Research on Hypnosis/Hypnotherapy in Smoking Cessation

Viswesvaran and Schmidt (1992) performed a meta analysis on 633 studies of smoking cessation and examined 48 studies in the hypnosis category that encompassed a total sample of 6,020 participants. Hypnosis fared better than virtually any other comparison treatment (e.g., nicotine chewing gum, smoke aversion, 5-day plans), achieving a success rate of 36%. [Viswesvaran, C., & Schmidt, F. (1992). A Meta-Analytic Comparison of the Effectiveness of Smoking Cessation Methods. Journal of Applied Psychology, 77, 554-561.]


The authors of this chapter contend that hypnosis, mindfulness, and acceptance-based approaches can be combined in a multifaceted smoking cessation intervention to take advantage of the unique characteristics of each approach in a comprehensive, empirically grounded, cognitive behavioral treatment. The authors review the theoretical and empirical literature that supports the combination of these approaches in a more encompassing intervention. The chapter highlights the potential benefits of a synergistic approach to treatment. It also provides readers with clinical strategies and excerpts of scripts derived from the intervention that the authors have developed and refined over the course of more than 25 years. The chapter concludes with a discussion of the complementary nature of hypnosis and mindfulness and avenues that researchers can pursue to further explore the integration of hypnosis, meditation, and acceptance-based strategies.


The present study examines the therapy of an individual diagnosed with generalized anxiety disorder, two situation type specific phobias, and nicotine dependence. Treatment consisted of psychodynamic psychotherapy with adjunctive hypnosis. Client’s symptoms were tracked using daily, self-report measures over the 6-month treatment period. The simulation modeling approach for time-series was used to assess the phase change from baseline to treatment. Tracked symptoms included generalized anxiety, worry associated with specific phobias, phobic avoidance, number of cigarettes smoked daily, and nicotine craving intensity. All symptoms decreased significantly over the course of treatment. Utility of an ideographic and also quantified research methodology for treatment outcome studies are discussed.


Eighty-five smokers chose either a group or individual treatment using manualized hypnosis. Abstinence rates in group treatment at follow-up are 19.6% in comparison to 13.8% in individual treatment. This difference did not reach statistical significance. It is concluded that group treatment is as effective as the better established individual treatment and therefore can be seen as an alternative approach in smoking cessation using hypnosis.

Marques-Vidal, Pedro; Melich-Cerveira, João; Paccaud, Fred; Waeber, Gérard; Vollenweider, Peter; Cornuz, Jacques. (Mar-Apr 2011). High expectation in non-evidence-based smoking cessation interventions among smokers—the Colaus study. Preventive Medicine: An International Journal Devoted to Practice and Theory, 52(3-4), 258-261.

Objective: To assess the preferred methods to quit smoking among current smokers. Method: Cross-sectional, population-based study conducted in Lausanne between 2003 and 2006 including 988 current smokers. Preference was assessed by questionnaire. Evidence-based (EB) methods were nicotine replacement, bupropion, physician or group consultations; non-EB-based methods were acupuncture, hypnosis and autogenic training. Results: EB methods were frequently (physician consultation: 48%, 95% confidence interval (45–51); nicotine replacement therapy: 35% (32–38)) or rarely (bupropion and group consultations: 13% (11–15)) preferred by the participants. Non-EB methods were preferred by a third (acupuncture: 33% (30–36)), a quarter (hypnosis:
26% (23–29) or a seventh (autogenic training: 13% (11–15)) of responders. On multivariate analysis, women preferred both EB and non-EB methods more frequently than men (odds ratio and 95% confidence interval: 1.46 (1.10–1.93) and 2.26 (1.72–2.96) for any EB and non-EB method, respectively). Preference for non-EB methods was higher among highly educated participants, while no such relationship was found for EB methods. Discussion: Many smokers are unaware of the full variety of methods to quit smoking. Better information regarding these methods is necessary.


The purpose of this study was to determine whether hypnosis would be more effective in helping smokers quit than standard behavioral counseling when both interventions are combined with nicotine patches (NP). A total of 286 current smokers were enrolled in a randomized controlled smoking cessation trial at the San Francisco Veterans Affairs Medical Center. Participants in both treatment conditions were seen for two 60-min sessions, and received three follow-up phone calls and 2 months of NP. At 6 months, 29% of the hypnosis group reported 7-day point-prevalence abstinence compared with 23% of the behavioral counseling group (relative risk [RR] = 1.27; 95% confidence interval, CI 0.84-1.92). Based on biochemical or proxy confirmation, 26% of the participants in the hypnosis group were abstinent at 6 months compared with 18% of the behavioral group (RR = 1.44; 95% CI 0.91-2.30). At 12 months, the self-reported 7-day point-prevalence quit rate was 24% for the hypnosis group and 16% for the behavioral group (RR = 1.47; 95% CI 0.90-2.40). Based on biochemical or proxy confirmation, 20% of the participants in the hypnosis group were abstinent at 12 months compared with 14% of the behavioral group (RR = 1.40; 95% CI 0.81-2.42). Among participants with a history of depression, hypnosis yielded significantly higher validated point-prevalence quit rates at 6 and 12 months than standard treatment. It was concluded that hypnosis combined with NP compares favorably with standard behavioral counseling in generating long-term quit rates.


This script is one of several utilized in quit-smoking sessions with clients. This is one of the shorter scripts which can be used with cognitive behavioral therapy in the first session. The quit-smoking program is conducted over a minimum of three sessions and a maximum of six sessions.


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This book examines the use of hypnosis for smoking cessation. The book provides the reader with an extensive overview of the whole process of helping someone to stop smoking. Not only is there great detail on how to
approach the client during the actual therapeutic session but there is also excellent material which shows the therapist how s/he needs to prepare individually for every single client.


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).


In this article the author discusses an approach to utilising hypnosis for smoking cessation in which clients are screened and placed into one of two treatment groups. The screener asks a series of questions in order to determine whether or not the client is using cigarette smoking to manage emotions such as fear, anger and guilt. Those who are determined as not having significant emotional motivation to smoke are placed into a two-session program, and those who appear to have a significant emotional component in their smoking behaviour are placed into a five-phase hypnotherapeutic program. This article is based on anecdotal evidence intended for heuristic value and consideration.


Helping a client to stop smoking is one of the most difficult challenges for a hypnotherapist. This paper offers an ego state therapeutic structured method to assist in smoking cessation. Every time a client comes to a hypnotherapist to stop smoking there is at least one ego state wanting to quit, and one ego state wanting to smoke, otherwise the client would be happy either smoking or not smoking. An internal dissent exists among the states. The goal of the hypnotherapist is to empower the states that can assist the client in not smoking, while at the same time give new roles and meaning to the states that had previously smoked. In this manner the client can achieve an internal peace in relation to being a non-smoker.


Smoking cessation is probably the most frequent reason for consulting a hypnotherapist. Many approaches exist and research has identified some of the factors pertinent to success. This paper discusses the author's techniques evolved over a period of more than 45 years and the reasons underlying the changes that occurred. It is suggested that the most effective approach tends to be permissive, to involve the patient's own concepts and words, and to be tailored to the individual's needs. Case studies are cited to illustrate major points.


Many hypnotherapists in private practice deal with clients trying to overcome their addiction to smoking tobacco products. Methods vary considerably, ranging from the use of direct suggestion hypnotherapy by repetition through to hypnotherapy combined with cognitive behaviour therapy. This article presents a method used with success in my private practice where the emphasis is on repetitious direct suggestions and the use of a no pain, no gain philosophy.


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In this chapter, the authors summarize a sizable literature indicating that hypnosis can play a useful role in smoking cessation. They then describe a two-session cognitive-behavioral program to achieve smoking cessation as an example of the way that hypnosis can be used to master long-standing habitual patterns of self-destructive behaviors.


The article describes and demonstrates a short-term psychotherapeutic intervention model for smoking cessations, which integrates behaviour and cognitive apparatus with hypnotic techniques. This model puts exclusive emphasis on examination, creation and intensification of the patient's motivation to eradicate the habit, by strengthening self-control, integrating suggestions that are tuned to the patient's needs, and using aversion techniques in the hypnotic state. This model has been found efficient in our clinical work, can be used to treat other habit disorders and creates an opportunity for empirical research that examines the efficacy of this integrative model as compared to other methods.


This study reports the use of hypnosis with a young woman who was seeking to resolve her smoking addiction. Early in treatment it became clear that she had unresolved grief, loss, and anger concerning her sexual abuse as a young child by her father who had died many years previously. This experience had hindered her emotional development, current emotions and lifestyle, and contributed to her low self-esteem, negative feelings of self-worth, and subsequent smoking addiction. Hypnosis was incorporated into an extensive period of counselling, and was effectively used to enable this client to cease her smoking addiction, to conclude her unresolved grief and anger, and to use her newly found peace as a means of ego-strengthening, confidence building, and promoting positive future expectations.


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.


Notes that 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 (aged 27–66 yrs) undergoing this treatment protocol, 39 reported remaining abstinent at follow-up (6 mo to 3 yrs posttreatment).


Examined smoking cessation and factors associated with success in smokers completing a single-session hypnosis smoking cessation program. 452 smokers (aged 18–77 yrs) completed the session, then completed follow-up phone interviews 5–15 mo subsequently. Results show that 65% reported 1 or more smoke-free periods (average 40 days) following program completion. 22% of Ss reported not smoking the month previous to interview. Successful quitting was significantly associated with higher income, no other smokers present in the home, and perceived ease of hypnotizability. Gender, marital status, age, years of education, employment classification, and number of cigarettes smoked per day exerted no influence. As well, Ss reported using a...
variety of other strategies to help quit smoking. 26% reported using some form of nicotine replacement therapy. 14.4% of Ss reported using bupropion or Zyban after attending the program.


The author briefly outlines several health risks facing women who smoke. The author summarizes the general effectiveness of smoking cessation therapy and discusses the merit of adding hypnotic suggestions to cognitive-behavioral treatments for smoking. After briefly reviewing the risks and benefits of nicotine replacement therapy, the author points out 4 special considerations for clinicians working with women who are trying to quit smoking. Finally, the author illustrates how hypnotic suggestions can be incorporated into a multimodal, cognitive-behavioral treatment plan for smoking.


Discusses the nature of addiction and resistance to treatment with special reference to the uses of hypnosis in smoking cessation programs. The chapter describes the smoking addiction as acting at once like a tenacious regression to the earliest life function of respiration and as a sinister retrovirus advocating the heathen demon weed tobacco and taking over the life of the host: regressive and preemptive addictive processes that derive from comfort-seeking, locked in by the stop–smoke cycle and defended by the complexities of the borderline syndrome.


This chapter describes the types of treatments that have been developed for smoking cessation, the effectiveness of these treatments, and future directions for this area. Topics include: behavioral treatments (provider advice, self-help, formal programs, multicomponent treatment strategies, hypnosis and acupuncture, commercial programs and products, evaluation standards); and pharmacological treatments (nicotine replacement, nicotine replacement combinations, nonspecific medications, symptom-targeted medications, other smoking cessation products).


Describes emotional self-regulation therapy, a recently-developed suggestion technique for the treatment of smoking, and presents 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 mo 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.


The author presented a smoking cessation programme that was developed during 28 years of hypnosis use in his teaching family practice at Dalhousie University. A brief patient assessment was presented together with a number of efficient and practical scripts. The approach was to teach patients autohypnosis to replace outdated smoking habits, with at least three daily trances. Subjects were instructed to use audiotapes made of their trances. They were given smoking cessation and hypnosis literature to facilitate autohypnosis. Twelve hypnosis books are recommended for further reading. Handout contents to the attendees at the Assembly are listed in the Appendix.

This paper examines smoking from the viewpoint that it is learned behaviour. A learned behaviour which when learned very well drops out of consciousness and becomes an ingrained habit pattern. Furthermore, a habit pattern that is largely carried out below the level of conscious awareness. The strategy used to learn to smoke can be used with a different content to quit the habit.

Green, Joseph. (Sum, 1997). Smoking Cessation: Hypnotic Strategies Complement Behavioral Treatments. Psychological Hypnosis 6(2) [American Psychological Association Division 30 (Society of Psychological Hypnosis)].

Several studies have shown that hypnosis can be an effective method of achieving smoking cessation. Since hypnotic protocols vary widely from one clinician or researcher to the next, it is not surprising that studies employing hypnotic techniques report a wide range of success. Chances of achieving long term abstinence increase when hypnotic suggestions are incorporated into a treatment program that is grounded in well-established cognitive-behavioral strategies. Additional techniques that should be used to create effective smoking cessation treatment programs are provided.


Presents a case study of a 37-yr-old female who underwent hypnotherapy for smoking cessation. The study demonstrates an application of S. J. Lynn's smoking cessation program within a group format. Learning, practicing, and employing self-hypnotic skills are centerpieces of the approach. In addition to illustrating the various cognitive, behavioral and hypnotic skills germane to Lynn's smoking cessation program, the author highlights relevant historical and interpersonal variables associated with the case.


Self-regulation therapy (Amigo, 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.


Smoking cessation programs may be an important component in the implementation of worksite smoking policies. This study examines the impact of a smoke-free policy and the effectiveness of an accompanying hypnotherapy smoking cessation program. Participants in the 90-minute smoking cessation seminar were surveyed 12 months after the program was implemented (n = 2642; response rate = 76%). Seventy-one percent of the smokers participated in the hypnotherapy program. Fifteen percent of survey respondents quit and remained continuously abstinent. A survey to assess attitudes toward the policy was conducted 1 year after policy implementation (n = 1256; response rate = 64%). Satisfaction was especially high among those reporting high compliance with the policy. These results suggest that hypnotherapy may be an attractive alternative smoking cessation method, particularly when used in conjunction with a smoke-free worksite policy that offers added incentive for smokers to think about quitting.


Past studies of performance by gender in prevention and treatment programs have reported reduced success with women and have suggested a need for stronger interventions having greater effects on both genders’ smoking cessation. A field study of 93 male and 93 female CMHC outpatients examined the facilitation of smoking cessation by combining hypnosis and aversion treatments. After the 2-wk. program, 92% or 86 of the men and 90% or 84 of the women reported abstinence, and at 3-mo. follow-up, 86% or 80 of the men and 87% or 81 of the women reported continued abstinence. Although this field study in a clinical setting lacked rigorous
measurement and experimental controls, the program suggested greater efficacy of smoking cessation by both sexes for combined hypnosis and aversion techniques.


[argues that] effective clinical practice [for smoking cessation] requires the utilization of a multimodal approach rather than traditional unimodal ones / in the approach that is presented [in this chapter], generic hypnotherapeutic suggestions are coupled with behavior modification strategies, as well as adjunctive treatment such as exercise, relaxation, and diet modification / provides an overview of intervention approaches / presents the author's 3-step multimodal procedure: (a) assessment, (b) intervention, and (c) treatment adherence/follow-up


OBJECTIVE: This study examined the relation of smoking and medical history, social support, and hypnotizability to outcome of a smoking cessation program. METHOD: A consecutive series of 226 smokers referred for the smoking cessation program were treated with a single-session habit restructuring intervention involving self-hypnosis. They were then followed up for 2 years. Total abstinence from smoking after the intervention was the criterion for successful outcome. RESULTS: Fifty-two percent of the study group achieved complete smoking abstinence 1 week after the intervention; 23% maintained their abstinence for 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 of treatment response. CONCLUSIONS: These results, while modest, are superior to those of spontaneous efforts to stop smoking. Furthermore, they suggest that it is possible to predict which patients are most likely and which are least likely to respond to such brief smoking cessation interventions.