

# **Smoking Cessation With Hypnosis & NLP**

## **A “How-To” Guide For Success**

By

Keith Livingston

I dedicate this document to my father, Herbert Pershing Livingston--a "two pack a day man." I believe he'd be proud.

I prefer to think, not of the mistakes he made, but of the countless times he must have comforted me when I was scared, held me when I cried, pulled a splinter out of my finger when I was hurt and the sacrifices he made without blinking. I know, as I do the same for my son now, he will not remember. I hope one day he'll understand.

Through my own actions, I understand my father.

Dad,

I wish I could talk to you now and tell you what I've learned. Though I have the feeling you already know.

A handwritten signature in blue ink, consisting of the letters 'K' and 'L' joined together in a cursive style.

Keith Livingston

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## How to use this course

Although you can go through this course in any order that you wish, there is a suggested order. View the DVD (labeled "Course Disc #1") first, it will give you a good overview of the philosophies, approaches and techniques covered in the smoking cessation protocol. If you run in to any techniques or terms in the DVD you don't yet understand, keep in mind that there is more detail on the techniques in other portions of the program. And once you have that overview, the technical parts of the program will fit right in.

Then go through the rest of the disks, in order (labeled "Course Disc #2," and so on).

Finally, read the written materials. The written materials contain procedures for the techniques, so it's good to refer to before a session or when you're reviewing. There are also a few things that are covered only in the written material.

To build skill, make sure you do the exercises in the exercise section of the written materials. That section was carefully designed to help you get and build the core skills you need in order to become even better at doing smoking cessation. The exercises will also help you build your confidence in the techniques and in your skill level with them.

There is some paperwork and some additional information included in this written portion. The "Why Smoking is so Effective for Smoking Cessation" section is my rationale for why we do what we do. You have permission to hand or email that out to clients (but not to publish it on the web or sell it to other hypnotherapists). What I'd really encourage you to do is to make it your own. Do some research yourself to add to it. Find your own reasons, that make sense to you for why hypnosis and NLP work so well. A little bit of effort on your part will build your belief and congruence when you're working with clients.

I've also included a smoking dairy, a smoking cessation commitment form and a plus/minus chart. These are all tools I use in my smoking cessation work. As you will see, they're not pretty. Feel free to spruce them up with your own logos, contact information etc.

# Introduction

If you can do smoking cessation well, in my opinion, you're a hero. It's a tremendously honorable undertaking. But most hypnotherapists and NLP practitioners I've met are not confident in their abilities to do smoking cessation sessions. This program will help grow your competence and confidence in working with smokers.

I've developed much of the program using both NLP and hypnosis techniques. In other words, you can use either hypnosis or NLP or mix 'n match. If you don't know one or the other—no sweat. I've got ways to accomplish your goal using either. Here's the big picture...

## ***Elements of a successful smoking cessation program***

Each of the following elements is important in helping turn a smoker into a non-smoker...

- The smoker's belief systems and attitudes support stopping
  - The smoker is fully committed to stopping (both consciously and unconsciously).
    - The smoker has both internal and external motivations to stop.
  - If the smoker has an identity as a smoker, the smoker is shifted away from an identity level of “I am a smoker.”
  - The smoker is shifted to viewing smoking as something they would never do.
  - The smoker is convinced that hypnosis is an effective means to stopping.
  - The smoker's beliefs allow for the possibility that it will be easy to stop.
- The emotional needs smoking fulfills for the smoker are taken care of in another manner. The needs must be answered in a way that is as immediate and at least as powerful as smoking provided.
- Withdrawal symptoms are minimized or eliminated.
- Positive associations to smoking are removed and replaced with negative associations.
- Rigid behavioral patterns are broken.

The more of these elements you have going for you, the more successful you will be. Where the soon-to-be former smoker is not fully in line; it's our job to help get them there.

Looking at this list, think about how whatever techniques you've learned can help bring these elements into play. If what you know is direct suggestion, use direct suggestion to make it happen. With direct suggestion, at the most basic level, you can go through the list and suggest it; for example, “Your belief systems and attitudes support being free from cigarettes.” If you know NLP, use it to shift the smoker's commitment level etc.

My point is that you can improve your smoking cessation results by getting these elements into play in your sessions. It does not matter so much what techniques you use to do that. I'll give you some specific examples of which techniques I use in specific situations.

Here are a set of approaches that can help get all of these elements working toward non-smoking.

## ***The smoker's belief systems and attitudes support stopping***

When a person's belief systems and attitudes support stopping smoking, everything is easier and goes much more smoothly. Direct suggestions take more effectively, rapport is easier and techniques go more quickly. This section covers useful attitudes and beliefs and how to get them working for us in helping people become free from cigarettes.

## **The smoker is fully committed to stopping (both consciously and unconsciously)**

**Techniques & Approaches:** Consciously: Stop-smoking agreement.  
Unconsciously: NLP submodality shift, anchoring, direct suggestion, the Dickens pattern.

## ***The smoker has both internal and external motivations to stop***

**Techniques & Approaches:** Send out the stop-smoking agreement.

## **Identity/Behavior Shift/Not Do**

Some smokers define smoking as something they do. Others define themselves as smokers. When they think of themselves as a smoker (as opposed to someone who smokes) an intervention at the identity level is useful.

If the smoker views smoking as something they do, shift the idea of smoking to something they would never do.

**Techniques & Approaches:** Mapping across, direct suggestion, reframing.

## **The smoker is convinced that hypnosis is an effective means to stopping and allows for the possibility that it will be easy to stop**

**Techniques & Approaches:** Give them 'Why Hypnosis Is So Effective For Smoking Cessation,' customer testimonials.

## ***The emotional needs smoking fulfills for the smoker are taken care of in another manner. The needs must be answered in a way that is as immediate and at least as powerful as smoking provided.***

To move an object in a direction, we can push it away from where it is or pull it towards where we want it to go... Or both. To motivate a person, create a push away from a behavior they want to stop and a pull towards behaviors you'd like to encourage.

**Techniques & Approaches:** Parts Work, anchoring, direct suggestion.

## ***Positive associations and motivations to alternate behaviors***

**Techniques & Approaches:** Anchoring, direct suggestion.

## ***Negative associations to smoking***

**Techniques & Approaches:** Anchoring, direct suggestion.

***Withdrawal symptoms are minimized or eliminated.***

**Techniques & Approaches:** direct suggestion.

***Rigid behavioral patterns broken***

**Techniques & Approaches:** Task Assignment with changes.

***Triggers blown out and old triggers lead to new behaviors***

**Techniques & Approaches:** NLP 'enough is enough' pattern, compulsion blowout pattern, anchoring, direct suggestion.

## Techniques

- \* Compounding and Pyramiding Suggestions
- \* Splitting and linking with hypnosis
- \* NLP & Hypnosis for Compulsions
- \* Re-Coding Identity
- \* Reframing
- \* Associating, building, anchoring and attaching emotional states
- \* "Enough is Enough" Pattern
- \* Dickens pattern
- \* Breaking The Smoking Habit With Tasks

### ***Compounding and Pyramiding Suggestions***

Compounding and pyramiding suggestions are ways to increase the power of direct suggestions.

You can increase the effectiveness of a suggestion through repeating it. To compound a suggestion, simply repeat it over and over (it's not the most exciting technique). You can vary the suggestion slightly, "You are free from tobacco. You are free from cigarettes." If you have several suggestions, you can repeat them in a different order.

Pyramiding suggestions involves formulating additional suggestions stating the power of the suggestions is increasing. "Each suggestion makes the previous suggestions more powerful." You simply form a sentence that includes the idea that one suggestion, event or thing amplifies another. You can use hypnotic language patterns to accomplish this. Here are some examples...

"The fact that you're entering hypnosis deeply causes these suggestions to be much more powerful."

"Because you've responded so well, each suggestion makes the other suggestions more powerful."

"You are free from cigarettes. Each moment you are free from cigarettes, they go further and further into your past. That makes choosing healthier behavior ten times easier for you. Each time you choose a healthy behavior it makes you freer from cigarettes."

"These powerful, positive emotions you're feeling create much more powerful you. Because of this you find you're ten times more comfortable."

"Hearing these suggestions allows them to go deep inside and become even more effective."

"The fact that you're breathing deeply means you are entering trance." "The deep trance you're you're experiencing amplifies the changes you've just made."

Mixing compounding and pyramiding suggestions together is an effective way to dramatically bolster the power and effectiveness of your suggestions. Make sure you have somnambulism before giving the suggestions.

## ***Splitting And Linking With Hypnosis***

Splitting and linking simply means breaking the connection between two things (splitting) or creating a new connection between two or more things (linking). Hypnosis makes it easy to create links (“When I snap my fingers, cluck like a chicken [linking the snapping of fingers to the person clucking].”) and to split things apart (“I’m going to count to three. When I reach the number three, you will no longer feel comfortable in the chair” [splitting the feeling of comfort from sitting in the chair]).

A post hypnotic suggestion is simply a suggestion that gets carried out after the formal trance is over.

There are many ways we can use splitting and linking in smoking cessation. Here are some on the most common approaches.

- Split the pleasures the client gets from smoking from smoking.
- Linking a negative feeling to smoking.
- Link the pleasures the client used to get from smoking to something else.

Example: “From now on, smoking will no longer give you a sense of freedom. In fact, any time you think about having a cigarette, you instantly realize how much that would limit you. Then, you stop, take a deep, easy, natural breath and a feeling of freedom automatically fills up every cell of your being. It feels incredibly freeing to be free from cigarettes.”

You can also do linking by having the old triggers for smoking be the triggers for the new behaviors and feelings. For instance, if the smoking diary reveals that the client often has a cigarette immediately after answering the phone and it helps calm them, you can use this suggestion.

Example: “Each time you answer the phone, a feeling of calmness flows into every cell, every fiber of your being.”

Another particularly useful way of splitting and linking is to split between the past and the future. You link the smoking behavior to the past and the new behavior to the future.

Example: “Smoking is simply something you used to do. You no longer have those old behaviors. Perhaps, as a young boy, you used to tease girls on the bus by pulling their pigtails. Maybe you had to have someone tie your shoes for you. Those are all things that used to be so but are now untrue. So it is with smoking—it goes into that category of something you used to do. From now on, you have healthier behaviors. And all those times when you used to have those old behaviors are filled up with new behaviors—taking a deep breath, drinking a tall, cool glass of water. And those new behaviors are so much more satisfying than that old stuff you used to do.”



## ***Submodality Interventions***

Some of the following patterns are what might be called 'submodality interventions.' Rest assured, if you don't know NLP or what a submodality is, I'll not only explain it, but give you ways to accomplish the same goals with direct suggestion hypnosis. For those who are interested in expanding their repertoire, here's some information on modalities, submodalities and how to use them for smoking cessation.

### ***Modalities***

We think with our senses. Our modalities of thinking are Visual, Auditory (sound), Kinesthetic (feeling—both emotional feelings and sensations), Olfactory (smell) and Gustatory (taste). The NLP short-hand is VAKO/G. Olfactory and Gustatory are often lumped together as they are so closely related.

In short, we mostly think in images, sounds and feelings (VAK). Our thinking tends to be strings of these kinds of thoughts. In NLP, we call these strings of thoughts, strategies. A client may look at the clock (an external visual trigger) at work and think "Hmmm, time for a cigarette," (internal auditory), make a picture of themselves smoking (internal visual) and then get a good feeling (kinesthetic). That might be their strategy for motivating themselves to smoke a cigarette on their break at work.

Understanding the thought processes of our clients can help us to intervene very precisely and elegantly. For instance, we can get the client to go to a different image that is just as compelling as a cigarette, only healthier.

Direct suggestion can accomplish the same thing.

### ***Submodalities***

Submodalities are the qualities of the modalities. When we make an image in our mind's eye, the image has a size. It can be a movie or a snapshot. It can be in color or black and white. It has a location (we think thoughts from inside our heads but the actual pictured and sounds are usually located around our bodies).

The same is true of the sounds we hear in our mind's ear. They have a volume and a location. They have pitch and timbre.

We can feel feelings in different parts of our body. They can have temperature. Sharpness or dullness. They can have differing amounts of movement.

All of these qualities of the modalities are the submodalities. Our minds use the submodalities to code our thoughts. For instance, if someone tells you that an emotional experience was a 'big deal' for them. They're probably making a big picture of it in their mind. If you were to have them make the picture smaller, it would seem less significant to them.

Each person may have a different coding system. For some clients, the size of the image and the volume of the sounds might make a big difference as to how they feel about something. For others, it might be the intensity of the colors in the image and the location of the sound.

For the NLP versions of some of these interventions, we'll need to find out what submodalities are important so we can change how the client feels. For instance, if the client has a compulsion to smoke, we can identify what submodalities of the internal images and sounds the client makes drive the compulsion. Then there are interventions we can use to blow out the compulsion, create a compulsion for a healthier behavior, or send the client off on another train of thought altogether.

For the hypnosis versions of these techniques we may use direct suggestion to accomplish the same things.

### ***Compulsions***

With compulsions, a client may think of smoking a cigarette and want to do it. If the client does not smoke immediately, the compulsion may get stronger. If we want that client to successfully stop smoking, we'd better deal with the compulsive aspect of their habit. Fortunately, we have the tools to do so.

## ***Hypnosis For Compulsions***

In trance, we can simply suggest that a compulsion gets weak or is eliminated. There are a variety of ways to do this. You can use metaphor, direct suggestion, have the client recall a past compulsion they no longer have etc. This example includes all three approaches.

Example (in trance): "I'd like you to remember the feeling of desire for a cigarette. Allow that desire to get stronger for a moment. As it gets stronger you can realize that that desire is expanding like a balloon. As that desire grows stronger, the balloon grows bigger. Bigger and bigger, stronger and stronger and then... Pop! The balloon pops and the desire for cigarettes deflates. It's done. Just like many times in the past when you really, really wanted something that you no longer want. Maybe it was a toy you wanted as a child. Maybe a relationship you thought you wanted that you no longer do. The mind has a natural way of dealing with old desires. It puts them in a place where we keep things we used to want. Pop!"

The metaphor of a balloon popping helps the client's unconscious mind understand what to do with the compulsion. Having the client recall something they used to want (a past compulsion) that they no longer want is another way to get there. The direct suggestions "The desire for cigarettes deflates, It's done," achieve the direct suggestion component.

Again, with hypnosis, we might keep on this track for a few minutes—compounding, pyramiding and reinforcing.

## ***NLP for Compulsions***

The NLP compulsion blowout pattern uses submodality drivers to take a compulsion past its threshold. Once past its threshold, the compulsion "blows out" and can not return to its original form; much like the popping of a balloon.

The idea is to identify the submodalities that go with a compulsion. We then take those submodalities and drive them past their thresholds. If all goes well, what results is kind of a balloon popping effect where the client can no longer create the compulsive feeling in that particular context.

\* Identify the compulsion representations

Start off by getting them into the compulsion. You can do this by asking, "How do you know you've got to have a cigarette?"

What we want to find is the representation they make in their mind, that makes them want a cigarette. As an example, it could be a big, close-up image of the bright red cherry of a cigarette, with smoke wafting up from it in slow motion. And in the auditory channel they might hear their own voice saying "Mmmmmmm," in a warm and close tone near their right ear at medium volume. You'll know when they have it if, when they create it, they want a cigarette!

\* Identify a similar, but non-compulsive context

What we want to find here is a representation of some similar context but one that they feel neutral about. You can do this by asking, "What is something that is similar to smoking a cigarette but that you don't care if you do or not?"

Let's say they feel neutral about chewing on a toothpick. When they think about chewing on a toothpick, the image could be a medium-distance, medium-size image of them chewing on a toothpick. In the auditory channel, they are saying quietly, in their own voice, "Look, I'm chewing on a toothpick." The sound could be coming from out in front of them, a medium distance away. When they create that representation, they should feel neutral about chewing on a toothpick.

\* Contrast and compare—find the driver submodalities

What we want to do here is compare the two different sets of representations and note the differences in the submodalities. Then we play with those differences until we find the submodalities (there's often one visual and one auditory submodality) that change all the others along with it.

For example, you could have them move the image of chewing on a toothpick closer to them. If you find that the size of the image automatically grows when they move the image closer and the image begins to go more toward slow motion (like the smoking image), you've probably found the visual driver. You'll know when you've managed to make the toothpick chewing seem like they want to do it!

Some submodalities won't have much of an effect. Others might be difficult to change. Keep experimenting until you get one that changes all the others.

\* Blow out the compulsion by increasing the driver(s) of the compelling representation past the threshold

Now, take the driver you've found and take it past its limit. For instance, if making the image bigger is the driver, keep making the image of the big, close-up bright red cherry of a cigarette, with smoke wafting up from it, bigger and bigger. As you make the image bigger, they'll feel more and more compelled to smoke. At a certain point though, the client's feeling will shift. They'll say something like "Well, that's just ridiculous. It could never be that big."

You can also do this in the auditory channel. If the submodality driver is volume, keep turning the "Mmmmmmm," sound up louder and louder. Again, it will get more and more compelling until you see a definitive shift in the client's behavior. They'll often report that it was like the speaker blew up for that particular sound.

\* Test (think about what used to create the compulsion)

If everything went well, they will be unable to get the feeling of wanting a cigarette in that context.

\* Swish to a representation of a person for whom the contexts that used to drive smoking are no longer a problem (optional).

If you know how to do a swish pattern, swish the client toward a representation of themselves as someone who is comfortable in all those situations that used to include smoking.

## ***Re-Coding Identity***

Some people that smoke identify themselves as 'smokers.' It's a good idea to change that categorization of themselves because it acts as a suggestion. If you're suggesting they are a non-smoker and they know internally that they're a smoker—well, your suggestions will have their internal suggestion to battle.

Behavior is much easier to deal with than identity. A behavior is something we can choose not to engage in whereas who we are is perceived as more difficult to change. For that reason, it's good to get a client to shift their idea about themselves (if they identify as being a smoker).

How can you tell if someone thinks of themselves as a smoker? Their language is a good indicator. They will use identity statements about smoking rather than behavioral statements.

"I am a smoker," is an identity statement. "I smoke," is a statement about their behavior—not who they are.

When you hear a lot of identity statements, it's a good idea to use one of the approaches to shift the client out of their identity as a smoker.

## ***Re-Coding Identity With Hypnosis***

You can accomplish re-coding a client's identity perceptions with hypnosis. Before the induction, simply ask the client to find an example of something they are not (let's say a deep-sea diver). Then, in trance, suggest that they are not a smoker any more than they are a deep-sea diver. Suggest that they move the idea of themselves as a smoker into the same category as themselves as a deep-sea diver.

Example: "From now on, you are a non-smoker. Smoking is something you just don't identify with—like being a deep-sea diver. You choose healthier behaviors. Smoking goes in the same category for you as deep-sea diving. You think about them in the same way—as something that's just not you. Whenever you try to think of yourself as a smoker, you think of it in the same way as when you try to think of yourself as a deep-sea diver. It doesn't fit for you."

## ***Re-Coding Identity: Mapping Across With NLP***

Mapping across is a fancy-pants way of getting the unconscious mind to re-code something. Getting the unconscious to categorize smoking as something a client would never do, or categorize themselves as a non-smoker, can be wonderfully powerful in helping them stop smoking. When the unconscious codes a person as a non-smoker (for instance) powerful unconscious resources are aligned toward making sure that's true! Here's an example of mapping across from having an identity as a smoker to having an identity as a non-smoker.

1. Ask the client to get the representation that lets them know they're a smoker. You might ask "How do you know you're a smoker? What is it that you do, inside your mind, that lets you know you're a smoker?"
2. Have them get a representation of them being something they know they're not. Maybe they're not a professional basketball player or a college graduate. How do they know they're not?
3. Contrast and compare the submodalities of the two representations. Change the "I am a smoker" representation submodalities to the submodalities of the thing they are not. In other words, move the "I am a smoker" picture to where the picture of themselves being a pro basketball player is. Make the colors and amount of movement like the pro basketball player's images. Make the sounds have the same qualities.
4. Once the smoking identity submodalities are the same as the thing they aren't—the thought of them being a smoker should be much less real. Then lock that representation there. Some people do it by having the client imagine the representation sealing there like Tupperware (make the sound). Others put bolts in the images and sounds to keep them there.

Remember to work within a level. In other words, if you're working with the *behavior* of smoking, both examples (the smoking behavior and the behavior you wouldn't do) are *behaviors*. If you're doing an *identity* level intervention, make sure you work with an "I am a smoker" representation and an *identity* representation for something they *are* not (not something they don't do).

## ***Reframing***

With reframing, we can help clients attribute meaning in such a way that they become more resourceful. You can think of it as “spinning,” if you like.

Developing skill in creating meanings starts with having your outcomes defined. In the case who smokes, the outcomes usually have to do with being comfortable, symptoms disappearing, stopping smoking being easy, cigarettes not being their friend etc.

Here are some frames I've found particularly useful for smoking cessation clients.

- The unconscious has a positive intention behind smoking. We're going to make sure that intention gets met in healthier ways.
- The unconscious mind holds on to behaviors when it doesn't know what to do differently (to meet the positive intention).
- As soon as we give your mind a better way to deal with that specific situation, it will exchange the smoking behavior for new behaviors.
- Any change or shift is a sign of progress.
- Stopping smoking is doable
- Smoking is something you do right now--it is not who you are.
- Smoking is something you did in the past
- Whatever skills you have can help you stop smoking
- Smoking gives you lots of good stuff and you can get that good stuff in other ways

When your client expresses a belief you think may inhibit smoking cessation progress, reframe it Here are some common examples...

Client: “I've tried everything to stop smoking and nothing has worked.”

Therapist: “You must be very determined. That's going to be useful to us.”

Client: “Stopping smoking is difficult. Quitting smoking is harder than quitting heroin.”

Therapist :“Did you know that in America, about 1 million people successfully and permanently quit smoking every year?”

Client: “I've tried to quit before, nothing works.”

Therapist: “That's right. Nothing you've tried before has worked. You see, the thing is that you have subconscious or unconscious motivations to smoke. Until we get that unconscious mind aligned with your conscious desire to stop, it won't be easy. It's like you're fighting yourself isn't it? Did any of the methods you tried involve aligning your conscious and unconscious desires?”

## ***Uncovering negative beliefs about stopping smoking***

Sometimes a client may have negative beliefs about stopping smoking. They're not difficult to spot though. All you have to do is ask! You can simply ask them what they feel the challenges are to stopping smoking. That will uncover many of those beliefs. Sometimes a client will simply tell you it's difficult but not provide a reason. In that case, just ask “Because?”

You see, beliefs can be expressed as equations. 'A' = 'B' or 'A' causes 'B.' A client may only tell you half of the equation (“It's hard to stop.”). Ask “Because?” to uncover the rest. (“Because I smoke to relieve stress and when I stop I'll be stressed.”) In other words 'A' (stopping smoking) causes 'B' (stress). Our job is to split that equation apart and de-link stopping smoking from stress.

Client: “It's hard to stop smoking!”

Therapist: “Because?”

Client: “Because I smoke to relieve stress and when I quit I'm going to be stressed.”

Hypnotherapist: “That's right. You've used cigarettes in the past to relieve stress. It certainly would be stressful if we didn't provide healthier and more effective ways to relive your stress. Once we get those locked in you won't

have to deal with the stress of knowing you're doing something unhealthy. That will be a relief!"

## Reframing In A Smoking Cessation Session

Here are a couple of examples of reframing possibilities I ran across during a smoking cessation session I conducted.

1. The client talked several times about her resistance to stopping smoking, her "bite" and hinted more than once that her contrariness might make her difficult or unpleasant to work with. She readily admitted she was a bit cranky. I believe she viewed her attitudes as a barrier to stopping smoking.
2. During the session, we discovered several different motivations with regard to smoking. It was not a classic "Parts Therapy" case with two, directly opposing parts. Rather, she had found smoking to be useful in many contexts. Each time we worked through and satisfied one aspect of her that wanted to smoke, another would come up. Obviously, having many motivations to smoke could be viewed as a problem when you're trying to stop.

In the first instance, I framed her "contrariness" into an ability that will be useful once she turns her negative reactions toward cigarettes. After all, if you were contrary toward the idea of smoking, it would be helpful.

In the second reframe, after she comments on her "edge" (that's code for her taking off my head during the session) I talked about how people that have "bite" can more easily get things done. The hint is that, since stopping smoking is getting something done, her having an edge or bite will make it easier for her.

In a third reframe, we'd been finding a lot of aspects of her personality resistant to stopping smoking. While that could be seen as a negative, that's not what I chose to do. You see, this client had tried to stop smoking many times before. What was different about this time? What was different was that we were including those aspects of her personality and making sure they got what they wanted (without the behavior we objected to—smoking). The reframe was about how all of those parts working together to change her behavior were going to be extremely powerful. The implication was that, because none of her previous attempts to stop involved these parts working together, this time was different and it would now be easier to stop smoking.

## Reframing In A Smoking Cessation Session: Format

You can use reframing any time in a session where the client expresses a negative belief you think might be getting in the way of them successfully stopping. Here's a simple format to help you get reframes to come to you more easily.

1. Agree with some portion of what the client said (some portion that doesn't get in the way of them stopping smoking).
2. In some way, separate their negative idea from what you are going to accomplish.
3. Turn their criteria on its head (if they think that stopping smoking would cut in to their freedom, mention how smoking cuts in to their freedom)
4. Link a positive to achieving their goal.

Client: "Quitting smoking is going to be hard—I just know it."

Therapist: "Quitting smoking certainly can be hard. I'll bet if you ask the million or so people that do it every year, most of them would agree. In my field I've discovered the reason it's so hard is that the way most people quit doesn't address the reasons they smoked in the first place. Once you do that it becomes much easier. Now, you probably won't believe that until you experience it, right?"

Client: "Right. That seems unrealistic."

Therapist: "Of course it does. You'd have to begin to experience all of the benefits you used to get from smoking with the old behaviors before you started to get some inkling of the reality of it. Are you open to feeling better after you stop?"

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Client: "I've tried everything to stop smoking and nothing has worked."

Therapist: "That's right. You've tried a lot of things to stop, and nothing has worked...so far. How many of the things you've tried help you to take care of the reasons you smoke in the first place? How many get you the good feelings you get from smoking? It's good that you're so dedicated to stopping—that's one of the main success factors. And it's good we're going to do this differently than all those other things you've tried. Now, when you link that dedication to the powerful feelings of accomplishment you'll get—it makes a potent one-two punch."

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Client: "I've been smoking for 20 years, it will probably take me 20 years to stop."

Therapist: "You've been smoking for 20 years. You're certainly consistent. That's going to help us."

## ***Sleight of Mouth Reframes For Smoking Cessation***

Sleight of Mouth patterns are reframes that can help us dissolve negative beliefs about stopping smoking as well as de-link smoking from the positive associations it holds for smokers. Here are some Sleight of Mouth patterns I've found particularly useful for smoking cessation.

### **Reality Strategy**

The simplest way to generate a Reality Strategy Sleight of Mouth pattern is, when a person expresses a belief that you think may be getting in the way of stopping smoking, say "How would you know if that wasn't true?"

Client (expressing a limiting idea) "I can't even imagine going bowling with my friends and not smoking."

Your response: "How would you know if that wasn't true?"

Client: "Well, I guess I would picture myself bowling without a cigarette in my hand."

People tend to accomplish, much more easily, what they can imagine. You have just helped your client imagine what they would like to accomplish! This is one of those Sleight of Mouth patterns that you can use almost any time a client expresses an idea or belief that isn't helping them.

### **Apply to Self**

To generate an Apply to Self Sleight of Mouth pattern...

Pick out the key words in a belief, jumble them around and spit them back out!

Client: "I like to smoke when I'm with my friends. It's fun."

Therapist: "How much fun is it to watch all your efforts to stop go up in smoke? Be a friend to yourself. Can you really have fun?"

This pattern is one of my favorites because of the creativity involved. Don't think about it too much, just go for it.

### **Consequence**

To generate a Consequence Sleight of Mouth pattern...

Ask then what might happen if the client were to continue to hold that belief.

Client: "I'll never stop smoking, it's too hard."

Therapist: "What's going to happen if you continue to believe that?"

Client: "Well, I guess I'll never quit."

Therapist: "Is that what you want?"

Client: "No."

Therapist: "Well, let's move on then and begin to consider how we can make it easier for you."

Often, people don't consider the consequences of holding their beliefs. This pattern forces them to consider those consequences and therefore motivates them to change the belief.

## Counter Example

To generate a Counter Example Sleight of Mouth pattern...

Think of some other person or situation in which the stated belief is not true and mention it.

Client: "Stopping smoking is hard."

Therapist: "It might be for some people. I had a client very much like you who just got fed up with cigarettes and put them down one day for good. He said that it had been hard all the other times he'd tried to quit but once he really made up his mind it was a lot easier than he thought it was going to be."

Counter Examples are familiar to us all. When someone says, "It's impossible to stop smoking," we can all suggest that other people have stopped and therefore it's not impossible.

## Intent

To generate an Intent Sleight of Mouth pattern...

Ask what they hope to accomplish by making the statement or guess at what they are trying to achieve and comment on that.

Client: "Stopping smoking is harder than quitting heroin."

Therapist: "What do you hope to accomplish by saying that?"

Client: "I guess I want to let you know I'm afraid of failing."

Therapist: "That's natural at this stage. You may not be convinced that you can do it until you start to see results in your own life. And that's just fine."

Notice how the example of this pattern moves the client away from their belief and toward a solution. There's even a covert suggestion that once they see results, they'll believe they can do it.



## **States and Anchoring**

One of the things that is useful to do with smokers is to help them get whatever emotional needs smoking fulfills (or is trying to fulfill) in some healthier fashion. The smoker has attached certain emotions to smoking.

Fortunately, hypnosis is good for attaching things to other things. Anchoring is another way to attach emotions. When we attach a resource (positive) emotion the smoker used to get from smoking to some new behavior, the smoker now has an alternate way to satisfy that need. These emotional resource states are often the main driving forces behind smoking. Some people smoke to relax, others to get a new perspective. Some find it satisfying or soothing and others are trying to get away from nervousness. Whatever smoking gives them in terms of a resource—we want to give them in other, healthier ways.

You'll find the positive emotional states you're looking for in two ways. One is by using the smoking diary. In the smoking diary, look at the emotions your client was experiencing just before their cigarette. Often you'll find a negative emotion such as anxiety. Ask your client what the opposite of that feeling is. I call that 'flipping a state.'

Another way to find the emotional needs smoking fulfills is to associate them into smoking. In other words, have them go to a time when they are smoking and tell you how it feels. Any positive feelings they have can be given to them in other ways.

It's done like this...

- 1) Find a positive emotion the client gets from smoking (you may need to flip a negative state to do this)
- 2) Get the client associated (first person) into a that positive, resource state
- 3) Amplify the state (submodalities and/or direct suggestion)
- 4) Anchor the state (establish a stimulus)
- 5) Attach the resource emotion to an alternate behavior (works great in hypnosis with direct suggestion)

Examples:

### **Flipping a negative state**

Therapist: "I noticed in your smoking diary, there were several instances where you were feeling anxious just before you had a cigarette. What would be the opposite of that feeling for you?"

Client: "Calmness."

### **Getting the client associated into a state**

Therapist: "Great. Calmness. That's going to be quite helpful. Can you remember a time when you've felt calmness in just the way you'd like to feel it?"

Client: "I can't remember a time when I was calm just before I had a cigarette."

Therapist: "Sorry, I wasn't clear. Any time you felt calm in just the way you'd like to feel calm. It can be from any situation."

Client: "OK. Yeah, I guess when I'm working on my lathe in my garage. I feel really calm then."

Therapist: "Perfect. In your mind, go to a time when you were working on your lathe in your garage and you felt calm. Step into that experience and be there, first-person. See through your own eyes, hear through your own ears and feel the feelings of calmness. Notice where you feel the sensations of calm. Where are they in your body? Are they moving or still? Do they have a temperature? A weight? Take note of those sensations. Is there any sound in your mind's ear that goes with the feeling? Good."

## **Amplifying the state**

Therapist: “Now, just let each breath you take double that calmness. Feel yourself grow more calm with each breath.”

## **Anchoring the state**

Here, I'll show how you might anchor a state with a verbal cue. That way, those without NLP training can understand how it works in terms of direct suggestion. For you NLPers, keep in mind that you can certainly touch anchor here instead (or in addition to the verbal anchor). Personally, I'd stay away from visual anchors (unless they are combined with an auditory or touch anchor) as the client might have their eyes closed when you need to fire the anchor off.

Therapist: “From now on, each time I say the word 'calmness,' allow yourself to feel those feelings of calmness. 'Calmness.' That's right. Each time I say the word 'calmness,' you get better and better at producing deeper and deeper calmness.”

Attaching the resource emotion to an alternate behavior

Therapist, later when the client is in trance: “Now, I'd like you to think about a time in the future that would have made you nervous in the past. Instead of your old behavior, you take a deep, natural breath and you immediately feel calmness. 'Calmness.' Go ahead. Take a deep, natural breath. 'Calmness.' Each breath you take helps you feel deeper calmness. That's right.”

## ***Anchoring process to attach a resource emotion***

If you know NLP, you can use anchoring techniques to accomplish the same goal.

- Anchor relaxation.
- Have the client mentally answer the phone and fire off the anchor.
- Repeat.

## ***Formulae for smoking cessation hypnotic suggestions***

Here are some ideas about what direct suggestions to give you smoking cessation clients. These suggestions are going to be based on the information they give you in the smoking diary.

You can construct suggestions for smoking cessation in this way...

- Old trigger causes resource emotion
- Old trigger now triggers new behavior which causes resource emotion
- Old behavior (or even the thought of an old behavior) causes negative emotion
- Old behavior (or even the thought of an old behavior) causes negative emotion, then new behavior causes resource emotion

### **Old trigger causes resource emotion.**

For this formula, you can look at the smoking diary to find out what the client does immediately before they smoke. Do they smoke when they answer the phone? After a meal? When driving? Those are the triggers.

You'll also need resource states. You'll get those from flipping the negative emotions they feel prior to smoking and also the good feelings they get from smoking.

Therapist, during hypnosis: "When you take a break from work (old smoking trigger), a feeling of satisfaction (resource emotion) automatically fills your body."

### **Old trigger causes new behavior which causes resource emotion.**

For this formula, you can look at the smoking diary to find out what the client does immediately before the smoke. Do they smoke when they answer the phone? After a meal? When driving? Those are the triggers.

Again, you'll need resource states. You'll get those from flipping the negative emotions they feel prior to smoking and also the good feelings they get from smoking.

For this formula, choose some alternate behaviors the client can do rather than smoke. He client can take a deep breath or drink a tall, cool glass of water, for instance. That would be the new behavior.

Therapist, during hypnosis: "From now on, when you answer the phone (old trigger), you immediately think of being on your sailboat (thinking of being on the sailboat is the new behavior) and a feeling of relaxation (resource emotion—what they used to get out of smoking) flows into every cell of your being."

### **Old behavior (or even the thought of an old behavior) causes negative emotion**

To use this aversive suggestion formula, we'll need a negative emotion. I like to use the most disgusting thing a client can think of. Nothing that would be harmful to them physically but something they would never do. A good way to figure an aversive suggestion out is to ask the client about something they would never eat. Then ask them what the worst smell is. Then combine the two. It need to not be something they would be allergic to or have a chemical sensitivity to—just something disgusting. As an example (and a graphic one—sorry), I had a client who make up kind of a milkshake of vomit and rat hair. Obviously, she would never put that up to her mouth.

What we want to do is attach that same feeling she would get if she put that up to her mouth, to putting a cigarette up to her mouth. In other words; should she move a cigarette toward her lips, she would have the same

feeling as if she tried to drink and rat hair/vomit milkshake.

Now, with aversive suggestions like this, we need to be careful. We want the aversion to be strong but we could actually cause the client to be sick in our office! Secondly, we want to make sure the suggestion is linked directly to the specific context of the client lifting a smoke to their lips—not to anyone lifting a cigarette. Make sure your language is specific.

So, use your language to link the disgusting thing to cigarettes.

Therapist (during hypnosis): “And if you were to ever think about having a cigarette or if you were to even start to go through the motions that would lead to having a cigarette, immediately you think of stinking garbage (aversive suggestion). Cigarettes are like garbage. They smell and look like garbage to you. Smoking a cigarette would be like eating garbage (linking the client smoking directly to the aversion).”

## **Old behavior (or even the thought of an old behavior) causes negative emotion, then new behavior causes resource emotion**

With this aversive suggestion formula, we'll add the element of giving the client something positive to do and feel once they've had the negative association to the cigarette. As soon as they feel the aversion toward smoking, we switch them to a new behavior and give them a resource emotion.

Therapist (during hypnosis): “And if you were to ever think about having a cigarette or if you were to even start to go through the motions that would lead to having a cigarette, immediately you think of stinking garbage (aversive suggestion). Cigarettes are like garbage. They smell and look like garbage to you. Smoking a cigarette would be like eating garbage. Immediately you change your thoughts to drinking a cool refreshing glass of water (suggestion tied to new behavior) and as you do, a powerful feeling of calmness flows into your body (the resource emotion).”

## ***The “Enough is Enough” Pattern***

The “enough is enough” pattern uses to mind's natural ability to make lasting decision once we get fed up enough with something. All of us have had times in our lives when we said, “Enough is enough!” This pattern transposes that successful pattern onto the context of smoking.

## ***The “Enough is Enough” Pattern With Hypnosis***

Have your client think of a time when they got fed up with doing something and permanently stopped doing it. Let's say they got tired of biting their nails and finally stopped doing it.

Example (in hypnosis): “Remember what it was like to be so tired of biting your nails. Remember that feeling. So tired of it. You finally said “Enough is enough!” You now have that same feeling with smoking. Enough is enough. You're done with it.” Attach that “I'm done” feeling to the thought of smoking.”

You would continue to hammer this idea home for several minutes. As with any of these direct suggestion approaches, compound and pyramid.

## ***The “Enough is Enough” Pattern With NLP***

1. Have your client think of a time when they wanted to stop doing something and came close to stopping but did not. It could be a behavior of theirs they were more and more disgusted or frustrated with and it almost got to the point where they really did something about it. In NLP terms, they almost reached a threshold but you did not cross it. Have them bring that representation into consciousness.
2. Figure out what analog submodalities (qualities of the images and sounds) changed as the negative feelings got stronger. There should be something that changes along a continuum. Maybe a sound gets louder, a picture gets bigger or more and more pictures stack up. As that submodality changes, the feelings of wanting to stop intensify.
3. Have them think about smoking. Take the submodalities that drove the “almost did something about it” representations and drive them past the threshold. In other words, if a sound got louder and a picture got bigger when they got more and more disgusted with biting their nails, make the sound get louder and the picture get bigger in their representation of smoking. Keep going (bigger and louder) until there's a digital change when the threshold is crossed (a digital change is one where an element does not change along a continuum such as a sound getting louder but changes in a different way--maybe some new element enters the representation [a voice, a different image]).
4. Check to make sure they now have a new representation about smoking. It should include the digital change (new imagine/sound etc.) and have the client feeling they are done with smoking.

## ***The Dickens Pattern***

The Dickens pattern is useful for times when a client is not fully motivated to stop smoking. It's a good idea to really so this pattern thoroughly so, if you need to use it, you might add another session to your smoking cessation series.

Remember "A Christmas Carol," by Charles Dickens? In the story, Ebenezer Scrooge is visited by the ghosts of Christmas past, present and future. Well, in the Dickens pattern, we borrow that concept to increase the client's motivation to stop smoking. We take the client through the past, present and future to have them experience all of the pain and loss connected to smoking. Here's how it goes...

## ***The Dickens Pattern With Hypnosis***

1. In hypnosis, have the client think about their present life. What are they missing out on because they smoke? Cover money, lost relationships, health, frustration of being unable to stop--anything you and they can think of.
2. Make sure they fully experience the pain of what they are missing out on in the present moment.
3. Now, have them go back in time. Have them experience some of the most painful moments related to smoking. How has smoking negatively affected them up to the present? With the benefit of experience, what do they most regret about smoking? From this perspective what different choices would they have made?
4. Have them immerse themselves into these painful experiences; reliving them as if they were happening right now. Associate the client into each experience in order to feel the full negativity.
5. Now, have the client come back to the present. Get them to think about what smoking has cost them.
6. Have the client mentally travel out 6 months into the future.
7. Have them experience what smoking cost them by having not changed. What is their life like in 6 months having held onto the habit? Again, make it as painful as possible. Make sure they're associated. Repeat with 5 and 10 years.
8. Have the client travel back to the present with the benefit of these perspectives and deeply understanding what the cost of smoking is. Ask what new actions, beliefs, attitudes and behaviors do they want to replace the old ones?
9. Take them into the future having all the new resources. Get them to associate into the powerful pleasure of having gotten free from tobacco forever.

## ***The Dickens Pattern With NLP***

1. Have the client think about their present life. What are they missing out on because they smoke? Cover money, lost relationships, health, frustration of being unable to stop--anything you and they can think of.
2. Make sure they are associated in to the pain of what they are missing out on in the present moment. Have them float up above their time line, see their life and see themselves down below in the present.
3. Still above the timeline, have them go back in time. Have them drop down and associate in to some of the most painful moments related to smoking. How has smoking negatively affected them up to the present? With the benefit of experience, what do they most regret about smoking? From this perspective what different choices would they have made?
4. Have them immerse themselves into these painful experiences; reliving them as if they were happening right now. Associate into each experience in order to feel the full negativity.
5. Now, have the client float up above the time line and come back to the present. Get them to think about what smoking has cost them.
6. Have the client float up and travel out 6 months into the future above the time line. Have them drop down into this future.
7. Have them experience what smoking cost them by having not changed. What is their life like in 6 months having held onto the habit? Again, make it as painful as possible. Make sure they're associated. Repeat

with 5 and 10 years.

8. Have the client travel back to the present with the benefit of these perspectives and deeply understanding what the cost of smoking is. Ask what new actions, beliefs, attitudes and behaviors do they want to replace the old ones?
9. Take them into the future having all the new resources. Get them to associate into the powerful pleasure of having gotten free from tobacco forever.

## ***Breaking The Smoking Habit With Tasks***

In Ericksonian hypnosis, often we assign tasks to our clients. Their purpose is to break apart old behavior patterns, loosen belief systems and/or build skills that are helpful in having the client solve their own problem. The tasks may be completed during the session or they can be assigned as homework.

### **Symptom As Task**

One of Erickson's most frequent interventions for habits was to give the unwanted behavior as a task but alter the behavior in some way. As an example, he might get a commitment from a smoker to smoke at a prescribed time (not their usual time). They might be required to smoke for a certain length of time or a certain number of cigarettes. Assigning the problem behavior as a task changes the context through which the behavior is filtered. Think about it for a moment... If you were forced to smoke would it be so enticing?

### **When a Pattern is Altered It Falls Apart**

Often with the habitual behavior patterns; once the behavior is viewed through a different lens, the patterns falls apart. It's like the straw that broke the camel's back or a balloon popping. You can't get the genie back in the bottle! OK, enough with the metaphors. One way to change the way a person relates to smoking is to make smoking a chore rather than a pleasure. After all, if a person *had* to eat chocolate cake every day it wouldn't be as good, would it? What if they had to eat 10 slices?

So, it may be a good idea to attach some unpleasant behavior to smoking and to make it a task. Erickson sometimes prescribed healthy behaviors such as walking, in this way. So, if a client wanted to stop smoking, Erickson might explain that they could smoke but they needed to buy one cigarette at a time and walk to the store each time they wanted a smoke. This both encouraged healthier behavior and altered the typical behavioral pattern. Usually folks got tired of the habit fairly quickly and stopped on their own.

In another case, he had a woman keep her cigarettes in the attic and her matches in the basement. When she wanted a cigarette, she'd have to go to the basement for matches and then up to the attic to grab the smoke.

Don't limit yourself to tasks that involve walking! Remember, you can alter a client's pattern in just about any way you can think of. Here are some suggestions...

### **Ways of Altering Behaviors**

- \* Frequency/rate of smoking
- \* Duration of smoking (make them smoke longer)
- \* Time of day
- \* Brand of cigarettes
- \* Sequence (smoke before meals instead of after etc.)
- \* Interrupting (smoke half a cigarette--the rest later, have the client take a cigarette out of the pack but not smoke it at prescribed times during the day)
- \* Adding or subtracting elements (the smoker can smoke on break but not with friends, the smoker must perform some task between each puff)
- \* Behavior-contingent tasks (the smoker must walk to the store for each cigarette)
- \* General altering of the pattern (make the smoker smoke with their other hand, place the cigarettes in a different pocket etc.)



# Protocol

Each client is different. They may have differing needs and respond to you differently. Some clients may need to boost their motivation level—others are ready to go. Some need extensive reframing around their beliefs about stopping. Others know they can stop with a little help. So, the following protocol can be used as a guideline—something to help you get your bearings and have a good idea of what to do. However, it's not a rule-book.

## ***Techniques Used Throughout All Sessions***

Notice positive attitudes about smoking and reframe

Notice negative attitudes about stopping and reframe

Splitting and linking

## ***Before session 1:***

Send information on why hypnosis is so effective for smoking cessation

Send smoking diary and instructions

Have the client sign the commitment

## ***Session 1:***

Go over smoking diary

- Get triggers

- Anchor emotional needs

- Suggest changes in routine (task assignment—make smoking a chore)

If motivation is low, do the Dickens Pattern—you may have to add one session

Set “quit date” (session 3 date)

Do an induction to somnambulism and set a post-hypnotic re-induction cue

Give suggestions of comfort and ease for the process

## ***Session 2:***

Feedback from client

Take care of emotional needs

- In hypnosis, tie emotional needs emotions to old triggers

- Do parts work, if called for

New Behavior Generator/Future Pace

## ***Session 3:***

Feedback from client

Shift the person to non-smoker (map across, collapse anchors and/or direct suggestion)

Blow out triggers (compulsion blowout, last straw pattern)

Direct suggestion

Compound, pyramid

### ***Session 4:***

Feedback from client

Take care of any problem areas

Direct suggestion (reinforce everything)

Compound, pyramid

# **Why Hypnosis Is So Effective For Smoking Cessation**

By

Keith Livingston

# What is the easiest and most effective way to stop smoking?

According to the largest scientific comparison of ways of breaking the habit, hypnosis is the most effective way of giving up smoking.

*New Scientist Magazine*

## Who else says hypnosis is a good way to stop?

"Hypnosis is a viable means to stop smoking."

1989 **Surgeon General Report to Congress on nicotine addiction**

## I'll just use the patch or nicotine gum

Nicotine gum has a success rate of about 10 per cent.

*New Scientist Magazine*

## I can tough it out by myself...

New Scientist says willpower alone has a success rate of only 6 per cent.

*New Scientist Magazine*

## OK, but what's the easiest way to stop smoking?

"The easiest way to break bad habits is through hypnosis."

*Newsweek Magazine*

## But will hypnosis last?

In a study, *Hall and Crasilneck\** used a four hypnosis session protocol for smoking cessation. Eighty two percent of the people that responded to their follow-up survey had not smoked a single cigarette since the fourth session! They sent the surveys out between one year and four years later, indicating hypnosis for smoking cessation is effective long-term.

\* Hall, J. A. & Crasilneck, H. B. (1970). Development of a hypnotic technique for treating chronic cigarette smoking. *International Journal of Clinical and Experimental Hypnosis*, 18, 283-289. Prior to the treatment protocol, the study subjects had smoked cigarettes for a mean time of 27 years, smoking an average of forty cigarettes per day. Over 90% of the subjects had previously made unsuccessful attempts to stop smoking. Of those who successfully stopped due to hypnosis, 83% felt that they had no further desire for tobacco.

# Why Do Hypnosis & NLP Work For Smoking Cessation?

As you can see, hypnosis and is wonderfully effective in helping people stop smoking. But to tell you the truth, many people (including some doctors) think it's all a bunch of hogwash. Most intelligent people want to know WHY something works. This portion of the program helps build the rationale for hypnosis and NLP being wonderfully effective in smoking cessation work. Building that rationale in your mind helps you get your actions to be strong and congruent. Building the rationale in the client's mind helps orient their beliefs more fully toward success in getting rid of cigarettes—once and for all!

Let's find out why hypnosis & NLP are so effective...

## ***The Reasons People Smoke***

Smokers often have many individual reasons they smoke but you can divide them into three main categories...

1. The addictive nature of nicotine
2. Emotional needs
3. The ritual and habit of smoking

Fortunately, we can address all of these areas with hypnosis and NLP. Each of the techniques you'll be applying will be oriented toward easing or meeting the needs of one of these areas.

- With people's beliefs about the addictive nature of nicotine--we'll be working to help get our client's beliefs to be more strongly supportive of making it easy to stop.
- We'll help our clients get all the positive emotions they used to get from smoking through other means.
- And we'll use powerful techniques to dissolve the rituals and habits that sometimes trip people up when they try to stop smoking on their own.

Let's take them one-by-one...

## ***The addictive nature of nicotine***

There are very few people still claiming that cigarettes are not addictive. Let's look at how addictive nicotine is... If nicotine addiction were the primary reason people kept smoking, nicotine replacements therapies (the patch or gum) should work very well. Unfortunately, that's not the case. Nicotine replacement therapy studies place the success rate of these approaches at from 6% to 15 %.

Many of the people I've met who have tried these methods report that they were still smoking--even while they were chewing the gum or on the patch! Why? Because nicotine addiction is only part of the problem. And from the looks of things, it may be a small part.

## **How does hypnosis affect addictions?**

You may not know this but hypnosis is wonderfully effective in altering bodily functions and bodily sensations.

1) Severe burns are one of the most painful experiences a human can endure. Unfortunately, burn patients often have to go through frequent changes of the dressing that cover their wounds. It can be incredibly painful, even if the patient is on pain medication. Here's a quote from one such patient...

*"I was having a hard time during the 15 minutes it took to remove my dressings each day. The hypnosis calmed me--I went from a pain level of eight or nine to four or five."*

This patient was able to reduce his pain about 50% through hypnosis.

2) David Spiegel, a psychiatrist at Stanford University, conducted a study on breast cancer patients receiving group therapy and hypnosis as well as standard cancer therapy. The group that had received hypnosis survived twice as long on average as those who had standard therapy alone...

What is my point?

These two studies (as well as hundreds of others) show that hypnosis can reduce symptoms and alter bodily functions through suggestion. It's because of this that hypnosis is effective at tremendously reducing or even eliminating withdrawal symptoms from stopping smoking.

## ***Emotional reasons for smoking***

In my opinion, emotional reasons are the main driving force behind the smoking habit. People smoke to relax, to calm themselves or to get a different perspective. They smoke as “a social thing” or because someone they love smokes—and it helps them feel close to one another.

I remember a case of a client who smoked because their partner didn't like it! Whenever they got into a fight, the cigarettes came out. It was the smoker's way of getting back at the other person. Some people start smoking to fit in or as a rebellion against their parents. Even though these reasons may not apply anymore, the drive to smoke may still exist.

Nicotine replacement therapies (nicotine gum or the patch) don't answer these needs.

Here's how it works...

If you're a smoker, your subconscious mind probably links the idea of smoking with a particular feeling. Let's use calmness as an example. If you're under stress, your subconscious mind begins to search for ways to reduce the stress. If smoking comes up as a way to reduce stress, your subconscious will begin to motivate you to have a cigarette. If you've decided to stop smoking and you have no alternate behavior that can relieve your stress as quickly, conveniently and effectively as smoking, you'll have a battle brewing in your mind. In the short term, willpower may win out. The subconscious mind is far more powerful than your conscious willpower, so in the long term you'll likely go back to smoking.

In order to stop smoking permanently with minimum discomfort, you need to consider and provide for the emotional needs that drive smoking. Fortunately, there are many ways to relax, calm yourself, get a different perspective, rebel or even irritate someone.

When folks take care of these emotional needs, they report that stopping smoking is much easier. Fortunately, hypnosis is extremely helpful at creating strong emotional links. Hypnosis can help you feel powerful satisfaction, relaxation, calmness etc, in all those times where, in the past you would have had a cigarette.

## The ritual and habit of smoking

A few months ago, I went to the dentist and they gave me a new toothbrush. It has a big, fat handle--so it's easy to grip. Unfortunately, it doesn't fit in my toothbrush holder. But for the past few months, guess what I've been doing? I've been trying to jam the big handle into the holder and it's been falling out.

Why? Habit, of course.

Sometimes, we take actions that are familiar to us, even though they're not working for us any more. The truth is, the desire for familiarity is one of the strongest drives humans possess. Rituals give us that same sense of familiarity or continuity that sometimes gives us comfort.

So, what part of our mind encourages us to continue these habits?

Think about it for a minute... Do you have to think consciously in order to reach for a cigarette or does the idea seem to pop up on its own? Well, a habit is usually something we do without having to think about it. In other words, for the most part, a habit does not require conscious thought! Smokers; how many times have you found yourself smoking or with a cigarette in your hand with no awareness of having put it there?

If a person doesn't have to think consciously about smoking, part of the mind that motivates them must not be the conscious part of their mind. The subconscious mind maintains habits and motivates us to continue them.

Let me ask you a question...

Do the patch or nicotine gum address the subconscious nature of habits?

Hypnosis is an effective way to communicate with the subconscious mind. That's why Newsweek Magazine reported "The easiest way to break bad habits is through hypnosis." With hypnosis, we can send a powerful and positive message directly to the subconscious mind.

Willpower is a conscious effort to accomplish something. Unfortunately, with willpower alone, the subconscious rarely gets the message. Then you have your conscious mind wanting to stop and your subconscious wanting to continue. In this "battle of the minds," the subconscious almost always wins. That's why stopping smoking by willpower alone has about a 6% success rate.

How do you get the conscious and subconscious minds working together? What is a powerful way to work with subconscious habits? Hypnosis, of course.

### Hypnosis for Habits: Compulsive Hair Pulling

Compulsive hair pulling, or trichotillomania is very difficult to treat. As with the smoking habit, the main treatment mode has been medication. Let's find out what happens when hypnosis is used to treat this insidious and destructive habit.

A study of children with trichotillomania appeared in the medical journal, Acta Paediatrica, 88 (4) pp. 407-410. Children who were hypnotized to stop pulling their hair remained able to refrain from doing so for 16 months, after just a few hypnotic sessions. The authors, H. Cohen, A. Barzilal, and E. Lahat at the Pediatric Ambulatory Center, in Petach Tikva, Israel, suggest that doctors consider hypnosis and not medication as the primary treatment for compulsive hair pulling.

### Is Hypnosis a Miracle Cure?

So, hypnosis can help with all three of the main reasons people continue to smoke; the addictive nature of cigarettes, the emotional reasons and the familiarity of the habit itself. So, is hypnosis some sort of miracle cure?



The answer is no... sort of.

You can think of hypnosis as like a volume control. Hypnosis can amplify your strengths. Hypnosis can reduce or eliminate cravings. Hypnosis can help you change the levels of almost any measurable substance found in the bloodstream. But hypnosis can not make you grow wings (as far as I know). Hypnosis works with what is already there. Hypnosis can help make the process of stopping smoking infinitely easier and more comfortable. Hypnosis cannot “make” you stop smoking.

Of course, if you're a smoker, you already know that whether or not you choose to smoke is up to you. I mention it here because this understanding is vital to your success in being tobacco free. If you're looking for some outside force to make you stop smoking, it just won't work. You must be willing to stop smoking and you must accept responsibility for stopping.

## If you're a smoker who wants to stop...

Congratulations! You've made a wonderful choice – the choice to stop smoking. According to the American Cancer Society, here are some things you can expect as a result...

- Within 20 minutes: Blood pressure, body temperature, and pulse rate will drop to normal.
- Within eight hours: Smoker's breath disappears. Carbon monoxide level in blood drops, and oxygen level rises to normal.
- Within 24 hours: Chance of heart attack decreases.
- Within 48 hours: Nerve endings start to regroup. Ability to taste and smell improves.
- Within three days: Breathing is easier.
- Within two to three months: Circulation improves. Walking becomes easier. Lung capacity, increases up to 30 percent.
- Within one to nine years: Sinus congestion and shortness of breath decrease. Cilia that sweep debris from your lungs grow back.
- Within five years: lung cancer death rate for an average former pack –a-day smoker decreases by almost half. Stroke risk is reduced. Risk of mouth, throat and esophageal cancer is half that of a smoker.
- Within 10 years: Lung cancer death rate is similar to that of a person who does not smoke. The pre-cancerous cells are replaced.
- Within 15 years: Risk of coronary disease is the same as a person who has never smoked.

## ***Smoking Diary***

Day: \_\_\_\_\_ Time: \_\_\_\_\_

What happened immediately before you decided to smoke this cigarette?

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What thought triggered the urge for this cigarette?

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What emotion did you feel immediately before you decided to have this cigarette?

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Day: \_\_\_\_\_ Time: \_\_\_\_\_

What happened immediately before you decided to smoke this cigarette?

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What thought triggered the urge for this cigarette?

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What emotion did you feel immediately before you decided to have this cigarette?

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Day: \_\_\_\_\_ Time: \_\_\_\_\_

What happened immediately before you decided to smoke this cigarette?

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What thought triggered the urge for this cigarette?

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What emotion did you feel immediately before you decided to have this cigarette?

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## Smoking Cessation Commitment

*"I \_\_\_\_\_ solemnly swear that I am absolutely fully committed and dedicated to stopping smoking and I will maintain my commitment. My stop date is \_\_\_\_\_. As of that date I am a non-smoker and will stay free from cigarettes forever--no matter what. "*

*Name: \_\_\_\_\_*

*Date: \_\_\_\_\_*

## **+/- Smoking Chart**

I sometimes use the chart on the following page to help clients realize the benefits they get from smoking as well as the negatives. If we can then help them to achieve, in other ways, the benefits smoking gives them--then the balance leans strongly toward the side of stopping. Here are the instructions I give them...

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Please honestly list the benefits and drawbacks of smoking on the +/- Smoking Chart. Some people have a hard time admitting to any positive aspects of smoking but it's very important we find out what you get out of smoking. On the plus side of the equation, what we're looking for is emotions. If smoking helps you get away from the boss and get a new perspective on things, think about what positive emotion that brings you.

We'll use these emotions later during our sessions. Part of my job is to help get you the benefits of smoking in healthier ways.

All of the negatives you list will be used later as well. In hypnosis I can remind you of all the reasons you want to stop—all the things that bother you about smoking. That will help increase your motivation and get your unconscious mind to be on board with the smoking cessation suggestions I'll be giving you.

Just list the positives you get from smoking on the left-hand side of the paper and the negatives of smoking on the right-hand side. List everything you can think of in both columns.

### ***+/- Smoking Chart***

**+/-**

[illegible]

## Exercises

We can learn all the techniques we want but if we don't have the skill to carry them out, they're no good. These exercises are specifically designed to help you build the core strengths and skills needed to carry out the techniques effectively. I know the word "exercises" isn't the most exciting word in the program. The word "results" is more exciting. Well, do the "exercises" to get the "results!"

### ***Negative Beliefs Exercise***

In order to reframe beliefs that are getting in the way of success with smoking cessation, we've got to find them first. This exercise builds skill in finding those beliefs. This exercise also provides the material you'll need for some of the other exercises.

Exercise 1:

Go out and talk to several smokers specifically about why it might be difficult to stop smoking. Make sure you draw out the equation. In other words, if they only give you half of the negative belief ("I can't stop smoking." make sure you figure out the other half of the equation ("Why can't you stop smoking?" "Because cigarettes are addictive.")). Write down the limiting beliefs they express to you.

Exercise 2:

Have conversations with several smokers who have tried to stop and see if you can spot their limiting beliefs without asking directly. Ask them about what they did to try to stop. Write down their responses. Make sure you get the full equation.

### ***Splitting and Linking Exercise***

Splitting and linking helps make distinctions in the client's mind that help us help them stop smoking. This exercise helps you in strategizing your splitting and linking and interventions.

Talk to some smokers about what they like about smoking. Make a list.

Exercise 1:

Practice verbally splitting the pleasure from smoking and attaching that pleasure to something else.

Develop an hypnotic suggestion you would deliver to that smoker were they your client and were they in hypnosis. Follow this format...

1. Agree with the client as to what has been happening but put it in the past tense (split past and present and put the client's behavior into the past).
2. Verbally split smoking away from the pleasure they had been getting from it.
3. Link that pleasure to something else.
4. Link the thought of smoking to a negative feeling.

Example: The smoker likes the way smoking relaxes them in the morning when they're drinking coffee.

"You had been feeling relaxation when you had a cigarette with your morning coffee. That's in the past now that you're committed to being free from cigarettes. Now, you feel a wonderful feeling of relaxation flow into your body when you smell that morning coffee. You get better relaxation now from smelling the coffee than you used to with that old behavior. In fact, even the thought of that old behavior causes tension. Then, you allow that thought to drift away as the smell of the morning coffee brings you wonderful relaxation."

### ***Reframing Exercises***

Reframing is yet another powerful tool for dealing with negative beliefs. This exercise assists you in becoming an expert reframer.

#### Exercise 1:

Go out and talk to some smokers about why it might be difficult to stop smoking or use the limiting beliefs you got from Exercise 2 of the Negative Beliefs Exercise. Later, develop reframes for these limiting beliefs. Work on paper.

#### Exercise 1:

1. Break the the equation down into 'cause and effect' or 'this means that form'. "The fact that I've been smoking for 27 years *means* I won't be able to quit." "The nicotine *makes* [causes] me to want another cigarette."
2. Agree with the first portion of their belief in a way doesn't get in the way of them stopping smoking.
3. In some way, split their negative idea away from the idea of them stopping smoking.
4. Turn their criteria on its head (if they think that stopping smoking would cut in to their freedom, mention how smoking cuts in to their freedom)
5. Link a positive to being smoke free.

Example: A smoker expresses a belief that it would be hard to stop smoking because they've tried it many times before and it's always been difficult. The equation is "I've tried to quit many times and it's always been difficult. That *means* this time will be difficult."

"You have tried to quit many times, and it's been difficult (agree with the first part of the clients belief). Since what you did those times didn't work easily for you, we're going to do things differently, OK? (We've created a split between what they did before and what you're about to do. That raises the possibility that this time will be different, and therefor easier.) What's difficult is trying things that don't work over and over again. Because we already know what doesn't work, our job is easier (Here, we've taken the client's key concepts of difficult and easy and attached 'difficult' to the old ways of trying to stop and 'easy' to what we're about to do.)"

#### Exercise 2:

Run each of those same beliefs through each of the Sleight of Mouth patterns from this program. Take your time and write down what your responses would be if a client expressed these same limiting beliefs in a session. Get comfortable with them.

## ***Formulating Suggestions Exercise***

Here, we practice formulating suggestions that are powerfully targeted to your client's specific needs. Once you get good at this you can leave scripts behind for good and deliver highly targeted suggestions with confidence!

For this exercise we'll need several things. We'll need some smoking triggers (times/contexts that tend to trigger smoking such as answering the phone, after meals etc.), we'll need a healthier behavior to substitute for smoking (drinking a glass of water or taking a deep breath) we'll need a resource emotion (what the smoker gets out of smoking) and a negative emotion.

You can get these things by asking people you know that smoke or you can make them up for the purpose of this exercise.

Now, create suggestions in the following formats...

- Old trigger causes resource emotion

Example: "From now on, when you answer the phone (old trigger) a feeling a tremendous feeling of satisfaction (resource emotion) automatically flows into your body.

- Old trigger now triggers new behavior which causes resource emotion

Example: "From now on, immediately after you finish a meal, (old trigger) you stand, stretch and take a deep, relaxing breath (new behavior) and relaxation flows into your body (resource emotion)."



- Old behavior (or even the thought of an old behavior) causes negative emotion

Example: "From now on, if you were to try to have a cigarette or even think of having a cigarette, you immediately get a feeling of disgust."

- Old behavior (or even the thought of an old behavior) causes negative emotion, then new behavior causes resource emotion

Example: "From now on, if you were to think about borrowing a cigarette, you get an immediate and powerful feeling of disgust, when you get that feeling, you immediately take a deep, natural breath and a feeling of pride automatically fills your body."

After you've gone through this exercise several times with several different triggers/resource states/new behaviors, you'll find that these suggestions flow much more easily.

## ***Compounding/Pyramiding Suggestions Exercise***

These simple skills won't take long to master. Do so and find your suggestions creating much more powerful and effective drives in your clients.

- Think of an idea you might want a smoker to take on as a suggestion (i.e. smoking is in the past for them).
- Develop at least a couple of ways to say that same thing ("Smoking is in the past for you. Smoking is something you used to do. From now on, you are free from cigarettes.")
- Find at least 3 ways to compound those suggestions ("Each suggestion you hear doubles the power of the previous suggestions. The further smoking gets in your past, the more powerful these suggestions become. Each moment that passes, these suggestions grow stronger.")
- Set a timer for 7 minutes and practice compounding and pyramiding on this 1 idea for the entire 7 minutes. That will give you an idea of how long to focus on a single idea in your sessions.

## ***Submodalities Exercise***

If you want to be good at the submodality interventions, you've got to be good with submodalities first. This section helps you get good at finding out a client's submodality matrix within a specific context.

It's good (and useful) to get comfortable with your own submodality distinctions.

Exercise 1:

- Close your eyes and picture someone you really like. Notice the submodalities of that image. Where is the picture? What is the level of brightness? Is there movement in the image or is it still? Color or black and white?
- Now distract yourself and think of something else for a moment.
- Next, close your eyes again and this time picture someone you'd rather not spend time with. Notice the submodalities of this picture. Perhaps you can pick out several submodalities that are different between the like and don't like images.
- Play around with the submodalities a bit. Temporarily make the don't like picture more like the like picture. In other words, move the image of the person you don't enjoy to the same place as the picture of the person you do enjoy. Make the coloring, movement, and size the same. Notice how it alters your feelings about that person.

Exercise 2:

One of the most powerful ways we code our internal experience is our identity—who we are. We can use a submodality intervention to change our ideas about who we are. With smoking, it can be important to make sure the smoker has created a strong and powerful identity as a non-smoker. In order to do that effectively, it's good to have practice, skill and experience figuring out how people use submodalities to represent their identity to

themselves. This exercise helps you do that.

- Ask a friend to tell you about who they are at the deepest level. As they talk, listen for identity statements such as “I am an honest person.” Also note where they are looking and gesturing as they talk about who they are.
- After a brief break, ask them about something that they are not. Again, note the identity statements, gestures and where they look—specifically when they’re talking about identity.

Have them call up two representations—they thing they are at the deepest level, and the thing they are not. Contrast and compare the submodalities of their representations. Do this with auditory and visual submodalities.

## ***Anchoring Emotional States Exercise***

In order to most effectively help a client stop smoking, we’ve got to answer the emotional needs smoking meets for them. A step in doing that effectively is to be able to elicit emotions and have a method for getting those emotions back on command. That’s what this exercise helps you build skill with.

One of the easiest ways to get someone to feel an emotion is to ask them to remember a time when they felt that emotion powerfully. We’ve got to make sure they’re associated in to that memory so they get the strongest possible feeling from it.

Then we can use our language, gestures and tone of voice to anchor those feelings. In other words, we can get them to reproduce those feelings on cue.

- Ask someone to think of an emotion they’d like to feel.
- Once they name the emotion, ask them to go to a time when they felt that emotion powerfully.
- Make sure they’re first-person, present tense in the memory. Use first-person and present tense language (You’re in the car, looking out of your own eyes. What does it feel like?” rather than “You can see yourself in the car. What did it feel like?”)
- Have them notice what their body feels like as they’re feeling the emotion. Have them notice where in their body the feelings are located and many of the other submodalities of that feeling (movement, temperature etc.).
- Create a verbal cue for getting that feeling back (“Any time I say the word 'excitement,' you bring these same feelings back. 'Excitement' brings that same feeling in your chest, the same warmth, the same spinning sensation. That's right, 'excitement.' Good.”) Say the word in a particular way (saying it with excitement would be good in this case) and be consistent about how you say it.

## ***Symptoms as Tasks Exercise***

Milton Erickson, the famous psychiatrist and hypnotherapist, often assigned symptoms as tasks to bring a habit under conscious control. This exercise helps you to learn how to use this technique effectively for smoking cessation. It’s simple and easy.

1. Talking to a smoker, ask them to describe their smoking ritual (If you don’t have access to a smoker, you can use any habit someone wants to break).
2. Pick 5 of the options for altering a task from the “Ways of Altering Behaviors” section of the “Breaking the Smoking Habit With Tasks” section of the program. Design 5 tasks that alter their smoking ritual/pattern in some way. For instance, if a smoker smokes right before he goes to bed, have him smoke ½ hour earlier.

## Conclusion

My father worked hard all of his life. He had fought in two wars and helped raise three kids. Right about when it was time for him to retire and get his reward for his years of hard work, he found out... Cancer of the lungs, liver and brain.

The cigarettes had such a hold on him that he continued to smoke. He burned holes in his recliner with his cigarettes (He was still smoking and falling asleep because of the pain killers). Eventually, the pain got so bad the strongest pain killers did not work. Because of the brain cancer and the drugs, he sometimes did not recognize us.

In the end he was unable to get out of bed, drugged up, in pain and rarely lucid. Believe me, it's no way to die.

This story is not mine alone. It repeats millions of times each year. According to the CDC, smoking is the leading preventable cause of death, causing about 443,000 deaths each year in America. About 5,400,000 die worldwide. In the 20<sup>th</sup> century an estimated 100 million people died because of tobacco use.

In the over twenty-five years since I watched my father die, I've learned a lot. I feel privileged to be able to share with you what I've learned about how to help people stop smoking. Use it.

You and I can help stop these tragedies. People who help people stop smoking are heroes. Be one.

A handwritten signature in blue ink, appearing to read 'KL'.

Keith Livingston  
<http://www.hypnosis101.com/>