



Clinical Hypnotherapy and Psychotherapy Association Ltd

Information Sheet No. 3: Stop Smoking

Understanding Smoking

The negative effects of smoking cigarettes are well known. Most people who smoke want to quit, which is the first step towards kicking the habit.

The sad fact is that smoking makes people feel good, even mildly euphoric. While there are thousands of chemicals in the tobacco plant, one – nicotine – produces all the good feelings that draw people back for another cigarette.

According to the World Health Organisation, studies show that few people understand the specific health risks of tobacco use. For example, a 2009 survey (1) in China revealed that only 37% of smokers knew that smoking causes coronary heart disease and only 17% knew that it causes stroke.

Unfortunately each cigarette you smoke is further poisoning your body. Some of the chemicals found in a cigarette include ammonia (also used to clean toilets) and Arsenic (you can use arsenic to kill rats). Your body simply cannot cope with all those toxins pumping through your system.

Why quitting is hard

You know it's bad for you, so why not simply stop smoking? It sounds easy enough but, as most smokers know, quitting isn't easy, with the majority of smokers having made multiple efforts to stop.

An American study (2) found that relapse rates were much larger than expected in the early days and weeks after the quit attempt. Approximately 62% had relapsed by two weeks after their quit dates. Those who smoked any cigarettes at all in the post-cessation period had a 95% probability of resuming their regular pattern of smoking subsequently.

You are addicted to the nicotine, not the cigarette. While you may feel trapped by that thought rest assured that breaking the physical chains of nicotine addiction is a straightforward process once hypnotherapy is used to break the mental chains.

How Hypnotherapy can help

Smoking is as much a mental and emotional experience as a physical one. To break the addiction hypnotherapy works on the mental side of the problem.

Smoking is a conditioned response. That means if you light up a cigarette while drinking a cup of coffee, your subconscious learns to associate the two actions. Each time you drink coffee you will crave a cigarette. A smoker also associates the act of smoking with inducing a feeling of relaxation and pleasure after a period of stress.

During hypnosis the counsellor will seek to break these feelings and mental images. Hypnosis reprograms the mind to remove tension that triggers the need for a cigarette. Conditioned responses (coffee) are also tackled so the smoker will lose the cravings.

Clinical Hypnotherapy and Psychotherapy Association Information sheet no. 1 Anxiety

Medical studies back up the benefits of hypnosis. In a 1993 study (3), more than half of the 226-person study group completely abstained from smoking one week after a single-session habit-restructuring intervention involving hypnosis. The participants were taught how to enter self-hypnosis and to use it when they wanted to smoke. Clinicians presented a strategy involving a positive commitment to respect and protect one's body, rather than the conventional strategy of fighting the urge to smoke. Cessation rates at six months climbed to 66% for individuals who completed a hypnosis-based treatment program.

In another trial (4) 30 smokers were referred by their primary physician for treatment. Twenty-one patients returned after an initial consultation and received hypnosis to quit smoking. At the end of treatment, 81% of those patients reported that they had stopped smoking, and 48% reported abstinence 12 months later.

Finally, a 2005 study (5) showed that after a two-year follow up, patients that quit with hypnosis were twice as likely to remain smoke-free than those who quit on their own.

References

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- (4) Elkins GR, Rajab MH. Clinical hypnosis for smoking cessation: preliminary results of a three-session intervention. Texas A&M University, System Health Science Center, College of Medicine, College Station, TX USA. *Int J Clin Exp Hypn.* 2004 Jan;52(1):73-81
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