A. History of Hypnosis

Healing by suggestion by many priests and theosophers

Anton Mesmer: studied medicine in Vienna.
Wrote about the influence of the planets on the human body (1776)
Animal magnetism, magnetic fluid, convulsions
Move to Paris in 1777. King Louis XVI: A commission of inquiry from Faculte de Medicine and the Academie Royale des Sciences to investigate Mesmerism. President of the Commission: Benjamin Franklin. Members included: Lavoisier and Dr. Guillotin. Mesmer wisely departed to Switzerland before the findings of the commission reported.

Conclusions of the Commission: Therefore, having demonstrated by decisive experiments that the imagination without magnetism produces convulsions, and that the magnetism without the imagination produces nothing, we have concluded with a unanimous voice, on the question of the existence and the utility of magnetism, that the existence of the fluid is absolutely destitute of proof, and that the fluid, having no existence, can consequently have no use.

James Braid, in England, coined the phrase, "hypnosis".
Initially, sought physiologic explanations, but later psychological
"neurohypnosis" "mono-ideism"

Debate between "physicalists" (Charcot at Salpetrier) and "suggestionists" at Nancy (Liebeault and Bernheim)

Pierre Janet: dissociation theory
Freud and Breuer: hypnosis, hypnoidal state

Freud wrote, however, "psychoanalysis only began with my rejection of the hypnotic technique" in his autobiography.

B. Current Concepts

1. What is hypnosis?

Sceptics:

e.g. Barber: circular reasoning in hypnosis --- only in people who are susceptible, and people are called susceptible only because they say they are hypnotized.

Believers:

Orne, Ulett, Hilgard, etc.
physiological and pharmacological reality.
EEG findings: higher beta in susceptible individuals
?lateralization
susceptibility may be increased with CNS stimulants
in multiple personality, different EEG pattern in different personality

What is unique in hypnosis?

Orne's Lab experiments
- burning acid
- snake
- power failure
- postcards

No behavior in hypnosis not possible in nonhypnotic state
Uniquely hypnotic: perceptual change

Perceptual change in hypnosis documented by electrophysiologic studies,
e.g. evoked potential, event-related potential

2. The Hypnotic Experience

Subject's ability to respond to suggestions
4 kinds of suggestion often used:
i. ideomotor -- e.g. sway
ii. challenge -- e.g. can't open eyes, hands go up
iii. hallucinations and memory distortions -- e.g. amnesia
iv. posthypnotic behavior -- e.g. postcards

All the suggestions work through mediation of subjective experience, although tapping behavior.
"Post-hypnotic suggestion" apt to be less effective than a simple request.

C. Techniques of Induction

Progressive relaxation
Concentration on an object (e.g. eye fixation)
Spiegel hand levitation

6. The Uses of Hypnosis

1). Habit control, e.g., smoking
2). Symptom Removal (somatoform disorders, others)
3). Pain Control
4). Anxiety Control (pre-operative, ICU, hospitalization)
5). Sense of Control (whether hypnotizable or not)
6). Adjunct in psychotherapy
7). Forensic Psychiatry/law enforcement --- Caution!
8). Research tool

"ego regression"
altered states of consciousness
enhanced attention to particular cues including internal ones
muscle relaxation
potentiation of biofeedback
psychophysiological effects, e.g., in treatment of warts

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A SINGLE-TREATMENT METHOD TO STOP SMOKING USING ANCILLARY SELF-HYPNOSIS[1]

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Abstract: This report discusses the first 615 patient-smokers who have been treated with a single 45-minute session of psychotherapy reinforced by hypnosis. Technique of treatment, including rationale of approach, induction procedure, assessment of hypnotizability, and training instructions to stop smoking are presented in detail.

6-month follow-up study results are discussed. Of 271 (44%) patients who returned a questionnaire, 121 (20%) hard-core smokers (who had repeatedly tried and failed to stop smoking before) were able to stop for at least 6 months. Another 120 (20%) persons reduced their smoking to varying degrees.

These results of a 1-session treatment compare favorably with, and often are significantly better than, other longer-term methods reported in the literature. They suggest that every habitual smoker who is motivated to stop be exposed to the impact of this procedure, or its equivalent, so that at least 1 of 5 smokers can be salvaged.

How do you help the smoker who wants to stop? This problem has become an urgent one because of what is now known about the physical damage done to the body by nicotine and tars. As evidence has accumulated, patients in ever larger numbers have wanted to stop smoking. In fact, the American Cancer Society (1968) estimates twenty-one million Americans had stopped smoking as of October, 1968. But what of the many who want to stop but seem unable to do so? Their repeated failures tend to frustrate physicians concerned about this problem. Eventually, many physicians stop telling their patients about the dangers of smoking. The usual suggestion to "cut down" may assuage a physician's conscience, but, in truth, it merely conveys an ill-disguised helplessness. Patients perceive this suggestion as the mildest of rebukes and one that merely telegraphs the message: "I am resigned to the reality that you are unable to stop smoking."

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[1] An earlier version of this paper entitled "Strategies for symptom control—cigarette smoking" was presented at the meeting of the Society for Clinical and Experimental Hypnosis, Stanford, California, November, 1969.

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Because of this generally defeatist attitude, a new approach is needed to help patients stop one of the most prevalent and corrosive habits of our day. To achieve this objective, the present author has developed an affirmative treatment that includes hypnosis as a useful ancillary technique. However, before physicians can use this method effectively, they need to understand whom they can help. There are three general types of "hard-core smokers."

(*a*) There are smokers who decide to stop smoking and do so successfully. They have confronted themselves with the facts of smoking, and, because they respect their bodies, they decide to protect themselves from further poisoning. For this fortunate group the problem is solved without treatment.

(*b*) Some smokers acknowledge the danger, yet continue to smoke *because* cigarettes are poisonous. They are like drinkers who continue to drink despite their knowledge of the deleterious effect of alcohol. This group generally resists treatment.

(*c*) The group that demands the most serious attention consists of those hard-core smokers who want to stop smoking, but who cannot do so despite repeated attempts. This group needs something besides repeated admonitions or standard scare tactics. Physicians can provide practical and immediate aid, because when these hard-core smokers cry out for help, they mean it.

This continuing study deals with patients in group *c*, a random sample of private patients voluntarily seeking treatment. It demonstrates that a treatment approach which provides immediate impact will help to motivate the hard-core smoker who wants to give up his habit. Since 1963, the author has been modifying and refining a treatment technique which relies on hypnosis as a significant, although not indispensable, part of therapy. So far, 615 smokers have been treated, primarily by reinforcement of their already existing resources for self-preservation. The following preliminary report describes this approach and its effects at least 6 months after the single-treatment session. One-, two-, and three-year follow-ups are also planned and will be reported.

Method

In 1963, during the early development of this approach, no limit was set on the number of treatment sessions, but it soon became apparent that the absence of such a limit encouraged the patient to delay confrontation of the smoking problem. The ritual of coming to see the doctor became a substitute for authentic effort. Consequently, patients were informed in advance that there would be a three-session

limit to treatment. Those who were able to stop smoking did so, but usually only after the second or third session.

The treatment procedure was then further refined and reduced to one session. If the treatment worked, it worked right away; if there was a delayed response, it occurred without further contact with the therapist.

The Patients

Since the initiation of single-session therapy for termination of smoking, 615 consecutive patients have been treated. Evaluations were made 6 months or more after therapy. All patients were adult. About half were male and half were female, ranging from 20 to 67 years old. Some of these patients had been smoking at least one pack of cigarettes per day for 30 to 40 years. At the age of 37, one male patient reported that he had been smoking since the age of 10, and was averaging three packs a day. Most of the smokers had tried other methods such as medications or smoking clinics. Almost without exception, each patient in the study had been exposed to a fear and/or aversion technique before coming to this treatment. All were private patients who voluntarily asked for help to stop smoking.

Treatment Considerations

The primary strategy in this treatment is the three-point affirmation by the patient of a commitment to respect and protect his body. Hypnosis, at best, is an ancillary, facilitating technique. It aids in creating an expectant, receptive state of attention and aroused concentration that permits a new perspective on the old smoking habit. The treatment described in this paper uses hypnosis, but any other procedure that arouses the undivided attention and concentration of a patient may serve as well.

What we are grappling with is control of a habit or an urge. One way to attempt to control is to say "don't." The person accustomed to freedom resents the idea of permanent prohibition; however, free people can be induced to change when they are *for* something. It is, therefore, more logical, and more consistent with human nature, to focus on protecting the body from poison instead of concentrating on not smoking. The emphasis is placed on positive reinforcement. To concentrate on not smoking is to increase preoccupation with it.

When the patient accepts the commitment to respect his body, he distracts his attention from the urge to smoke. He now experiences two urges simultaneously—the urge to smoke and the urge to protect his body. By locking them together and emphasizing respect for his

body, he concurrently ignores the urge to smoke. Any urge when repeatedly not satisfied and ignored will eventually wither away.

Technique

First, a brief clinical history of the patient is obtained. This history must include the number of years the patient has been smoking and the maximum, minimum, and average number of cigarettes used per day. Has the patient ever been able to stop smoking for any length of time? What physical symptoms are apparent now? What precipitated the decision to look for help at this particular time? Who else in the household smokes besides the patient?

Then the patient is tested for hypnotizability—for his ability to concentrate in an attentive manner, receptive to signals from the doctor. But the general approach need not be changed if a patient cannot be hypnotized. Hypnotizability gives the treatment greater impact or extra leverage; however, sufficient motivation can compensate for a patient's inability to be hypnotized.

After being hypnotized, the patient is asked to close his eyes and concentrate on these three basic points:

1. For your body smoking is a poison. You are composed of a number of components, the most important of which is your body. Smoking is not so much a poison for you as it is for your body.

2. You cannot live without your body. Your body is a precious physical plant through which you experience life.

3. To the extent that you want to live you owe your body respect and protection. This is your way of acknowledging the fragile, precious nature of your body and, at the same time, your way of seeing yourself as your body's keeper. You are in truth your body's keeper. When you make this commitment to respect your body, you have within you the power to have smoked your last cigarette.

Once the patient learns the physiological and subjective sensations that identify the hypnotized state, he is immediately shown how to induce this state of receptive attention by himself and how to bring himself out of self-hypnosis.

The three basic points, the crux of treatment, are then repeated and elaborated. The therapist demonstrates the sequence of trance induction so that the patient can watch it. The patient then induces self-hypnosis several times under the therapist's supervision and repeats the three basic points of treatment each time. Following this procedure, the patient practices the exercise several times by himself. The therapist then shows the patient a camouflage technique so that reinforcement exercises can be done for 15 to 20 seconds any number of times daily without attracting attention, even if strangers

are present. Finally, an abbreviated secondary reinforcement gesture, like stroking the side of the face, is demonstrated. This demonstration concludes the 45-minute session.

The following is an illustrative transcript of a hypnosis induction procedure and the training instructions to stop smoking.

Doctor: All right, would you please sit in this chair. [Doctor sits to the patient's left side, facing him.] Get as comfortable as you can. put each arm on the arm of the chair.

Now, look at me. As you hold your head in that position, I am going to count to three. One, look up toward your eyebrows. Try to look up still more and as you continue to look up, two, close your eyelids slowly. Keep your eyes rolled upward, and take a deep breath. Hold. Now, three, exhale, let your eyes relax. Keep your eyes closed and let your body float. Imagine yourself floating, floating down right through the chair. There will be something pleasant and welcome about this feeling of floating.

As you concentrate on the floating, I am going to concentrate on your left hand. Shortly I am going to stroke your middle finger. After I do, you will develop movement sensations in that finger. Then the movements will spread, causing your left hand to feel light and buoyant and you will let it float upward.

Ready [Doctor strokes middle finger and forearm], first one finger, then another, and as the restless movements develop, your left hand will float upward, your elbow bend and your forearm lift into an upright position. Now permit your hand to feel like a buoyant balloon and let it float upward. Try to feel this contradictory sensation of your body floating down and your hand floating up, all the way up, higher and higher.

I am going to position your arm in this manner [elbow bent resting on chair and forearm raised] and your hand will remain in this upright position even after I give the signal for your eyes to open. In fact, after your eyes open, even when I put your hand down, it will float right back up to where it is now.

You will find something amusing about this sensation. Later, when I touch your left elbow, your usual sensation and control will return.

In the future, each time you get the signal for the trance experience, at the count of one, your eyes will roll upward, by the count of three, your eyes will close, and you will float into a relaxed trance state. Each time you will find the experience easier and easier.

Now I am going to count backwards. Three, get ready. Two, again roll up your eyes with your eyelids closed and do it now; and one, let them open slowly. Stay in this position and describe what physical sensations you are aware of now in your left arm and hand.

Patient: It feels very light. It feels like I am not holding it up there.

Dr: All right. Are you aware of any tingling sensations?

Pt: Yes, a slight tingling sensation. It's as though my hand wasn't there.

Dr: Does your left hand feel as if it is not as much a part of your body as your right hand?

Pt: Yes.

Dr: [Doctor grasps patient's left hand and puts it down. After 5-second pause, if hand does not levitate, he continues:] Now turn your head and look at your left hand. Watch what is going to happen. [The left hand rises to an upright position.] How would you describe that?

Pt: [Laughing] Very funny.

Dr: While it remains in this upright position, by way of comparison, raise your right arm. Now put your right arm down. Are you aware of a difference in the sensation of your right arm going up as compared to your left arm?

Pt: Very funny.

Dr: How would you describe the difference?

Pt: Well, my right arm went up easily. Like I said, "Go up," and it went up. The other sort of raised very gradually by itself.

Dr: Would you say that there is a difference in your sense of control in one hand?

Pt: Yes.

Dr: Where do you have more control?

Pt: In my right hand.

Dr: [Doctor touches patient's left elbow and puts patient's forearm down to arm rest.] Now, make a fist. Open. Are you aware of a change in sensation now in your left arm?

Pt: Yes, it is regular. Like it has come back to my control.

Dr: The usual sensations have returned. You see the hypnosis that was there is gone. Do you have any idea what caused it to go away?

Pt: You brought it down, made me make a fist and it was gone.

Dr: Now you see what it is like to be hypnotized. It is not sleep, but rather a way of shifting attention. Like shifting gears. It is another method of concentration. And a helpful feature about hypnosis is that you shift attention and get into this state of receptivity, you become more sensitive to your own thoughts than you usually are. For that reason each time you repeat this exercise, it has more impact. You become more receptive to your own thoughts. You are able to step aside, take a fresh point of view about this habit, mobilize your resources, and do something about it in a new way. This is how it is done.

I am going to count to three. Follow this sequence again. One, look up toward your eyebrows, all the way up; two, close your eyelids, take a deep breath; three, exhale, let your eyes relax and let your body float.

And as you feel yourself floating, you permit one hand or the other to feel like a buoyant ballon and allow it to float upward. As it does, your elbow bends and your forearm floats into an upright position. Sometimes you may get a feeling of a magnetic pull on the back of your hand as it goes up. When your hand reaches this upright position, it becomes for you a signal to enter a state of meditation.

In this state of meditation, you concentrate on the feeling of floating and, at the same time, concentrate on these three critical points:

The first point is: *For your body, smoking is a poison.* You are composed of a number of components, the most important of which is your body. Smoking is not so much a poison for you as it is for your body specifically.

The second point is: *You cannot live without your body.* Your body is a precious physical plant through which you experience life.

The third point is: *To the extent that you want to live, you owe your body respect and protection.* This is your way of acknowledging the fragile, precious nature of your body, and, at the same time, your way of seeing yourself as your body's keeper. You are in truth your body's keeper. When you make this commitment to respect your body, you have within you the power to have smoked your last cigarette.

Notice how this strategy puts the emphasis on what you are *for*, rather than what you are *against*. It is true that smoking is a poison and you are against it, but the emphasis is upon the commitment to respect your body. As a consequence of your commitment, it becomes natural for you to protect your body against the poison of further smoking.

Observe that when you make this commitment to respect your body, you incorporate with it a view toward eating and drinking which reflects your respect for your body. As a result, each eating and drinking experience in itself becomes an exercise in disciplined concern for your body. You can, if you wish, use this same exercise to maintain your ideal weight while protecting your body against the poison of further smoking.

Now I propose that in the beginning you do these exercises as often as ten different times a day, preferably every 1 to 2 hours. At first the exercise takes about a minute, but as you become more expert, you can do it in much less time.

The exercise is as follows:

You sit or lie down and, to yourself, you count to three. At one, you do one thing; at two, you do two things; and at three, you do three things. At one, look up toward your eyebrows; at two, close your eyelids and take a deep breath; and at three, exhale, let your eyes relax and let your body float.

As you feel yourself floating, you permit one hand or the other to feel like a buoyant balloon and let it float upward as your hand is now. When it reaches this upright position, it becomes the signal for you to enter a state of meditation.

In this state of meditation you concentrate on these three critical points:

One: For your body, not for you, for your body smoking is a poison.

Two: You need your body to live.

Three: You owe your body this respect and protection.

Reflect on the implications of these three points and then bring yourself out of this state of concentration called self-hypnosis by counting backwards in this manner.

Now, three, get ready. Two, with your eyelids closed, roll up your eyes (and do it now). And, one, let your eyelids open slowly. Then when your eyes are back in focus, slowly make a fist with the hand that is up and as you open your fist slowly, your usual sensation and control returns. Let your hand float downward. That is the end of the exercise, but you retain a general feeling of floating.

[Patient now out of formal trance state.]

By doing the exercise ten different times each day, you can float into this state of buoyant repose. Give yourself this island of time. Twenty seconds, ten times a day, in which you use this state of extra receptivity to re-imprint these three critical points. *For your body, smoking is a poison. You need your body to live. You owe your body this respect and protection.* Reflect upon it, then float back up to your usual state of awareness, and get on with what you ordinarily do.

Now, if I had my way, I would ask you to spend the next week in a tobacco shop in order to emphasize the point that the issue is not the presence of tobacco, but rather your private commitment to your body, even in the presence of tobacco. For that reason, it is not necessary to throw cigarettes away. It is just as well to have them around. It is not necessary to ask people not to smoke in your presence. It is just as well that they do because the showdown is between you and your body even in the presence of smokers. This is a private understanding between you and your body.

One of the most frequent mistakes that people make when they try to stop smoking is to put the emphasis on *not* smoking. For example, "I must not smoke. I should not smoke. I won't smoke." This kind of thinking is dead wrong. It makes about as much sense as concentrating on not having an itching sensation on your nose. What happens if you concentrate on not having an itch? Right! You have it! The same thing happens with smoking. If you concentrate on not smoking, you end up more preoccupied than ever with smoking. Free people resent being told what *not* to do on a permanent basis, even if you tell it to yourself, but a free person is able to change on the basis of something he is *for*. So if you look at this as a promise to protect your body, this can result in not smoking, but you experience it as "yes" rather than "don't."

It means looking at yourself in a double sense: you on one hand, your body on the other. You are your body's keeper. Your body is your physical plant. And there is something both innocent and helpless about your body. When you put poison into your body, it can do nothing but accept it and make the best of it. When you realize that you are the one putting the poison there, you have some questions to ask yourself. Are you for your body or are you not? Are you for living or are you not? If the answer is no, then keep on smoking.

But, if the answer is yes, you have a built-in obligation to give your body the respect and protection it deserves. You see how different that is from saying, "I will not smoke"?

In essence, this is an art form, the art of controlling an urge. If you mean to control an urge, don't fight it. The more you fight it, the

more prominent it will become. Instead, learn to ignore it. Here is a way to do it.

When an urge to smoke occurs, admit it, but, at the same time, acknowledge that you have this commitment to respect your body. Thus, you have two urges at the same time: the urge to smoke and the urge to respect your body. *Lock them together.* By emphasizing respect for your body, you simultaneously ignore the urge to smoke. If you lock together two contradictory urges and focus on one, you must, at the same time, ignore the other.

We know this much about urges. *If you repeatedly deny satisfaction to an urge, biological or psychological, by ignoring it, the urge eventually withers away.* This is true even with something as strong as hunger. When Ghandi went on his hunger strikes, he did not concentrate on not eating. He concentrated on arousing public opinion for his cause. Not eating was an incidental aspect of his strategy. As a result, days later, even though weak from starvation, he observed that his appetite was gone. His urge to eat disappeared. Similarly, by concentrating on this new sense of protection for your body, the urge to smoke is ignored and eventually it disappears.

[The doctor himself performs the sequence of trance induction to allow the patient to watch it. Then, the patient repeats it again while the doctor supervises with directions.]

Suppose 1 to 2 hours have elapsed and you want to do a reinforcement exercise, and you do not have privacy. You do not want to attract attention with your hand up in the air. Here is a camouflaged way to do it. Make two changes. Close your eyelids first and then roll your eyes up. This way the upward eyeroll is private. Second, instead of raising your forearm straight up, bring your hand to your forehead in a position of concentration.

Repeat to yourself: *For my body, smoking is a poison. I need my body to live. I owe my body this respect and protection.* Once you have mastered it, the exercise takes about 20 seconds. An observer would assume that you are concentrating on something, and that is precisely what you are doing. Self-hypnosis is disciplined concentration.

So far we have discussed the exercise as a basic body defense system. Doing the exercise every 1 or 2 hours is like programming a computer. By imprinting this program on your brain, you have a private computer that sets your primary policy.

Finally, there is a secondary defense. Suppose you find your hand reaching for a cigarette, or you find yourself thinking about smoking. Instead of fighting it, do this quickly. Bring your hand up and stroke the side of your face. This gesture reactivates the last time you did the exercise. It reactivates the third point, which is: *I owe my body this respect and protection.* The reason for doing the exercise every 1 to 2 hours is that you always have a recent exercise to which you can refer.

If you fight it, you are missing the message. But if you keep reinforcing this affirmation to respect and protect your body, you have something going for you. Good luck!

TABLE 1

SIX-MONTH FOLLOW-UP QUESTIONNAIRE

STOP-SMOKING FOLLOW-UP

(Please check appropriate answers)

NAME:_____ DATE:_____

1. Have you stopped smoking since last seen by Doctor? Yes____ No____
   If No: Cigarette____ Cigar____ Pipe____
   How much are you smoking now?
   When did you start to smoke again?
2. What were your physical and emotional reactions after the treatment session?
   a) Immediately afterwards?
   b) Now?
3. Have you used the self-hypnosis exercises? Yes____ No____
   a) How often?
   b) For how long after treatment did you use it?
4. If still smoking, in your opinion, what is the reason?
5. Has your urge to smoke been affected? Yes____ No____
   If so, how?
6. If you have stopped smoking, do you feel that you will be able to continue this way? Certain____ Doubtful____
7. If you are still smoking, do you have any desire to stop now?
8. Over-all comments (use other side if necessary):

Follow-up

As patients left, they were given a stamped, self-addressed postcard which they were asked to fill in and mail in about a week. The postcard read:

HAVE STOPPED———
NOT SURE YET———
STILL SMOKED———
COMMENTS:

NAME_____

Six months after treatment, a questionnaire (Table 1) was sent to all treated patients, with a covering memo stating, "This Research Project is concerned with evaluating the effectiveness of your efforts at controlling the cigarette smoking habit. Your cooperation and response can be of value to others in resolving this important health problem."

RESULTS

Survey questionnaires were sent to the 615 patients who were ready for a 6-month follow-up. By the cut-off date, May 9, 1969, 271 patients (44%) had responded.[3]

[3] All data are documented in writing. Protocols and patients' written responses are available for serious research groups.

TABLE 2

RESULTS OF SINGLE-SESSION HYPNOSIS THERAPY TO TERMINATE SMOKING
SIX-MONTH FOLLOW-UP SURVEY OF 615 PATIENTS

Response	*N*	%
Stopped smoking (6 months or longer)	121	20
Resumed smoking		
in less than a week	32	
in about: one week	39	
one month	19	
2 months	16	
3 months	8	
4 months	3	
5 months	3	
6 months	1	
Total resumed smoking	121	20
Continued smoking (no impact[a])	29	4
Total treatment failures	150	24
No response to follow-up questionnaire (assumed treatment failure)	344	56

Note.—Only 271 (44%) of 615 patients returned their 6-month follow-up questionnaires by the cut-off date, May 9, 1969.

[a] Impact of therapy was measured by (*a*) the length of time the patient stopped smoking and (*b*) the decrease in the number of cigarettes smoked. There was some impact on 80% of the negative responders and on 90% of all those who returned questionnaires.

Not smoking at all 6 months after treatment was the single criterion for effective treatment. Nothing else was considered a positive result. *Reduction of the number of cigarettes smoked, although it demonstrated a measurable impact of treatment, was still considered a negative result.*

Assuming that all those who did not respond (344 patients) had resumed smoking, the results are as follows (see Table 2):

1. Six months or more after a single treatment, at least one out of five, or 20%, of 615 patients were still not smoking (see Fig. 1). One of these patients had not smoked since 1964—the longest period of abstinence in this series.

2. Therapy had some effect on at least another 20% of the 615 patients. This was shown by a decrease in the number of cigarettes smoked or by the length of time, from 1 day up to 6 months, for which the patient had stopped smoking.

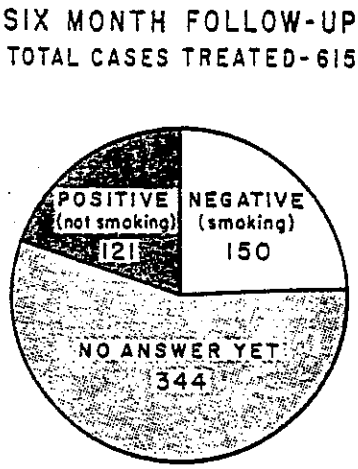

FIG. 1

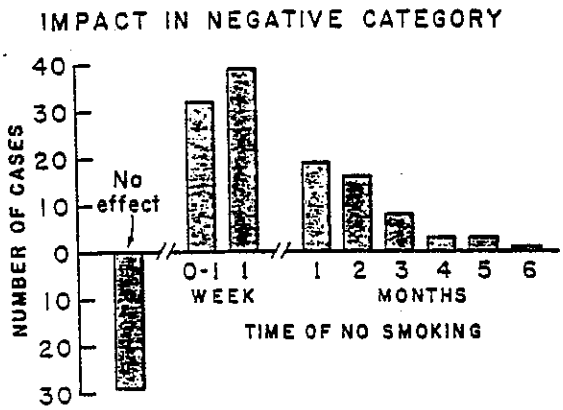

FIG. 2

3. There was a reported impact of treatment on 90% of those who returned the questionnaire, 243 of 271 patients (see Fig. 2).

Although it was assumed that all non-responders were treatment failures (see Table 2), information filtering back through other patients indicated that this was not so. There appeared to be several varieties of reasons for not answering the questionnaire: (*a*) Some people refused to answer questionnaires on principle. Although they were not smoking, they did not bother to respond. (*b*) Some who had given up cigarettes did not want to give credit to the treatment or satisfaction to the therapist. (*c*) A number of patients did cheat a

bit at first, but later stopped smoking entirely. Although they had stopped smoking completely they did not answer the questionnaire because they did not want to lie. (*d*) Several patients felt that since they had paid for the treatment they did not have to give out any information. (*e*) And some who were not smoking after 6 months still were not sure that they could continue to abstain, and therefore did not want to respond.

Discussion

The difficulties of getting people to stop smoking are well known, but this does not mean that physicians must give up the attempt. Claims for results of previous treatment approaches have ranged from the totally ineffective to a 90% success rate. However, follow-up studies have failed to substantiate the successes claimed (Bernstein, 1969). A new approach to both treatment and follow-up is needed.

The advantages of the single-session psychotherapy reported on in this paper reside in its simplicity and strategy. The approach to the patient is affirmative and protective; no scare or pressure tactics are used. Furthermore, there is no coercion whatever. The technique requires only one 45-minute period of the physician's time—a small expenditure for a worthwhile result, the immediate salvaging of one confirmed smoker in five. Follow-up is uncomplicated, does not require the patient to pay a return visit, and can be done by mail.

There was no evidence of harmful effects observed in those who stopped smoking (Spiegel, 1967). Those who are really harmed are the individuals who continue to smoke. The lack of coercion acts as a screening device to rule out all those who are not sufficiently motivated.

Secondary Responses

The secondary effects are best understood if we separate the main issue—whether or not the patient smokes—from the secondary issue, how he reacts to his smoking or not smoking.

Secondary responses were not consistent. Some used over-eating as an excuse to resume smoking; others lost weight when they stopped smoking. There were a variety of somatic complaints. Some had symptoms such as sweating, dizziness, palpitations, insomnia, irritability, anxiety, and depression when they stopped smoking; *others had the same symptoms if they resumed smoking*. Some blamed the doctor for their failure, others praised him for their success, but most reacted with a sense of personal involvement. Some patients

felt relieved and resigned when they returned to smoking; others who stopped developed a sense of well-being, even euphoria. On occasion, this expansive feeling produced a "ripple effect" that led to new mastery experiences (Spiegel & Linn, 1969). One woman felt so exuberant when she learned that she could control her smoking that she spontaneously overcame a 20-year-old fear of riding escalators and elevators.

Future Directions

A number of problems remain unresolved and deserve further attention.

1. Can more people be salvaged if repeat sessions occur? To what extent, on the other hand, do we encourage avoidance of confrontation by having more than one session? The impact on those who resume smoking before the end of 6 months is impressive enough to pursue this treatment approach further. Further study may give us clues as to when to reinforce those who still have the operational potential to stop smoking entirely.

2. Can one delineate the significant forces and strategies of this approach clearly enough to study its effects with control groups? Such a study is now being planned.

3. Can this response, or a better response, be evoked without hypnosis, or on a group basis? Can it be obtained by use of records, tapes, movies, or television? The logistics of personnel time alone make it imperative that such possibilities be investigated.

4. The implications of these findings excite more interest in the question of psychodynamic insight as a condition for desirable change. The direct impact awareness of the consequences of a habit may be enough to evoke permanent change for many.

5. A related issue is the importance of the example set by admired public figures, leaders, parents, teachers, etc., who improve the general atmosphere of respecting and protecting the body against smoking. For example, if Johnny Carson simply stopped smoking while on camera, he would contribute precious support to the health of his audience. The propaganda effect of the public media and legislation is a serious reinforcement dynamism for the group that needs constant support. Those who failed to give up the smoking habit, but had a partial response to treatment, would especially benefit.

Further reports of this continuing study, including 1–, 2–, and 3–year follow-ups of these and other patients, will be reported in the future.

Summary and Conclusions

This initial report discusses the first 615 patients attempting to terminate the smoking habit who have been treated in one 45-minute session of psychotherapy reinforced by hypnosis. Follow-up questionnaires were sent to patients who had had this impact therapy 6 months or more before the questionnaire date.

Of the 271 patients who returned the questionnaire by the cut-off date, 121 hard-core smokers (who had repeatedly tried and failed to stop smoking before) were able to stop for at least 6 months. Another 120 persons reduced their smoking to varying degrees, while 29 patients showed no response whatever to treatment. The 344 persons who failed to return their questionnaires must be presumed treatment failures, even though there is evidence to suggest that some of these were actually treatment successes.

These results suggest that every habitual smoker who is motivated to stop ought to be exposed to the impact of this procedure or its equivalent. In this way, at least the one out of five who is capable of responding right away can be salvaged.

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Methode einer einmaligen Behandlung für das Aufgeben des Rauchens mit Hilfe einer ergänzenden Autohypnose

Herbert Spiegel

Abstrakt: Dieser Bericht diskutiert die ersten 615 Patienten, die Raucher waren und in einer einzigen, 45 Minuten dauernden psychotherapeutischen Sitzung, durch Hypnose unterstützt, behandelt worden waren. Die Behandlungstechnik, einschliesslich der Verfahrensgrundlage, das Induktionsverfahren, Beurteilung der Hypnotisierbarkeit und die Instruktionen fürs Training zum Aufgeben des Rauchens werden in Einzelheiten beschrieben.

Resultate einer nach 6 Monaten folgenden Nachuntersuchung werden diskutiert. Von 271 (44%) Patienten, die einen ausgefüllten Fragebogen einreichten, waren 121 (20%) hartnäckige Raucher (in wiederholten Versuchen hatten sie im Aufgeben des Rauchens versagt) in der Lage, wenig-

stens für 6 Monate aufzuhören. Von den andern Patienten konnten 120 (20%) ihr Rauchen in unterschiedlichem Masze vermindern.

Diese Resultate einer einzigen Behandlungssitzung lassen sich günstig —oft sind sie bedeutlich besser—mit andern, ausgedehnten Verfahren, die in der Literatur berichtet werden, vergleichen. Sie empfehlen, dass jeder Gewohnheitsraucher, der eine Motivierung fürs Aufgeben hat, dem starken Einfluss dieses Verfahrens, oder einem ähnlichen, ausgesetzt werde, sodass wenigstens 1 von 5 Rauchern gerettet werden kann.

Metodo Unico de un Tratamiento para Dejar de Fumar Utilizando Auxiliarmente la Autohipnosis

Herbert Spiegel

Resumen: Esta comunicación comenta los resultados de una única sesión psicoterapéutica reforzada con hipnosis en el tratamiento de 615 fumadores. Se relata además, la técnica de la terapia, su porqué, el procedimiento de inducción, la evaluación de la hipnotizabilidad. Las instrucciones dadas para detener el fumar, se presentan en detalle.

Se discuten los resultados después de 6 meses de seguimiento. 271 de estos pacientes (44%) respondieron el cuestionario de seguimiento. De ellos, 121 (20%)—grandes fumadores que en varias ocasiones anteriores habían hecho tentativas fallidas de dejar de fumar—seguían abstinentes después de 6 meses. 120 (20%) redujeron a diversos límites el hábito.

Los resultados señalados de sólo una sesión terapéutica pueden compararse favorablemente—con otros métodos de mas larga duración señalados en la literatura; ellos indican que 1 de cada 5 fumadores motivado y sometido a nuestro método se beneficia con el.

Sessions 11 & 12. Carl Gustav Jung and Analytical Psychology

Introduction:

The purpose of this section is to acquaint the student with basic concepts in Jungian psychology especially as applied to clinical work. The forus will be on clinically important concepts, initiate a beginning discussion on clinical applicability and orient the student towards further study.

Objectives:

1.Be able to recognize basic Jungian concepts such as archetype, persona, shadow, anima/animus, and Self.

2.Be able to begin to think of how to prepare a clinical formulation in Jungian terms.

3.Identify sources for further study recognizing the extremely brief introduction to Jungian psychology that these two lectures will provide.

Core Text:

Hall, Calvin S, & Nodby, Vernon J: A Primer on Jungian Psychology
A Mentor Book
(Parts in this syllabus)

Jung, C. G. Two Essays on Analylical Psychology. Princeton University Press

Additional Recommended readings:

Samuels, Andrew, et al. A Critical Dictionary of Jungian Arialysis.
Routledge, Kagan Paul & Wilmer, Harry. Practical Jung. Chiron Publications.

For discussion:

A.Archetypes and the Collective Unconscious
B Psychological Types
C.Anima/Animus
D.Self
E.Dreams
F.The place of Jung in contemporary thought