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ABSTRACT

Most research in smoking cessation has shown no intervention clearly superior or successful. Of those who return to smoking after abstaining, a subgroup includes those who do so incrementally, eventually reaching their former level. An approach aimed at this subgroup, originally used in a group setting, involves intensifying the desire to smoke (flooding) and then using hypnosis to desensitize this impulse. The underlying assumptions of the approach are that smoking is a habit requiring an act of will to change, and hypnosis can augment will power. In an individualized context, a group of 23 subjects were used to test this, specifically aiming at a subgroup of 7 who resumed smoking after briefly abstaining. A general hypnotic technique was used for the original subjects which included a follow-up home regimen of self-hypnosis. Seven individuals reported complete abstinence during follow-up. Seventeen reported a brief abstention only, and sought repeated treatment. The specific flooding and hypnotic and desensitization technique was used, again including a home regimen of self-hypnosis following the directed session. Of these seven, four individuals reported complete abstinence during the follow-up period. (Author/BMW)

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Clinical Report: Helping Habitual Smokers Using Flooding and Hypnotic Desensitization Technique*

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Clinicians using hypnosis to help people stop smoking find a large percentage of these individuals unable to give up the habit (Orne, 1975; Johnson and Donoghue, 1971; and Cohen, 1969). This problem is not specific to hypnosis. In a recent report by the Surgeon General (1979) outcome research for numerous approaches to smoking cessation has not found one intervention clearly superior to others. Indeed no technique has been found which consistently cures more people of smoking than it fails to help.

Not everyone who returns to smoking after trying to stop does so immediately (Berkowitz, Ross-Townsend and Kohberger, 1979; Spiegal, 1970). A sub-group of those starting to smoke again after hypnotic intervention abstain for awhile and then begin to smoke a few cigarettes a week. Eventually they return to a frequency of smoking approximating their pre-treatment level.

Those who begin to smoke now and then have been extremely difficult to help during this phase. The reasons appear to be three: (1) in their mind the habit has been "broken" so they think they can smoke an occasional cigarette; (2) having a cigarette now and then enables them to evade the depressive feelings associated with giving up smoking for good; and (3) smoking intermittently helps them avoid coming face to face with the power of the habit.

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An approach yielding promising results has been Kline's (1973). Briefly, this involves intensifying the desire to smoke and then using hypnosis to desensitize the impulse. Kline's work was carried out in a group setting. This

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report inspired the author to apply aspects of Kline's techniques to assist those people who resumed smoking at a low rate after a period of abstinence, before they returned to their previous level of cigarette use.

Method

Subjects

Twenty-three individuals were seen initially for hypnotic treatment to stop smoking. Of these, seven began to smoke again occasionally after cessation. It was with this group that the flooding and hypnotic desensitization technique was employed. All seven were employees or graduate students at a university; they consisted of three males and four females, ranging in age from 28-36. Each reported having smoked one to three packs a day for a decade or more. All had tried without success to give up smoking before. Four had tried various smoke-ending programs, two of which included hypnosis. None of the individuals recalled being without a cigarette for more than half a day except when sick or asleep.

Techniques

The general technique used for all 23 individuals desiring to stop smoking involved five steps:

(1) A clinical interview was carried out to obtain a history and to determine that the symptom was for the most part ego alien and functionally autonomous.

(2) An extensive discussion with the individual as to the reasons that person wished to quit smoking was carried out. An effort was made to identify factors associated with the ego ideal ("I would like to quit smoking because then I could train for the Boston Marathon") and the conscience ("I hate seeing the disgust on the faces of my non-smoking friends when I pull out a cigarette after dinner").

(3) A hypnotic trance state was induced using the eye roll - arm levitation technique of Spiegal (1970).

(4) Immediately afterwards, two more hypnotic trance states were induced, the first by the author and the second by the individual. When a person was in a state of hypnotic concentration suggestions were made by the author and by the individual to him/herself about the reasons that person wished to stop smoking. The suggestions were followed by the statement: "I am a non-smoker. Non-smokers do not smoke."

(5) The individual was asked to practice self hypnosis four times a day for the first week and twice a day thereafter. Each was seen three times a week initially for 10-15 minutes and then twice a week until the remission was obtained. Within three weeks individuals who continued this smoke ending approach beyond the first week stopped smoking.

After periods of abstinence ranging from a few days to four months, however, several individuals started smoking again occasionally. They sought treatment again to overcome the habit. The specific flooding and hypnotic desensitization technique for those who began to smoke occasionally proceeded this way:

(1) Each person was asked to bring a cigarette with him to treatment sessions.

(2) In the office they were asked to try to intensify the drive for a cigarette to the fullest. In some cases, the individual was instructed to fondle the cigarette, smell it and if necessary put it in his mouth and light his lighter -- without lighting the cigarette -- as a way of generating the need to smoke.

(3) When the strong desire is established, they were instructed to throw the cigarette in the waste basket and use the self imposed hypnotic experience to eliminate the drive.

(4) In no case did it require more than two trials for the person to extinguish the desire for the cigarette.

(5) The people were instructed to use this technique at least twice a day and anytime they felt the need to smoke.

(6) Follow-up was carried out in the same way or with the general technique.

Results

The results are shown in Table 1.

(Please insert Table 1 about here)

Twenty-three people were seen originally and were treated with the general hypnotic technique. Six failed to achieve any cessation while seven reported complete abstinence during the follow-up period. Seventeen individuals achieved at least four days of abstinence. Of the seventeen men and women, three resumed cigarette use at their previous level and gave up attempts at cessation.

The seven people who began to smoke a few cigarettes a week were part of the smaller group of seventeen. Each reported the approach worked to extinguish the drive when they felt the desire to smoke. Within 14 days after this approach was used the individual reported no further desire to smoke and treatment was terminated.

In four cases out of seven the individuals treated with this technique did not report returning to smoking in a six to nine month period follow-up. One individual entered graduate school in counseling, The pressures he felt returning to school were great. Another person had a death in the family. A third had trouble with his dissertation. All felt returning to smoking helped them cope with these new stresses.

Discussion

Before discussing the results, a few words may be in order about the theory underlying these general and specific techniques: First, this approach assumes that smoking is a habit and requires acts of will -- will power -- to convert it into

the habit of non-smoking. This is consistent with the thinking around the world (Steinfeld, Griffiths, Ball, and Taylor, 1977; Schmidt, 1973; and Lensky, 1971).

Second, hypnosis is seen as augmenting will power by more frequently bringing to the individual's attention the dissonance between the desire to stop smoking and the craving to have a cigarette. The power of the desire to smoke and the strength of the resolve to abstain are steadily held in view. This establishes conditions which William James, among others, has set forth for acts of will to occur: two mutually exclusive but attractive alternatives plainly seen; deliberation and the inward effort of choice; and a sense of loss when choice is made (1890, II).

Third, there appears to be no relation between the intensity with which the hypnotic experience was felt by the seventeen persons who continued past the first week and outcome. Most of the ratings by the author of the trance state were clustered at the low end of a 0 - 5 scale. Each one, however, did experience the arm levitation as anomalous which meets the basic criterion of the hypnoid state (Plotkin and Schwartz, 1979).

Because the period of follow-up was too short it is far too early to determine whether this technique really "works" or not. Any generalizations which could be made for individuals in the same population or other populations is limited by the small numbers involved.

Still, these clinical findings are interesting. One aspect which appears most useful is that Kline's approach of intensification - hypnotic desensitization achieves some results in a one to one setting without the group experience. While the abstinence level in this group is far less than Kline reported with his technique, this approach may be more useful to the clinician treating individuals who wish to stop smoking.

It has been said that one of the major problems with smoking ending programs is the lack of maintenance of the non-smoking habit in the face of the predictabl and unpredictable stresses of living which may evoke the intense desire for a cigarette. It may be this relatively simple and economical technique would be useful early on when relapse to smoking a few cigarettes occurs, before the habit has been firmly re-established.

Table 1

Total number of individuals treated	23
Number achieving complete abstinence during follow-up period	7
Number failing to achieve any abstinence	6
Number achieving abstinence briefly (includes complete abstainers)	17
Number resuming cigarette use at previous level after brief abstinence	3
Number resuming smoking occasionally who were treated by hypnotic flooding and desensitization	7
Number achieving complete abstinence during follow-up period	4
Number resuming cigarette use	3

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