

An approach to smoking cessation

Creating long term effectiveness in smoking cessation by Dr. Brian S. Pound

The costs to health care related to cigarette smoking are substantial, second only to those generated by those generated through the use of alcohol, yet there have not been demonstrably effective smoking cessation programs that are long lasting in effect. “Cold Turkey” seldom lasts for more than a few days or weeks; Nicotine patches and Gum work sometimes, but are usually only effective while they are being used, and return to smoking usually occurs when the person tries “Just one puff”. Computers that time cigarette usage have been unexplainably useful for some people, and acupuncture has also not made much of an inroad to permanent smoking cessation.

This paper will set out some possible reasons for this failure rate, and introduce the author’s program for permanent smoking cessation that has been used for over ten years, and which has shown an 80% effectiveness profile over that time.

I have been using hypnosis in my medical practice for close to thirty eight years, and have used many approaches to smoking cessation, as that seems to be the most common referral request. I have used in the past the aversion techniques; forgetting where I put my cigarettes, lighter, matches etc. techniques; the direct “You will never smoke again”, techniques and numerous others. Needless to say, my satisfaction and that of my patients leaves much to be desired. I decided to analyze the reasons for these failures, and came to the conclusion that none of the methods currently available addressed the fact that a smoker has a belief that says “I am a smoker”. People who believe they are smokers know that smokers smoke, so the first change that is required in the smoking cessation process is to convert the belief system from that of a smoker to that of a non-smoker.

The next problem encountered by the available programs for smoking cessation is that the approach to shutting of the nicotine addiction seems only to work while the addiction centers in the brain¹ are being palliated by nicotine, as in the use of the patch, and gum. The use of the drug “Zyban” has the potential to shut down the addiction center, but doesn’t address the issue of belief, nor does it deal with the smoking behaviors that remain after smoking has ceased.

The third issue is that of the redundant smoking behaviors that remain after the smoker has ceased smoking. These behaviors which constitute the habit of smoking are the ones that will lead the smoker back into the habit of smoking, soon after they have stopped smoking.

For women especially, the fear of weight gain is a powerful reason not to quit smoking, or to return to smoking soon after the last cigarette. This is an issue that I deal with effectively while changing the behavior of smoking to behaviors that are healthy, appropriate, and acceptable.

The Technique:

This approach is based primarily on the “Ego-State Therapy” of John and Helen Watkins of the University of Montana. It is based on the idea that the unconscious mind has the ability to adapt to any approach to change that is presented; sort of like a computer that changes its appearance depending on the program being run. It is also metaphorical in that it is a map, not the territory, since no one really knows what the unconscious is all about anyway. I make several broad assumptions with this in mind, I assume that there are parts of the unconscious that have unique responsibilities, in particular; a part that manages the person’s belief system; a part that manages the addiction centers in the brain; and a part that has been responsible for the behavior of smoking. I also recognize that this approach as somewhat mechanistic in its delivery, however, it works 80% of the time, with results that have been reported as lasting many years.

Using the hypnotic trance, I elicit a set of ideo-motor signals, usually finger signals by which the part of the unconscious to which I am speaking may respond with a “yes” or “no” response. This is mainly a logistical move in that it allows me to negotiate with the parts and to perform an ecology check at the same time to determine whether the part will accept my suggestion or not. I like to use metaphor, so I next ask to speak to a part of the unconscious that recognizes its responsibility as that of “spokesperson” or “chief representative” for the unconscious. I refer to this part frequently in doing ecology checks to ensure that the suggestion does not violate any of the person’s overall integrity.

Now for the change processes. Using the metaphor of a library in which each book is a unique belief, I ask to speak to the “librarian” in charge of the beliefs. I ask this part to pull out all the books that contain beliefs related to

smoking. These are then destroyed by being shredded, incinerated, erased, etc. and I present a new belief that assumes the notion of being a non-smoker. After the acceptance of this new belief by all the parts (another ecology check with the chief representative) I ask that this belief become the only belief to be held on the subject of smoking.

Next I ask to speak to the part that manages the addiction centers in the brain. I present the metaphor of a large switch board, each switch referring to a particular addiction. I ask the part to switch off the switches relating to nicotine, smoking etc. and to place a lock box over those switches and to give me the keys for safe keeping to prevent inadvertent switching on of those switches.

Lastly in the change process, I ask to speak with the parts that were responsible for the behavior of smoking. I have them check that the person is now a non-smoker, then point out to them that their behavior is now redundant. I ask that they destroy the instruction manuals that they use by which to smoke, then to get together with the creative part and come up with ten new behaviors that will replace smoking as a behavior, suggesting that the new behaviors include eating well to avoid weight gain, feeling energetic and able to burn off extra calories etc. including any behavioral change the patient has previously requested.

I use a pseudo-projection in time to test the acceptance of the changes made by requesting the chief representative part go forward in time and look back to this moment in time to see whether the person actually does smoke in the future. If all is well, that concludes the session, if not I go back to find where the suggestions have broken down and if there is a "sabotaging" part. If I find the latter, I negotiate with that part to change its sabotaging to supporting.

This technique has been used many hundreds of times on smokers of all types, from a three pack a day smoker, to the casual smoker. I still receive reports that smokers I have worked with many years ago are still non-smokers, and have not gained weight, and are very happy with the results. Perhaps the best mark of the success of this approach is the referral pattern by which people are referred to me by successful non-smokers.