

A systematic review exploring the effectiveness of Hypnotherapy as an intervention for the cessation of smoking in individual

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ABSTRACT

A significant number of individuals who smoke understand the risks of smoking but are unsuccessful when it comes to implementing smoking cessation. Hypnotherapy is often described as a tool that helps individuals shift their self-image from that of a smoker to a non-smoker. The purpose of this systematic review was to examine the status of existing research on the impact of hypnotherapy on smoking cessation in terms of type of hypnotherapy, type of application, relapse rate, duration of intervention, extent, and safety of smoking cessation, along the effectiveness in comparison with other pharmacological and non-pharmacological interventions. For this study, the authors used databases such as APA, Scopus, PubMed, JSTOR, and Frontiers for studies that used hypnotic interventions for smoking cessation. The Preferred reporting items for systematic reviews and meta-analyses (PRISMA) guidelines were adhered to for screening of the research papers and finalizing of data, from which the PRISMA flowchart was constructed. The authors extracted data on the nature and characteristics of the studies, the types of interventions used [hypnotherapy as a sole intervention or paired with other interventions], characteristics of the sample population [sample size, control groups, and demographic details of the sample], duration of the interventions, and the method of assessment of smoking abstinence. The results show that there is inconclusive effect of hypnotherapy on smoking cessation in the target population. Hypnotherapy has an apparent effect on behavior formation and change; this review paper will consequently serve to provide a holistic understanding of smoking cessation and hypnotherapy as a tool for it.

Key words: Behavior change, Hypnotherapy, Intervention, Quit rate, Relapse rate, Smoking cessation

People do not come into therapy to change their past but their future ~ Milton Erickson

Smoking remains the leading cause of morbidity and mortality in the United States and is recognized as the most reversible global health risk [1]. Among current smokers in health centers, 83% wanted to quit [2]. The WHO estimates that more than 8 million people die prematurely from tobacco use every year. This is the latest WHO estimate available as of June 2021, of these deaths they directly attributed more than 7 million to tobacco use. About 1.2 million non-smokers die from exposure to second-hand smoke.

Conventionally, hypnosis has been viewed as an altered state of consciousness, perhaps similar to sleep. However, recently several psychologists have questioned this view. Non-state theorists have argued that hypnosis can be adequately explained in terms of more ordinary psychological processes such as role

enactment, imagination, relaxation, compliance, obedience, attention, distraction, attitudes, and expectations, without the necessity of invoking the concept of a special state [3].

According to the Centers for Disease Control and Prevention, smoking causes cancer, heart disease, stroke, lung disease, diabetes, and chronic obstructive pulmonary disease, including emphysema and chronic bronchitis. Smoking also increases the risk of immune system problems such as tuberculosis, certain eye diseases, and rheumatoid arthritis. Second-hand smoke contributes to the deaths of approximately 41,000 non-smoking adults and 400 infants each year. Second-hand smoke causes stroke, lung cancer, and coronary artery disease among adults.

Apart from this, smoking leads to decreased productivity due to frequent smoking breaks and negative effects on physical and mental health. This inhalation of smoke by non-smokers is also unintentional or involuntary. Passive smokers are at risk of developing smoke-related illnesses if they do not light their

Access this article online

Received - 07 August 2023
Initial Review - 24 August 2023
Accepted - 09 September 2023

DOI: 10.32677/ejms.v8i3.4197

Quick Response code



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cigarettes. Inhaling tobacco smoke when exposed to other workplace hazards can increase the health effects of those hazards. For example, smoking is known to increase the risk of lung cancer in people exposed to asbestos, and there are other interactions with cement dust, chlorine, and irritant gases.

Pharmacotherapy is widely used as an intervention for smoking cessation. Three drugs that are currently marketed as first-line pharmacotherapy for quitting smoking are nicotine replacement therapy, bupropion hydrochloride, and varenicline tartrate. The probability of a successful quit attempt is increased if counseling is provided along with pharmacotherapy [4]. Several other treatments have proved to be effective in smoking cessation including behavioral therapy and cognitive behavioral therapy [5] motivational interviewing [6], acceptance, and commitment therapy [7], and contingency management or incentive-based interventions. Hypnotherapy is very popular to help people quit smoking because it has fewer side effects. It acts on an individual's underlying urges to reduce the desire to smoke or increase the desire to quit [8].

Hypnosis can be used in two ways, as suggestive therapy or as patient analysis. As a first suggested therapy: Hypnosis allows a person to respond better to suggestions. Therefore, hypnotherapy may help change certain behaviors, such as quitting smoking or biting nails. It also helps alter perceptions and sensations, especially in treating pain.

Second, as an analysis: This approach uses the relaxed state to explore potential psychological root causes of disorders or symptoms such as past traumatic events that a person hides in their unconscious memory. Once the trauma becomes apparent, it can be treated with psychotherapy.

In a withdrawal program conducted in Ohio, the program defined hypnosis as an elevated state of consciousness that allows one to achieve and maintain an acquired level of relaxation [9]. Hypnosis can be viewed as "an aroused state of consciousness, in which a person's attention is detached from his immediate surroundings and absorbed in internal experiences such as emotions, perceptions, and ideas." The hypnotic stage is reached by hypnotic induction.

Research Questions

- Q 1. Is Hypnotherapy an intervention effective for smoking cessation?
- Q 2. Does Hypnotherapy become more effective when paired with another intervention?
- Q 3. Is there a significant difference in the abstinence rate after individual and group hypnotherapy sessions?

METHODOLOGY

This Literature Review aimed to collect, analyze, and synthesize available research that pertains to hypnotic intervention either as a sole intervention or paired with any other intervention for smoking cessation.

Searching and Screening Papers

To find the required papers that met our criteria, the authors searched through online databases such as PubMed, APA, Frontiers, and JSTOR. A search filter was used to exclude papers that were published before the year 2000. The search strings and filters are illustrated in Table 1.

Selection Criteria

The authors considered papers that had controlled trials with or without randomization for people who smoked and hypnotherapy was used as an intervention. The authors also considered studies where other interventions such as Nicotine Replacement Therapy to compare if hypnosis works better when combined with another intervention. The authors then screened out papers published before the year 2000. The inclusion criteria for our study are illustrated below (Table 2).

Eligibility Criteria

The preliminary search for papers from Scopus, PubMed, JSTOR, APA, and Frontiers databases was carried out on October 1st, 2022. The systematic review was executed following the PRISMA guidelines and checklist. The search returned a total of 404 articles. After duplicates were removed and primary screening based on their titles, abstracts, and summaries was performed; a total of 27 publications were finalized for analysis using the QualySyst Tool for conducting a quality assessment of the selected publications [10]. The cut-off for the articles was set at 0.65. Using the cut-off criteria, a total of 19 publications were further excluded based on the cutoff criteria. Finally, a total of 8 publications were included in the final assessment for the systematic literature review.

PRISMA GUIDELINES

PRISMA refers to Preferred Reporting Items for Systematic Reviews and Meta-Analyses. It is an evidence-based minimum set of items for reporting in systematic reviews and meta-analyses. The PRISMA guidelines consisting of a 27-item checklist (Table 3) and a 4-phase flow diagram (Fig. 1) were followed to conduct this systematic review. This helped us conduct a high-quality review and structure and format the review using PRISMA headings.

As seen in Table 4, the following study tags were synthesized from the final eight research papers. All the publications included participants who were moderate-to-heavy smokers (determined by the number of cigarettes consumed per day) with at least a high-school level of education. There was a variation in the gender, ethnicity, age, and background of the participants included in the final 8 research studies. Out of the 8 studies, 4 used self-report as an instrument to measure abstinence rate, 1 used urine analysis and household proxy, and 3 used a combination of expired carbon monoxide measurement at baseline, saliva cotinine analysis, and self-report. The Study Tags were retrieved from the eight finalized publications in the research (Table 4).

Table 1: Search strings and Search filters used for the literature search

Key words	Databases	Filters
Smoking, Hypnosis, Hypnotherapy, Smoking Cessation	PubMed	Publication Year (2000–2022), Language of Test (English)
Smoking, Hypnosis, Hypnotherapy, Smoking Cessation	APA	Publication Year (2000–2022), Language of Test (English)
Smoking, Hypnosis, Hypnotherapy, Smoking Cessation	JSTOR	Publication Year (2000–2022), Language of Test (English)
Smoking, Hypnosis, Hypnotherapy, Smoking Cessation	Frontiers	Language of Test (English)

Table 2: Inclusion criteria for the review

Criterion type	Description
Topic	The study must focus on using Hypnotherapy as a primary intervention
Date of Publication	The papers must be published between the years 2000–2022
Publication Type	The study must be from a peer-reviewed journal
Research Type	The results of the study must be descriptive; they must be randomized trials with or without a control group. The authors also considered quasi-experimental studies
Transparency	The Techniques used in the study must be clear and well-defined.

quantitative results from a qualitative point of view. The second stage consisted of converting the descriptive tags into themes for the thematic analysis. A tag was designated as a theme if it was confirmed by more than two researchers (Table 4).

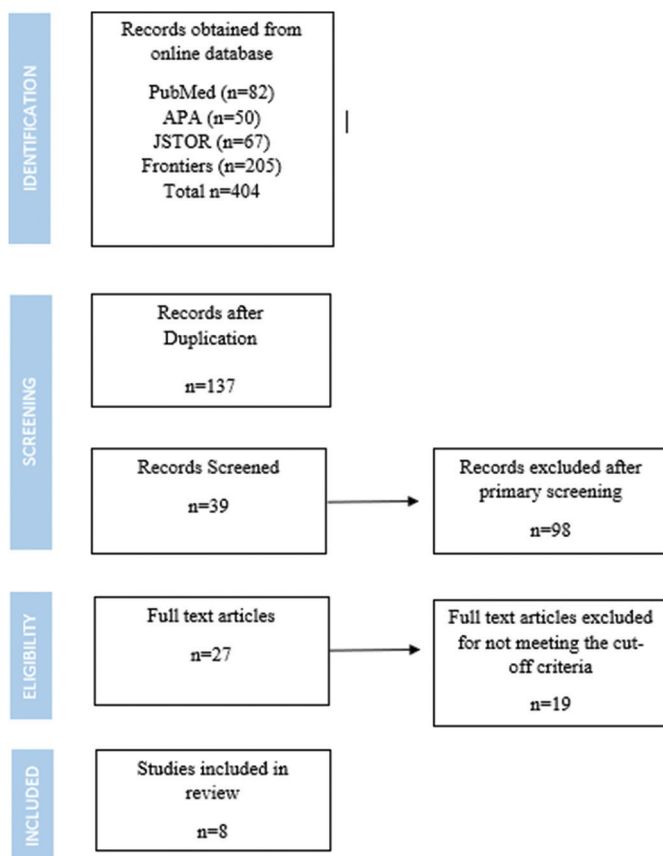
The Study Tags were retrieved and recorded from the eight finalized publications in the research (Table 5). The finalized tags, later used as the themes for the systematic review were the ones that were common across these publications. The found themes across the papers can be seen in Table 5. The tags were used as themes if 2 or more papers repeated it. The analysis of these 8 publications depicted certain common characteristics concerning the use of hypnotherapy as an intervention.

RESULTS

The primary goal of this study was to produce a systematic review of the literature on the effects of hypnotherapy on the cessation of smoking. The objectives of the paper were to assess the effects of hypnotherapy on smoking cessation, to analyze if the effectiveness of hypnotherapy differed when paired with another intervention, and to assess if there is a difference in the effectiveness of group hypnotherapy and individual hypnotherapy. The findings from the studies that were included provided us with several areas that could be explored, which helped us answer the authors' research questions.

The authors' first research topic was to assess the effectiveness of hypnotherapy on smoking cessation. The findings of the study were inconclusive. While few research studies showed a high abstinence rate after hypnotherapy cessation, others pointed out that hypnotherapy as an intervention lacks significant evidence for smoking cessation. One of the major limitations of the studies examining the effectiveness of hypnotherapy as an intervention is that no standard protocol exists for hypnotic interventions for smoking cessation [11]. Because of the lack of such standards, it is difficult to compare various studies. There are various extraneous factors both on the part of the researcher and participant that might affect the outcome of the treatment such as kind of hypnotic suggestion, intrinsic motivation, insecurities, conviction, participant's expectations from the treatment, etc. Another limitation that hinders the assessment of hypnotherapy as an intervention is the fact that no standardized tool was used in any of the studies to check if the hypnosis state was induced in the participant.

In recent tobacco cessation studies, hypnosis has been shown to generate quit rates that are comparable to those for standard evidence-based treatments combining counseling and nicotine replacement therapy. In their reviews of these studies,

**Figure 1: Prisma flow chart**

The process of data synthesis was systematic. In the first stage, the sections of the chosen publications that addressed at least one of the research questions were highlighted after repeated readings. As all the papers retained in the final stage used quantitative research methods, tags were mainly extracted by analyzing the papers' results section. Thus, making it possible to explore the

Table 3: PRISMA checklist

PRISMA checklist	Elkins <i>et al.</i> (2010)	Ridfah <i>et al.</i> (2019)	Hijevych <i>et al.</i> (2008)	Spillmann <i>et al.</i> (2013)	Elkins <i>et al.</i> (2004)	Hasana <i>et al.</i> (2014)	Riegel <i>et al.</i> (2012)	Carmody <i>et al.</i> (2017)
Question/Objective sufficiently described?	✓	✓	✓	✓	✓	✓	✓	✓
Study design evident and appropriate?	✓	✓	✓	✓	✓	✓	✓	✓
Method of subject/comparison group selection or source of information appropriate?	✓	✓	✓	✓	✓	✓	✓	✓
Subject characteristics sufficiently described?	✓	✓	✓	✓	✓	✓	✓	✓
If interventional and random allocation were possible, was it described?	✓	✓	✓	✓	✓	✓	✓	✓
If interventional and blinding of investigators was possible, was it described?	✓	✓	✓	✓	✓	✓	✓	✓
If interventional and blinding of subjects was possible, was it reported	✓	✓	✓	✓	✓	✓	✓	✓
Outcome and exposure methods well defined and robust to measurement/misclassification bias? means of assessment reported?	✓	✓	✓	✓	✓	✓	✓	✓
Is the sample size appropriate?	✓	✓	✓	✓	✓	✓	✓	✓
Analytical methods described/justified, appropriate?	✓	✓	✓	✓	✓	✓	✓	✓
Some estimate of variance is reported for the main results	✓	✓	✓	✓	✓	✓	✓	✓
Controlled for confounding	✓	✓	✓	✓	✓	✓	✓	✓
Results reported in sufficient details	✓	✓	✓	✓	✓	✓	✓	✓
The conclusion supported by the results	✓	✓	✓	✓	✓	✓	✓	✓

it is concluded that hypnosis yielded higher quit rates than wait-list control groups, and was generally comparable to other interventions that did not involve hypnosis [12,13]. However, only one study [14] examined the effectiveness of hypnosis as a relapse prevention intervention and showed no significant difference between the results of behavioral counseling and hypnotherapy. Using hypnosis for smoking cessation involves various factors such as enhancement of responsiveness to suggestions, alteration of unconscious impulses that serve to maintain smoking behavior, and increasing the individual's attention to treatment strategy. Hence, further research that examines the process that underlies hypnotherapy is needed.

The second research question aimed to assess if hypnotherapy becomes more effective when it is paired with other interventions, the findings of our study lead the authors to conclude that the effectiveness of hypnotherapy is not altered when paired with other nicotine replacement interventions or other behavioral interventions such as group relaxation. It was found that the effectiveness of hypnotherapy did not have any statistically significant improvement when paired with Nicotine Replacement Therapy [1]. In another study [15] respondents reported limited use of behavioral strategies to facilitate smoking cessation, which may reflect the message from the program that no additional techniques were needed. To be able to describe the effectiveness of hypnotherapy alone or in combination with alternative treatments, future research could be designed to test these issues. Holroyd (1980) suggested that the likelihood of success for hypnosis in the treatment of tobacco dependency may be increased by an approach that includes: (a) multiple sessions; (b) individualized hypnotic suggestions; (c) individualized counseling with follow-up; and (d) an intense interpersonal relationship.

There are various extraneous factors (both on the part of the researcher and participant) that might affect the outcome of the treatment such as kind of hypnotic suggestion, intrinsic motivation, insecurities, conviction, and participant's expectations from the treatment, etc.

In a study by Carmody *et al.*, in 2017, it was found that there was no significant difference in the point prevalence quit rate between the group that received hypnotic intervention and the group that received behavioral interventions. Factors such as therapeutic support, skills training, use of relaxation, and reinforcement provided to the two groups using follow-up counseling decreased the difference between the two groups. Future studies are needed to evaluate and identify the most vulnerable populations that are most likely to benefit from hypnotic interventions.

The third research question strived to analyze if the results of group hypnotherapy sessions differed from those of individual hypnotherapy sessions. The authors found that there was no difference in terms of quit rate and abstinence rates [11]. It was found that there was no statistically significant difference in terms of the effectiveness of the intervention, and group hypnotherapy is just as good as if not better than Individual hypnotherapy [16]. Group hypnotherapy is an effective treatment method where spontaneity and creativity are essential as evidenced by the recent work reported in hypnodrama [17].

Table 4: Tags of the final research study

S. No.	Studies	Tags
1	Elkins <i>et al.</i> (2010)	Multiple sessions, individualized hypnotic suggestions, individualized counseling, therapeutic relationship, commitment to quit, post-hypnotic suggestions, visualization, self-hypnosis tape, dissociation from craving,
2	Ridfah <i>et al.</i> (2019)	Hypnotic suggestions, subconscious, basic impulses, commitment, desire to quit smoking, motivation to quit
3	Hijevych <i>et al.</i> (2008)	Commitment, motivation to quit, Nicotine Replacement Therapy, nicotine patch, nicotine gum, multiple sessions, self-hypnosis tape, relaxation, the feeling of control, perceived ability to be hypnotized
4	Spillmann <i>et al.</i> (2013)	Group hypnosis, group relaxation, self-image shift, therapeutic relationship, social support, psycho-education, hypnotic suggestions, commitment to smoking cessation, self-efficacy, hypnotic CDs,
5	Elkins <i>et al.</i> (2004)	Individualized sessions, participant satisfaction, therapeutic relationship, relaxation, social support, eye focus, visualization, psycho-education, social support, post-hypnotic suggestions, self-hypnotic tapes, commitment to quit
6	Hasana <i>et al.</i> (2014)	Motivation to quit, self-efficacy, therapeutic relationships, hypnotic suggestions, relaxation, sleep worth, hypnotic CDs.
7	Riegel <i>et al.</i> (2012)	Individual sessions, manualized sessions, high motivation to quit, self-hypnosis, interpersonal sensitivity, the extent of hypotonicity
8	Carmody <i>et al.</i> (2017)	Individual counseling, nicotine lozenges, nicotine replacement therapy, guided imagery, self-image as a non-smoker, perceived helpfulness, relapse prevention, counselor's support

In a study [18] involving intensive hypnotherapy conducted over 2 months (8 visits), the hypnotherapy group achieved 30% continuous abstinence at the end of the treatment period. None of the subjects in the control group achieved continuous abstinence. Results of another study, [19] proved that hypnotherapy decreased the intensity of teenage smoking ($p=0.001$). A further study [15] investigating the effect of a single-session group hypnotherapy smoking cessation program showed a self-reported smoking cessation rate of 22% at 5–15 months post-treatment. The study also included the use of Nicotine Patch, Nicotine Gum, and Bupropion and explored its effectiveness when combined with group hypnotherapy.

In a distinct study [11] which compared a single session of individual and group hypnosis, the results showed no statistical difference in the rate of smoking cessation after individual or group hypnotherapy. Another study [16] which also compared Individual and group hypnosis found that group hypnotherapy was just as, if not more effective than individual hypnotherapy as an intervention for smoking cessation.

Further, [20] which assessed the effect of a three-session hypnosis intervention on smoking found that participants who attended all three sessions were more likely to remain abstinent as compared to individuals who attended fewer sessions. A study [14] that compared Behavioural Counselling and Hypnotherapy as interventions for smoking cessation found that there was no significant difference in the quit rates of individuals in either of the groups. Another study [1] that compared Nicotine Replacement therapy to Hypnotherapy found that participants who received hypnotherapy were more likely to be non-smokers than participants who received nicotine replacement therapy.

DISCUSSION

In reviewing eight papers, the eight major themes were obtained from analyzing the tags (Table 6). These themes reflected the major elements of hypnotherapy as an intervention used in the research papers.

Individual Counselling is a recurring theme in the research studying the impact of hypnotherapy on smoking cessation. Having Counseling as a part of hypnotherapy intervention can help achieve higher quit rates by addressing and treating the specific causes of a smoking habit. It also encourages the use of coping mechanisms to deal with the stress that creates the urge to smoke and reduces the desire to smoke. One review paper concluded that high-quality evidence supports that individually delivered smoking cessation counseling can assist smokers in quitting [21]. Further, Counseling can help bring about cognitive changes, including greater psychological flexibility, and more confidence about quitting [22].

Hypnotic CDs and Tapes are widely used in studies with hypnotherapy as an intervention. They help provide a greater feeling of calmness and wellbeing leaving the individual feel emotionally and physically at ease. The hypnotic states induced through hypnotic CDs and Tapes produce Alpha and Theta brain waves signifying a state of restfulness and deep relaxation. These waves increase in frequency as the process deepens and allows for clearer, less confused, and more constructive inner focus. The results of a study using Hypnotic CDs as an intervention revealed a medium-to-large beneficial effect on participants' stress, burnout, and well-being levels and decreased use of escape-avoidance coping strategy [23].

Nicotine Replacement Therapy is used as a supporting intervention in some of the research using hypnotherapy. It is a treatment to aid in smoking cessation using products that supply low nicotine doses like Nicotine gum, patches, sprays, inhalers, or lozenges. Since it helps reduce cravings and physical withdrawal symptoms, an individual can focus on breaking the mental addiction and developing the willpower to stop smoking using other interventions such as hypnotherapy. A systematic review found that all forms of NRT increased the chances of individuals successfully quitting smoking [24]. Another study concluded that nicotine patches resulted in more than a doubling of quit rates at a 6-month follow-up compared to a no-intervention control group [25].

Table 5: Characteristics of final research papers included in the study

S no.	Title	Author and Year	Sample Size	Kind of Hypnotherapy	Methodology	Follow - up period	Results
1	Intensive hypnotherapy for smoking cessation: A prospective study	Elkins <i>et al.</i> (2010)	Twenty subjects were randomly assigned to either an intensive hypnotherapy condition or to a wait-list control condition.	Individual Sessions	Sessions were taken in 8 visits over 2 months	Evaluation at weeks 12 and 26	Results indicated 30% continuous abstinence at the end of the treatment period. None of the subjects in the control group achieved continuous abstinence
2	The analysis of hypnotherapy model for smokers.	Ridfah <i>et al.</i> (2019)	The research participant was 12 new students in one of the faculties at Universitas Negeri Makassar with an age range of 18-20 years	Individual 20-minute session to the participants by certified Hypnotherapists	The study involved 3 steps. First, gathering information about participants; Second, giving hypnotherapy session by trained hypnotherapists with suggestions to stop smoking and third, controlling the frequency of smoking reports.	Participants were assessed post intervention only.	The results of the study indicate that hypnotherapy affects the decrease in the intensity of teenage smoking ($p = 0.001$). On the basis of the results obtained, hypnotherapy can be an alternative technique for teens in reducing their smoking intensity.
3	Descriptive outcomes of the American lung association of Ohio hypnotherapy smoking cessation program	Hijevyeh <i>et al.</i> (2008)	A sample of 452 people was randomly selected from a total of 2,810 people who had attended a single stop-smoking-by-hypnosis session	Individual Hypnosis	The 1-hour interactive program consisted of the leader sharing information about hypnosis followed by 40-minute hypnosis component included relaxation, deep breathing, and concentration	Evaluation at 5 - 15 months after treatment	A self-reported smoking cessation rate of 22% at 5 to 15 months posttreatment is comparable to other hypnosis programs previously cited in this report
4	Group hypnosis vs. relaxation for smoking cessation in adults: a cluster-randomised controlled trial	Spillmann <i>et al.</i> (2013)	A single session of hypnosis or relaxation for smoking cessation was delivered to groups of smokers (median size = 11). Participants were 223 smokers consuming ≥ 5 cigarettes per day, willing to quit and not using cessation aids	Group hypnosis	This was a cluster-randomised, parallel-group, controlled trial.	Evaluation at 6 months	At the 6-month follow up, 14.7% in the hypnosis group and 17.8% in the relaxation group were abstinent. The intervention had no effect on smoking status ($p = .73$) or on the number of cigarettes smoked per day ($p = .56$).

(Contd...)

Table 5: (Continued)

S no.	Title	Author and Year	Sample Size	Kind of Hypnotherapy	Methodology	Follow - up period	Results
5	Clinical hypnosis for smoking cessation: Preliminary results of a three-session intervention	Elkins <i>et al.</i> (2004)	Thirty smokers enrolled in an HMO were referred by their primary physician for treatment. Twenty-one patients returned after an initial consultation and received hypnosis for smoking cessation.	Individual Sessions	The first session was the initial consultation and did not include a hypnotic induction. Sessions 2 and 3 involved individually adapted hypnotic suggestions and an individual therapeutic relationship with each patient.	Evaluation at 3 months, 9 months and a year.	81% of those patients reported that they had stopped smoking, and 48% reported abstinence at 12 months posttreatment. Most patients (95%) were satisfied with the treatment they received
6	Hypnotherapy is more effective than nicotine replacement therapy for smoking cessation: Results of a randomized controlled trial	Hasana <i>et al.</i> (2014)	164 patients were divided into 3 groups - NRT for 30 days (NRT; n = 41), a 90-min hypnotherapy session (H; n = 39), and NRT with hypnotherapy (HNRT; n = 37).	Individual Sessions	Followed self-report method and biochemically verified 7-day prevalence smoking abstinence rates	Evaluated at 12 and 26 weeks post-hospitalization.	Smoking abstinence rates in the HNRT group were similar to the H group. There was no difference in smoking abstinence rates at 26 weeks between “self quit” and participants in any of the treatment groups.
7	Hypnosis for smoking cessation: Group and individual treatment—A free choice study	Riegel <i>et al.</i> (2012)	Eighty-five smokers chose either a group or individual treatment using manualized hypnosis.	Group and Individual treatment	The group on which individual treatment was administered consisted of three sessions and group Treatment of Four Sessions. Training in self-hypnosis and relaxation was also given	Evaluated 3 months after the program	At the end of treatment, 48.2% (GT) and 37.9% (IT) reported being smoke free. If we consider continuous abstinence, quit rates were 12.5% for GT and 6.9% for IT
8	Hypnosis for smoking relapse prevention: A randomized trial	Carmody <i>et al.</i> (2017)	Out of 362 total sample, 257 smokers were deemed eligible, and 117 (46%) declined to enrol. Smokers who had a contraindication to nicotine replacement (N = 9) were excluded.	Individual session	a total of 362 current smokers who were interested in quitting and were smoking at least 10 cigarettes per day during the pre-enrolment week were screened for the present study.	Evaluated at 26 weeks and 52 weeks	In conclusion, the validated point-prevalence quit rates at 26 and 52 weeks for the hypnosis and behavioural counselling relapse prevention interventions were not significantly different

Therapeutic relationships are a recurring theme in 3 studies; these studies emphasized building a therapeutic relationship in the first session. Therapeutic relationships are a major part of health care, they help establish the foundation of a positive clinical-patient relationship and have the potential to have a positive impact on an individual's experiences [26]. A variety of client-therapist relationship factors such as getting feedback from the client during the treatment process making amends when required, and setting therapy goals that both parties agree upon are almost as vital as

using the right treatment methods [27]. A Positive therapeutic relationship between a client and therapist is linked with client improvement throughout treatment. Greater regard should be given to a therapist's communication skills which may intensify the therapeutic relationship during the treatment [28].

Commitment to Quit is an extremely significant component in any kind of intervention for smoking cessation. In a study [29], it was found that higher commitment to quitting at baseline predicted greater odds of abstinence at post-treatment and 16 and 26 weeks

Table 6: Studies and their proposed themes

Study	Individual Counselling	Hypnotic CDs and tapes	Commitment to quit	Relationships and support	Nicotine Replacements	Self-Efficacy	Therapeutic Relationship	Self-Image
Elkins <i>et al.</i> (2010)	✓	✓	✓	✓	✓		✓	
Ridfah <i>et al.</i> (2019)			✓		✓			
Hijevych <i>et al.</i> (2008)	✓	✓	✓					
Spillmann <i>et al.</i> (2013)		✓	✓	✓		✓		✓
Elkins <i>et al.</i> (2004)	✓		✓	✓				
Hasana <i>et al.</i> (2014)		✓	✓	✓		✓	✓	
Riegel <i>et al.</i> (2012)	✓		✓	✓				
Carmody <i>et al.</i> (2017)	✓	✓		✓	✓		✓	✓

after the quit date. The systematic review of the research papers holds this as corroborative evidence for the findings of the seven studies that present this as a theme. Many studies have reported a high willingness to quit smoking and high rates of cessation attempts [11].

Relationships and support are visible as themes in six studies; they are a strong backing which is necessary as a strong support for intervention. It aids in building confidence and a strong attitude toward smoking cessation. A systematic review of research studies found that building strong relationships that have a positive regard toward the participants' ability to reduce smoking plays a significant role in smoking cessation. Social support constructs in predicting motivation for and success in quitting [30].

Self-efficacy is a recurring theme in 2 papers that were intensively reviewed. From the findings, it can be concluded that there is a positive correlation with smoking cessation. Self-efficacy related to smoking cessation was high in all groups at baseline and did not differ based on the type of diagnosis at hospitalization; however, smoking-related self-efficacy at baseline was associated with smoking abstinence at follow-up, such that smoking abstainers at both follow-up time points had reported higher self-efficacy [1].

Self-image is a theme that was noticed in two of our finalized studies, according to the APA self-image refers to a person's view of themselves or a person's self-concept, having a low self-image often leads to having low self-esteem. When individuals think that they are not worthy of much they tend to stick to old patterns and avoid new things [31]. Higher levels of self-ignorance and self-blame lead to inferior treatment outcomes and higher level of self-love and lower level of self-blame leads to superior post-treatment outcomes for individuals with anxiety and depression-related disorders. Improving one's self-image is imperative to achieve good therapeutic outcomes [32].

GAPS IN THE RESEARCH

Most research on hypnotherapy has used a combination of multiple treatment elements instead of comparing one element with another. Hence, it is difficult to pinpoint if the quit rates were a result of hypnotherapy or were influenced by the other elements. There are various extraneous factors (both on the part of the researcher and participant) that might affect the outcome of the treatment such as kind of hypnotic suggestion, intrinsic motivation, insecurities, conviction, and participant's expectations from the treatment. The majority of the studies do not take these factors into account while establishing the effectiveness of hypnotherapy for smoking cessation.

Further, no standard protocol exists for hypnotic interventions for smoking cessation [11]. Because of the lack of such standards, it is difficult to compare various studies. Another limitation that hinders the assessment of hypnotherapy as an intervention is the absence of any standardized tool to check if the hypnosis state was induced in the participant.

IMPLICATIONS OF THIS STUDY

This review paper has many significant implications, not only in the research field but also in the field of intervention and rehabilitation. The findings can be used by rehabilitation centers to implement evidence-based hypnotherapy as a method of intervention for smoking cessation in individuals who are committed to quitting. The other themes found in this review paper, such as therapeutic relationships, support, other hypnotic tools, self-efficacy, and self-image, could be used to create and implement a comprehensive intervention schedule. This review paper also opens up the possibility of implementing policies in the workplace; employees could work on reducing their smoking behavior without the use of chemical inhibitors or nicotine

replacement therapy in the workplace, leading to increased productivity. Hypnotherapy as a tool for smoking cessation can also be used for a specific or vulnerable population, for example, pregnant women and chronic patients who cannot take prescribed medication or follow traditional pharmacology methods of smoking cessation.

FUTURE SCOPE OF THIS STUDY

Currently, most of the studies have been conducted on the sample belonging to higher-income urban populations. Hence, more studies need to be conducted in lower-income settings. Very few researchers studied the effectiveness of hypnotherapy on relapse prevention and the majority of them just focused on achieving higher quit rates. Hence, further studies are also needed to examine the effect of hypnotherapy on relapse prevention. Using hypnosis for smoking cessation involves various factors such as enhancement of responsiveness to suggestions, alteration of unconscious impulses that serve to maintain smoking behavior, and increasing the individual's attention to treatment strategy. Hence, further research that examines the process that underlies hypnotherapy is needed. Future studies are needed to evaluate and identify the most vulnerable populations that are most likely to benefit from hypnotic interventions.

CONCLUSION

Hypnotherapy has been studied as a pseudoscience for decades, but the intensive empirical study in this field has given it significant meaning and holds in the field as a science. This review paper has successfully derived the effect hypnotherapy has on the habit of smoking which can be applied to changing behaviors and cessation of smoking addiction by studying literature and drawing inferences and correlations. Hypnotherapy has an apparent effect on behavior formation and change.

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Funding: Nil; Conflicts of Interest: None Stated.

How to cite this article: Agrawal R, Aldons S, Sabreen R, *et al.* A systematic review exploring the effectiveness of Hypnotherapy as an intervention for the cessation of smoking in individuals. *Eastern J Med Sci.* 2023;8(3):45-54.