best."

Therein should lie the future of smoking cessation programs: being able to tailor treatments to meet individual needs. **Dr. Eimer point out that this is the hallmark of his approach.**

Resources

Bruce N. Eimer, PhD, ABBP, has written several books on clinical hypnosis and psychotherapy. He also provides lectures and workshops on the clinical applications of hypnosis. More information is available on his Web site at www.hypnosishelpcenter.net and www.hypnosisgroup.com, or you can contact him at (215) 947-7867.

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