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Hypnosis and Hypnotherapy Practitioner’s Manual

David Botsford
Hypnosis for Smoking Cessation
An NLP and Hypnotherapy Practitioner's Manual

David Botsford
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Introduction

The hypnotherapist and the smoking habit

Let me begin by making a point of central importance. The client who visits a hypnotherapist to stop smoking is not coming to be hypnotised. The client is coming in order to become a non-smoker. The hypnotherapist’s goal is to communicate in whatever way it takes to ensure that the client both becomes a non-smoker and knows how to stay one permanently. When someone becomes a non-smoker, there is always some kind of breakthrough, a moment of transformation, an epiphany, in which the change happens. Before this moment, that person was a smoker; afterwards, they are a non-smoker. This moment might come before, during or after the time when the client is in hypnotic trance.

Heed the point being made here. Hypnotic trance is an extraordinarily powerful means of bringing about the transformation which enables a person to stop smoking. Yet the hypnotherapist must actively work to optimise all the elements which influence the client, not knowing exactly when that breakthrough will take place.

In order to illustrate this point, let us turn to the frank and entertaining memoirs of the late Allen Carr. Mr Carr was a chartered accountant who smoked no fewer than 100 cigarettes a day. Having gained a powerful insight which enabled him to become a non-smoker, he wrote the best-selling book The Easy Way to Stop Smoking and ran seminars which have enabled millions around the world to successfully quit smoking. He became the best-known smoking cessation expert in the United Kingdom, if not the world.

In his autobiography, he describes how his father, a heavy smoker, was dying of lung cancer in hospital at the age of 56:

“His last words to me were to make me promise to quit smoking. I made that promise without hesitation. I’d already decided that no way would I end up like him. The moment I left the hospital, I lit a cigarette.”

Here is the first essential point to take on board. Negative experiences are usually counterproductive in achieving smoking cessation. Even when a person does stop smoking as a result of an experience such as a close relative dying of a smoking-related illness, it generally lasts only a short time. Negative
experiences tend to set off chain reactions in which people become disempowered and unresourceful, and often engage in self-destructive behaviour. Time and again, clients of mine have described how they had successfully quit smoking for several years. Then they get divorced, lose their job, learn that a relative is severely ill or find their business is going bankrupt, and immediately they light a cigarette. As the body tastes that cigarette, it recalls the many years of smoking during which they may have consumed ten, twenty or thirty cigarettes a day. The body assumes that the person is going back to the smoking habit, and reverts to the earlier smoking pattern, once again demanding ten, twenty or thirty cigarettes a day.

Effective hypnotherapy for smoking cessation depends entirely on the use of positive messages and experiences. The goal is to empower clients, so that they may draw on their own resourcefulness, and use their knowledge for personal transformation, thus setting up a positive chain reaction. Now they can focus on the benefits of being a non-smoker, and experience themselves as capable, resourceful individuals who are now achieving success in quitting smoking. The hypnotherapist should look on the consulting room as a “sacred space” where no negative influences are allowed to linger. The hypnotherapist must communicate in positive terms, and “reframe” any negative talk from the client in equally positive terms.

Carr describes how he later became so ill from smoking that he was coughing up blood, yet still could not quit the habit. His wife Joyce urged him to visit a hypnotherapist. Carr recalls:

“I was very dubious. … I was certain hypnotherapy was not the answer and that the whole exercise would be a waste of time and money. No one could kid me that I didn’t need to smoke. But I agreed to go, purely to placate Joyce. I wanted to be able to say to her: ‘Look, I’ve done what you asked, but it hasn’t worked!’

“I didn’t set out with the deliberate intention of resisting the hypnotherapist’s influence. If he could have cured me, I would have been prepared to pretend I was a chicken or suffer any indignity he might suggest. I knew smoking was going to kill me and expected it to happen soon. This knowledge made me want to quit, but it didn’t enable me to do it, any more than watching my father die of lung cancer had made me break nicotine’s spell either …

“That day started with me a picture of abject misery. Who could have predicted that it would end up the greatest day of my life?”

Carr’s beliefs and future-pacing before the session were far from ideal for achieving a successful result. In NLP, future-pacing is defined as “the process of mentally rehearsing some future situation in order to help ensure that the desired behaviour will occur naturally and automatically.” Note that the
intellectual knowledge of the dangers of smoking caused Carr to consciously want to stop smoking, but this had no effect on his behaviour, because behaviour is governed by the unconscious mind.

Carr describes his visit to the hypnotherapist:

“I had anticipated being met by an individual straight out of a Hollywood film, with bushy eyebrows, piercing eyes and a goatee beard. To my relief, what I got was a bright, earnest, clean-shaven young man. Before the therapy we had a friendly chat about smoking generally, during the course of which the smidgen was added:

“Do you realize that smoking is just nicotine addiction and if you quit for long enough you will eventually be free?’

“I cannot remember another statement he made during our chat, but that smidgen – that smoking is just nicotine addiction – remained lodged in my brain. … Now, seeing myself in this new light, as someone addicted to a drug, I believed the goal of quitting was achievable.”

This insight led Carr to realise that all that smoking a cigarette does for the smoker is relieve the effect of the nicotine from the previous cigarette. The cigarette provides no pleasure or enjoyment. If the smoker recognises that fact and allows the nicotine to pass out of the body, the cycle is broken and the smoker quits the habit. This flash of inspiration became the basis of his Easyway smoking cessation system which has freed millions from the tobacco habit.

Carr continues his recollection of that session:

“It seemed a bit late to be springing news of my conversion on the hypnotherapist, and so I kept quiet. The session was now pointless, but as long as he didn’t become aware of this fact there would be little harm in going through with it. I was asked to close my eyes and imagine I was walking through a beautiful garden. This I did and very pleasant it was too. Then I was told my left arm would begin to feel very light, it would become lighter and lighter and eventually weightless and float in mid air. Ten minutes of cajoling didn’t make it feel any lighter and my growing embarrassment for the therapist blocked out all possibility of relaxation. I seriously considered cheating just to get a result but decided against it.

“Eventually he gave up and asked me to open my eyes. He decided on another tack, explaining that certain techniques worked better with some people than with others. This time he held a pencil about a foot from my nose and in a monotonous chant told me how my eyelids would gradually become heavier and heavier until I could no longer keep my eyes open. I’d never felt more awake
Chapter 6

Educating the client to gain control

Teaching instant self-hypnosis

If the client has not mentioned the issue of stress as being something they need to deal with in connection with quitting smoking, then here is how to teach them self-hypnosis.

You say to the client:

“Now we’re going to do a simple technique called instant self-hypnosis. This is a way of putting yourself into a peaceful, calm, comfortable state any time you like. Are you comfortable in that chair?”

The client will probably say, “Yes”. If not, ensure that they get comfortable. Continue:

“Good. Now the central aspect of instant self-hypnosis is breathing in the best possible way. And we also want to ensure that the circulation of blood goes right down to the toes. So could we have both your feet on the floor, please?”

It is usually best for the client’s legs to be uncrossed, with both feet on the floor. However, if you are a male therapist and your client is female, wearing a short skirt and with her legs crossed, do not ask her to put both feet on the floor.

Continue:

“Excellent. And I want to make sure that your head is exactly aligned over your body. Now there’s a point where your head feels as if it has no weight. So can you find that point where it feels as if your head is weightless and leave it there, please.”

The therapist moves their own head slightly from side to side to demonstrate.

“Good. Now your head is exactly aligned over your body, so your breathing is at its best. Now with your eyes closed, I’d like you to focus on your breathing. Breathe slowly, deeply and evenly, building up a nice, natural rhythm of deep, easy breathing. That’s right. And the best place to breathe from is your diaphragm, which is just beneath your ribcage, as you probably already know. And
as you’re breathing from the diaphragm, so your stomach is going up and down, and that’s just fine, because it means that oxygen is flowing to every part of the body, which is exactly what the body needs. Good. And every time you breathe out, can you expel all the air from your lungs, breathing in completely new air, so that you’re getting a really good air circulation. That’s right. And every time you breathe out, in your own mind, say the word “calm” to yourself, silently and mentally. And every time you breathe out, see the word “calm”, written right in front of you, written in your mind’s eye. Good. And every time you do this, you’ll be putting yourself into a peaceful, calm, comfortable state.

“And if you can find twenty minutes a day to practise doing this, maybe first thing in the morning, during some break in the day, perhaps when you come home in the evening, or maybe last thing at night, then you’ll be training your body in the habit of relaxation, which will have excellent long-term health benefits for you.

“And as you continue to enjoy this experience of instant self-hypnosis, you can be aware that everything you experience is authentic, there’s no right or wrong in any of this. And all your memories are stored away, something like photos in a pile of old albums. Colour photos and black-and-white, big blow-ups and small prints, digital photos and Polaroids, pictures stretching way back throughout the course of your life, all stored away in that pile of albums. And your unconscious mind has full access to all those images.”

This photo album metaphor is used because it is something everyone can relate to. We are all familiar with the idea of putting photographs in albums as a way of keeping memories of events in our lives. Also, virtually everyone has had the experience of looking through photographs in an album and bringing back memories of places, people and events which had been forgotten, but which come flooding back into conscious awareness when they look at those pictures. Here we are utilising these universal experiences to enable the client to recall memories of life as a non-smoker.

If the client has told you that they did successfully quit smoking for at least two weeks – say, for three weeks, or two months, or four years – then it is time to access that powerful resource. So you continue:

“So I’d like you to take down the photo album which shows those wonderful three weeks/two months/four years in which Jeff/Sue did live as a healthy, happy, non-smoker. And just glance through that album now, look at those pictures and notice how good it was to wake up in the morning feeling fresh, to feel high energy flowing through mind and body, to look in the mirror and see his/her face fresh, young, healthy, energised, to be able to enjoy home life, working, socialising, solving problems.”
Educating the client to gain control

Here you can add any specific memories the client has mentioned from their recollections of the non-smoking life. Then continue:

“And notice how good it was to enjoy that happy, healthy, non-smoking life for day after day, week after week, month after month, year after year.”

Of course, this depends on the actual length of time that the person was living as an ex-smoker. If it was, for example, three weeks, then of course you just say “day after day, week after week”.

Now if the client has not stopped smoking previously for at least two weeks, and has continued in the habit ever since becoming a regular smoker, then your goal is to use this same photo album metaphor to take the client back to a time before the habit began. Let us assume that the client started smoking at the age of fifteen. In that case, you go back to the passage above which finishes “…your unconscious mind has full access to all those images,” and continue:

“So I’d like you now to take down that photo album which shows the early years of Jeff’s/Sue’s life, those wonderful fifteen years in which he/she lived as a healthy, happy non-smoker. Just glance through those photos and see him/her growing, learning, socialising, playing, enjoying family life, travelling, through-out childhood and the early teenage years, enjoying that life for day after day, week after week, month after month, year after year, never once even thinking about that habit because it meant nothing to him/her.”

Then, whether the client is looking at a memory of a time after they had quit smoking or before they had started the habit, continue:

“So as you look at those pictures of Jeff/Sue’s life as a non-smoker, I’d like you to find just one good day from that time. Maybe a day when he/she achieved something worthwhile, or perhaps just a day of relaxing and taking it easy. And I’d like you to have a good look at the Jeff/Sue of that day. See what he/she is doing, look at the expression on his/her face, hear the things he/she is saying and the things he/she can hear, and really notice the difference. And perhaps there’s some piece of music that you find really inspiring, and perhaps you can play that music in the background as an accompaniment to that scene. And can you make that picture big, life-size, brightly lit, in rich colour and sharp focus, a moving picture?

“And if you like what you can see and hear, then I’d like you to step inside Jeff’s/Sue’s body, so that you can feel the way your body feels, see what you can see with your own eyes, hear what you can hear with your own ears, perhaps continuing to hear that inspiring music. Actually live this life you’re leading on this very good day, and really notice the difference. And say this affirmation to yourself: ‘It’s great to be a healthy, happy non-smoker. It’s great to be a healthy, happy...”
The evaluation process

The process of evaluation is central to the provision of training in the corporate world. The management will assess the overall value of your training, the attendees will assess you as a trainer, and you will assess the participants in their response to your training. Evaluation enables corporate leaders to "prove" the connection between investment in training and an improvement in organisational performance. Evaluation:

- can be used to justify expenditure on future programmes.
- makes it possible to compare the effectiveness of different approaches.
- enables improvements to be made on the next occasion.
- records learning achievements and motivates learners.
- indicates to what extent the training's objectives have been met, and whether it has been cost-effective.

The most common model of assessment is the management expert Donald L. Kirkpatrick's concept of the four levels of evaluation. According to a survey by the American Society for Training and Development, it is used by 67 percent of organisations in the United States. The four original levels are:

1. **Reaction.** What did the participants think of the programme?
2. **Learning.** Were the learning objectives met in terms of skills, knowledge and attitudes learned?
3. **Behaviour.** To what extent can a change in job performance be attributed to the programme?
4. **Results.** What are the effects on the organisation or department of the changes in behaviour in terms of cost savings, quality improvements and output increases?

Jack Phillips, another management expert, added a fifth level to Kirkpatrick's model:

5. **Return on investment** (ROI). What are the deeper financial implications? This involves carrying out a cost-benefit analysis, leading to a cash value for the training.

More recently, a sixth level of evaluation has been added:

6. **Intangible benefits.** This is applied where the data is too difficult or expensive to connect to monetary values, or where the management is satisfied with intangible data. An example would be a noticeable increase in employee satisfaction after the training.
The evaluation of a corporate smoking cessation seminar would be likely to go through the following with regard to the above stages:

(1) **Reaction.** The management may require feedback forms from the employees. They might provide the forms themselves. If not, you can provide your own.

(2) **Learning.** Assessment of what the attendees have learned can take the form of a multiple-choice questionnaire (see below).

(3) **Behaviour.** The management will assess whether each person who attended the smoking cessation seminar has in fact stopped smoking and stayed stopped.

(4) **Results.** Beyond determining whether employees have become non-smokers, the management will want to assess how far this has led to greater efficiency and productivity, and reduced absenteeism.

(5) **Return on investment.** The management will want to calculate how much money has been saved by a more productive workforce, the elimination of any fines for illegal smoking, reduced fire risk, lower insurance premiums and health care costs, and the longer working life of experienced employees, in proportion to the cost of the training.

(6) **Intangible benefits.** This could include higher workforce morale and appreciation by employees for the provision of the smoking cessation seminar. It could include better corporate image and identity, contribution to corporate social responsibility, and part of a positive assessment by a quality programme such as Investors in People (IiP).

We will now look at how you can fulfil the trainer’s part of the evaluation process.

**1. Reaction**

Write an assessment of each attendee and how you feel they responded to the event. Remember that it is the therapist’s responsibility to ensure that the techniques make sense to the participants, so make sure that everyone understands and can master the techniques. In addition, it is likely that the management will want each seminar attendee to complete an assessment form about you as the trainer. It could be that they will provide their own such assessment form. If they ask you to provide it, then set it out as follows:
## Training assessment sheet

**Name of attendee:**

**Name of trainer:** [your name]

**Attendee's job title:**

**Course title:** Smoking cessation

**Code:** [company supplied]

**Location of training:**

**Date of course:**

<table>
<thead>
<tr>
<th>General assessment</th>
<th>Answer</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you choose to attend this course?</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Did you identify your learning objectives beforehand?</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Did you discuss these with your manager?</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Were your objectives met? In other words, have you become a non-smoker?</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Should the design of the course and its materials be changed?</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Overall, was the trainer competent?</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Overall, are you satisfied with the course?</td>
<td>Yes/No</td>
<td></td>
</tr>
</tbody>
</table>

Please add any further comments you would like to make.

<table>
<thead>
<tr>
<th>Specific assessment</th>
<th>Answer</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the trainer introduce the event well?</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Was the trainer effective in educating you about smoking and how people stop?</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Do you feel that you are able to gain control over your immediate experience through self-hypnosis, submodalities, visualisation and cognitive self-talk as a result of the training?</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Do you feel that you can manage stress more effectively as a result of the training?</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Do you feel that you are well prepared with regard to socialising, drinking, solving problems and staying slim as a result of the training?</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Do you feel that you know how to handle any cravings as a result of this training?</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Do you feel that you became a non-smoker as a result of this training?</td>
<td>Yes/No</td>
<td></td>
</tr>
</tbody>
</table>
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