

## **21 tips to help your clients stop smoking**

In 1992, the *New Scientist* magazine reported research by scientists at Iowa University who analysed the results of 600 studies of nearly 72,000 people in Europe and the USA who had used different methods to quit smoking. They found that hypnotherapy is consistently the most successful way to become a non-smoker. Among those ex-smokers who had successfully quit the habit, 30 percent had done so through hypnotherapy, compared with 25 percent through aversion therapy, 24 percent through acupuncture, ten percent through nicotine gum, nine percent through books and mail order advice, and six percent through willpower.<sup>1</sup> The hypnotherapist, then, has at his or her disposal an extraordinarily powerful method for helping people stop smoking, one that has astounding potential for benefiting the millions of people now smoking who now want to quit the habit.

Yet despite this proven success - and superiority to other commonly-used methods - hypnotherapy still does not enjoy approval as a smoking cessation method by “officialdom”, in the form of government and the medical profession. Many members of the public, too, remain sceptical of its capacity to help them become non-smokers. Why should this be? I believe that it is because of a lack of a consensus as to what constitutes “best practice” in enabling clients to stop smoking – and stay stopped – via hypnotherapy. This is in some ways quite remarkable. In most occupations, whether they call themselves industries, crafts, trades, professions, sciences, arts or whatever, many years of experience have led to the creation of recognised “bench-marks”. A bench-mark is a recognised standard “best practice” way of carrying out some task, known and practised by everyone in that field. An engineer, an accountant, an insurance assessor, a dentist, a car mechanic, a plumber, an osteopath – all these have a standard “best practice” way of doing something, which remains standard until a particular innovation proves itself to be superior to the previous way and supersedes it as “best practice”.

Yet when it comes to the use of hypnotherapy to help people quit smoking, no such generally accepted “best practice” exists. Newcomers to the field of hypnotherapy have to more or less “reinvent the wheel”, stumbling along and doing their best to apply what they have picked up from numerous sources in order to help those clients who seek their help in order to become non-smokers. By a process which is as much trial-and-error as an application of proven effective techniques, the hypnotherapist either comes to some understanding of what techniques are most likely to work, and bases his or her future practice on them, or else stops taking smokers as clients or even drops out of the hypnotherapy field completely.

Indeed, it is estimated that about 85 percent of people who set themselves up as hypnotherapists are out of the field within twelve months. I believe that this is both an appalling tragedy and a waste of resources. Thousands of people – just like you and me – set out to begin a career helping people, and pay substantial fees to attend hypnotherapy school, then probably a lot more money on ineffective advertising and marketing, only to find that their aspirations for a new career dashed because not enough paying clients come through the door to enable them to make ends meet. Partly this is because those hypnotherapists simply do not have the marketing and practice-building knowledge that they need to build a practice which gets a steady flow of paying clients in the door. Partly

it is because they don't know the most effective, real-world techniques for getting rapid and effective results with those clients when they do arrive.

This is not just bad news for those unfortunate newcomers who end up leaving the field so quickly, despite their best intentions. It is also damaging for long-established hypnotherapists who have stayed the course and built up successful practices. In 1995, the UK Consumers' Association carried out a survey of subscribers to its magazine *Which?* to discover their levels of satisfaction with various styles of complementary medicine. The survey showed that of all the fields of complementary therapy it surveyed, hypnotherapy came out worst in terms of consumer satisfaction. When asked, "Would you recommend this alternative treatment to a relative or friend with the same problem?", hypnotherapy received the lowest recommendation, with only 40 per cent answering "yes", compared to 90 per cent for aromatherapy, 86 per cent for chiropractic, 84 per cent for osteopathy, and 71 per cent each for homeopathy and herbalism.<sup>2</sup> This is bad news for all of us, because it means that large numbers of potential clients who might have benefited from our services have almost certainly been deterred by bad word-of-mouth from friends, family, colleagues and others who have been dissatisfied with their experiences with hypnotherapy.

Quite frankly, I suspect that one of the reasons why hypnotherapy is in general so unpopular is that all too often it is done badly. By the very nature of hypnotherapy sessions, what takes place between therapist and client during sessions is private and confidential. It is rare that we see a first-hand account – from the client's point of view – of what happens in a hypnotherapy session. When we do, it can be quite revealing.

In March 2004, the *Observer* carried a report by Natasha Plowright about what happened when she went to see a hypnotherapist to stop smoking (for a fee of £275). Ms Plowright reports:

'We discuss my smoking history and current habit. Anxious to impress, I say I only smoke a couple a day. She points out that the amount doesn't matter. What's important is that I regard cigarettes as a reward, a treat, and it is this association that needs to be broken. She explains the hypnotic state I will enter is not the 'deep to sleep' stage-show entertainment type most people assume - I will still be 'awake', just very relaxed, and my limbs might feel numb. (1)

'By now I'm impatient (2) and practically throw myself at the leather chair. She gently instructs me to close my eyes and breathe deeply. As directed, I focus on relaxing my feet, but already she's moved on. I'm alarmed by the pace. (2) Also, by the change in her voice: it's taken on a distinctly bullying tone, somewhat strident and nasal (3). I barely get in touch with my thighs before she's up at my jaw (4). I'm really worried that if I can't keep up, I will miss out on a vital part of the hypnotic process (5), but I'm far too intimidated to say anything (6). 'You are now completely relaxed,' she asserts (7), and asks me to confirm by wiggling my forefinger. I obey. (8) She then instructs me to count backwards from 100, telling me that each number will take me into a deeper state of relaxation. 'Very soon the numbers will drop away and disappear and when they do, I want you to say "All gone."' I begin the countdown. Around 92, she repeats, rather emphatically, that

the numbers will 'just drop away'. The numbers are still very much there. (9) I work my way slowly down to 79. 'Say "all gone" when they've disappeared,' comes a fierce (10) reminder. 'All gone,' I say forlornly (11). She now begins to speak rapidly and insistently about the negatives of smoking: filthy, disgusting, lung cancer, throat cancer... (12) It's like a police interrogation with me as prime suspect. (13) My mind is frighteningly alert even though my body is heavy. I'm troubled that my critical faculties far from being bypassed are very much engaged. (14) I'm disappointed by the generalised nature of her monologue. When she says things such as, 'Maybe you smoke first thing in the morning,' I want to say, 'Weren't you listening before? I told you I didn't!' I suppose I expect the session to be specific to me, whereas it clearly follows a standard script, (15) and feels rushed. (16) Then the shouting begins: 'You are now a non-smoker and will remain a non-smoker for the rest of your life.' Over and over, this phrase is repeated at deafening volume. I know the point is to convince my subconscious, but I'm not sure it's paying attention. (17) At last she stops and the quiet is wonderful. (18) I'm told that each time I see the colour red this message will be reinforced. (19) Then I'm 'brought back'. I don't know what to say when she asks how I am. I'm feeling rather remote, but say something suitably positive. (20) I walk out of the building; a bright red bus catches my attention and I pray the treatment's worked.' At the time of writing, I haven't smoked for over a month. I genuinely mean never to smoke again, but I can't honestly say I haven't thought about cigarettes.

'Mostly it's been a positive meditation: an appreciation of feeling free, of not being governed by smoking. But I still miss the ritual. The craving, as promised, is never intense and passes quickly, leaving only a vague sense of melancholy, as if I've lost a small trinket of no great matter but of some sentimental value. Was hypnosis and NLP effective? Well, I haven't displayed the traditional symptoms of someone giving up: no grumpiness or compulsive eating, and I haven't felt deprived. But neither has it been the effortless joy I was hoping for. I feel that success is due more to a decision I took beforehand rather than as a result of the session.'(21)<sup>3</sup>

Here we have a case study in how *not* to do hypnotherapy. There are several points where the approach needs improvement. Those that stand out are as follows, with the numbers below referring to the numbers in the text above:

- (1) How can the therapist possibly know in advance that the client's future experience of trance will be that she will "still be 'awake', just very relaxed, and [her] limbs might feel numb"? What if the client experiences something different from that? Would that not lead the client to assume that the session must have been a failure?
- (2) The therapist fails to pace the client – a fundamental necessity for effective hypnotherapy – thus leading to a state the client describes as "alarm" – and this while supposedly beginning to induce trance!
- (3) The therapist adopts a tone the client describes as "bullying...strident and nasal", a further reason<sup>3</sup> for the client to feel alarmed. (Can you blame her?)

- (4) Again the therapist fails to pace the client...
- (5) ...causing the client to feel “really worried” and create a negative expectation within the client. Not terribly good.
- (6) The client is “too intimidated to say anything”. (Ye gods!)
- (7) The therapist asserts that the client is “now completely relaxed”. In fact the client says she was alarmed, bullied, worried and intimidated. There is scope for some improvement in matching and mirroring here, I suggest.
- (8) The client’s non-verbal communication (wiggling her forefinger to obey the request to confirm that she is relaxed) is incongruent with her actual internal state (alarmed, bullied, worried and intimidated).
- (9) The therapist makes a prediction about the client’s internal state of awareness which turns out to be untrue (surprise, surprise).
- (10) A “fierce” tone of voice. No further comment.
- (11) The client describes her tone of voice (which is presumably congruent with her inner state) as “forlorn”. *The Shorter Oxford English Dictionary* defines “forlorn” as “lost, not to be found, morally lost, depraved, doomed to destruction, desperate, hopeless, abandoned, forsaken, desolate, in pitiful condition, wretched”. No further comment.
- (12) The therapist dwells on the negatives. We all know that the unconscious finds it difficult to process a negative.
- (13) The client uses a metaphor (strictly speaking, a simile) to describe her state at this point: “like a police interrogation with me as prime suspect”. I think we can legitimately assume that it is not an empowering experience.
- (14) The client feels “troubled” that her critical faculties are “very much engaged”. Can’t say I blame her.
- (15) The client – entirely reasonably – feels “disappointed” by the therapist’s refusal to listen even to her *conscious* communications (which everyone can pick up), let alone the unconscious ones that hypnotherapists are supposed to also work with.
- (16) Again the therapist fails to pace the client.
- (17) The therapist repeatedly shouts at the client “over and over...at deafening volume” – which is likely to repel anyone. The client says that she doubts her subconscious is paying attention – who can blame it?
- (18) After the therapist shuts her mouth, “the quiet is wonderful”. I can believe it.
- (19) The therapist tries to form an arbitrary association between the colour red and the reinforcement of this dubious “message” – with no particular reason or emotional charge connecting the two.
- (20) The client’s verbal communication (“positive”) is incongruent with her internal state (“feeling rather remote”).
- (21) The client did at least become a non-smoker, but – with good reason – she attributes that result to her decision beforehand rather than the session.

Well, you don’t get much for £275 these days! If this performance is characteristic of a significant proportion of what purports to be “hypnotherapy” in Britain today, it’s no

wonder so many people told the Consumers' Association how unhappy they were with it.

What, then, are the approaches, techniques and methods which are proven to be successful in enabling people to stop smoking? They come down to 21 essential points:

**(1) The therapist must have committed to – and achieved – the highest possible level of professional skill in enabling clients to stop smoking.**

There is nothing in this world that is really worth having that comes easy or cheap. As the saying has it: amateurs practise until they get it right – professionals practise until they can't get it wrong. Becoming a skilled professional hypnotherapist who can consistently and reliably help people achieve their goals is a life-long task. However informative and comprehensive a hypnotherapy school may be, it is only the beginning of the therapist's learning about effective change work. True mastery comes also using that knowledge in actual experience with real clients, and applying the lessons learned from that experience to our work with future clients, as well as continual reading, attending short courses and innovating new approaches of our own. Challenges, setbacks and unfamiliar situations with clients are regarded as feedback which spurs us to study more, to improve our technique and to learn and develop new effective approaches. As all life is growth, true professional hypnotherapists never reach a point of complacency where they assume that they know everything and can rest on their laurels. On the contrary, they always want to improve what they do.

**(2) The therapist must have an effective marketing strategy which educates clients as to how hypnotherapy can help them and convinces them that paying for that particular therapist's services is the best possible use of that money.**

No hypnotherapy happens unless you have a client who walks through the door wanting to pay you money in return for your services. In order to get that to happen, you have to educate members of the public – your prospective clients – as to (a) what hypnotherapy is, (b) how it can enable them to achieve their goals, and (c) why they should pay money to you in order to achieve that goal rather than pay someone else or put the money to some other use. The very fact that a hypnotherapy session is taking place necessarily entails that all three of those educational goals have already been attained. In order to build and maintain a hypnotherapy practice, you have to have a planned strategy which you know is maximally effective in providing the necessary education to potential clients. This is much more essential in hypnotherapy than in most fields of endeavour. In most businesses – say, office supplies or couriering services or a restaurant or a retail store – when customers are satisfied with the goods or services they receive from the business, they will keep coming back to that business and paying it more money time after time. Even with traditional psychotherapy, the client used to come back to the therapist every week for months, years or even decades (although that is changing, too). With hypnotherapy, by contrast, we aim to help people achieve their goals in a very small number of sessions. The standard procedure with smoking cessation is to aim to achieve

success in a single session. Once the client is cured of smoking, or some other unwanted habit, by hypnotherapy, there is no need to go back to the hypnotherapist (unless the client decides to return to deal with a different issue). Therefore, the hypnotherapist needs to maintain a continuous schedule of marketing activities and education of the public, using short-term, medium-term and long-term methods which will bring a constant flow of paying clients through the door. This means that the therapist has to know what marketing methods are effective, and commit to consistently applying them year after year.

- (3) The therapist must accept every smoker who requests treatment, and indeed should actively seek out those who consider themselves to be “difficult cases”. The therapist never turns away anyone seeking help who is willing to pay.**

Now and again one hears of hypnotherapists who reject or seek to discourage some clients because they consider them too difficult to deal with. This is about the worst thing a hypnotherapist could do. It not only works against the client’s interests - by denying him or her the possibility of help - but also against the therapist’s. There is an old saying: “Calm seas never made a skilled mariner.” You do not become a truly skilled hypnotherapist by accepting only those prospective clients who seem to be easiest to deal with. You develop real skill by working to the best of your ability with everyone who wants to see you – whether to stop smoking or for any other issue – giving them everything you can and learning from your experience with them. Indeed, the best way to become a truly powerful as a smoking cessation hypnotherapist is to actively seek out those smokers who might be considered to the most difficult cases: people who think they cannot be hypnotised, people who think they are incurably addicted, people who exhibit an uncooperative or hostile attitude, people who suspicious or frightened of hypnosis, and any number of other groups who might be considered to be “hard work”. What the therapist learns from the real-world experience of dealing with such “tough cases” is invaluable in the process by which the hypnotherapist becomes a real master.

- (4) The therapist must recognise that his or her influence on the client begins long before the session – with publicity material, reports via word-of-mouth from previous clients, and the therapist’s initial written and oral communications with the client.**

It is often said that the process of hypnotherapy begins not at the moment in the session when the therapist induces trance, but as soon as the client sits down at the start of the session. I disagree. The process of hypnotherapy begins from the moment the potential client hears the message that the therapist can help achieve the client’s goals. That could be the moment the potential client sees an advertisement, a website, a flyer, an article in a magazine, paper or newsletter, a book or CD by the therapist, a live lecture by the therapist, a conversation with one of the therapist’s previous clients, or a referral from a health professional. The therapist must ensure that each of these messages both informs the potential client and inspires him or her with the belief that hypnotherapy – and that hypnotherapist in particular – can help achieve the client’s goals. When the client makes

an enquiry or books an appointment, everything the therapist says must start moving the client on the path towards the result the client is seeking.

**(5) The therapist must be in a peak state of resourcefulness, and of certainty of the client's capacity for success in order to carry out the session.**

Most of the training and literature in the field of hypnotherapy focuses on the client's state. Yet the therapist's state is equally important – perhaps even more so. For the hypnotherapy session to be optimally effective, the therapist must be in “peak state” – a condition of maximum resourcefulness, high expectancy, absolute belief that the client can and will achieve what he or she is attending in order to achieve and sharp focus on the client's communications. The therapist must be ready to use those communications to lead the client towards his or her future non-smoking life – or whatever other goal the client wants to achieve.

**(6) The therapist must actively shape the *context* of the hypnotherapy session so that everything orients itself to the client's success.**

All communication takes place in a context. The hypnotherapist consciously and intentionally tweaks every aspect of the context of the session – the build-up to the session, the session itself, and the aftermath – in order to maximally impact the client's opportunity for success. This means, for example, writing a letter – on headed paper – as soon as the client books the session, explaining what will happen during the session, and enclosing an appointment card and map. This shows the client that the therapist is personally committed to his or her success, builds positive expectation and makes it more likely that the client will actually turn up. The appointment card and map make it easy to remember the appointment and find the location, which itself helps the client arrive for the session in a calm and positive state.

**(7) The therapist must build rapport immediately and effectively on meeting the client.**

Every word and gesture from the hypnotherapist, every aspect of the client's experience on arrival for the session, is consciously designed by the therapist to build rapport, make the therapeutic session an enjoyable and interesting one for the client, and increase the client's expectations for success. The therapist has taken the time and effort to ensure that everything is prepared in advance: the therapy room is spotless, the temperature is correct, pens (if used) and everything else work. Everything takes place smoothly, on time and without interruptions, thus maintaining and building on the momentum for success. Also, generally speaking, the therapist must project an image (whether entirely accurate or not!) of personal success and being completely in charge of everything in his or her own life.

**(8) The therapist must validate the client and his or her experiences.**

As the NLP saying has it, every problem was once a solution. When the client started smoking (or whatever the presenting problem may be) it was the best response the client's unconscious mind could come up with in that particular situation. The therapist reframes the client's presenting problem so that the client understands it in this way. All of the therapist's communications convey the truth that the client is a creative, ingenious individual, capable of gaining control over his or her subjective experiences at a conscious level and learning a new and more useful solution for the present and the future at an unconscious level. Under no circumstances is there any actual, implied or supposedly "humorous" denigration or belittling of either the client or his or her ability to learn differently. Related to this is the fact that the entire focus of the therapy is on the positive outcome the client is striving to achieve, not the negative things the client wants to leave behind or avoid. The therapist communicates in terms of that positive outcome, and actively encourages the client to do the same. With regard to smoking, for example, the therapist does not mention the illnesses and early death associated with that habit, but rather talks about and seeks to reinforce within the client the positive benefits to be gained in his or her future life as a non-smoker (longer life, more energy, better health, easier breathing, looking and feeling younger and healthier, and so on.)

Another essential point is closely linked to this. The therapist must ensure every technique – however powerful it may be and however complex the principles behind it – must be so simple from the client's point of view that the client connects with it instantly and fully. It is an elementary fact that very few clients come to the session with any previous experience of hypnosis. You, the hypnotherapist, know far more about it than your client, and it is your duty to simplify the techniques for the client that that he or she benefits from their power without any work, struggling or confusion on the client's part. The therapist does all the working and struggling – but had better not be confused. A useful guideline is the "three-second rule". In the event that the client is not "getting" or connecting with a particular technique, then you must validate his or her experience and move instantly on to an approach which is more appropriate for him or her in less than three seconds. In this day and age, clients do not have the patience to sit there for ten minutes – or even ten seconds - waiting or something to happen. They will think, "nothing's happening" and "this isn't working" – and, pretty soon, "what a waste of money". If you switch techniques within three seconds, the client doesn't have time to formulate those thoughts.

**(9) The therapist must have a systematic approach, completely integrated in his or her unconscious mind, so that he or she can always find the most useful communication with that particular client at that particular moment.**

The hypnotherapist must know his or her stuff. The therapist must have an overall strategic vision for the session, but of course must have sufficient flexibility to tailor that vision to the actual moment-by-moment reality of the client's communications during the session. The effective hypnotherapist has completely memorised and absorbed the

various inductions, scripts, techniques and methods at an unconscious level, so that when faced with a real live client, they simply come into play without the need for conscious “searching” or thought, and indeed can be instantly adapted to the precise situation for which they are needed.

- (10) The therapist must tailor the session to the actual individual client sitting there, by observing and listening closely to, and responding to, all of the client’s communications.**

The entire session must be a continuous flow of “matches” between what the therapist says and what the client is experiencing at that particular moment. Ideally, every element of the therapist’s approach should derive from, or be adapted for, the client’s communications. It should be possible for the therapist to replay a video of the entire session and to give a precise explanation of how every one of the therapist’s choices as to words to say and techniques to use is tailored to something the therapist has picked up from the client’s communications.

- (11) In the specific area of smoking cessation, the therapist must however take a pro-active approach in guiding the client towards a smoke-free future, and ensure that his or her communications cannot be interpreted as “giving permission” to continue smoking.**

The therapist must continuously match and respond to the client’s communications, and maintain rapport. Nevertheless, the therapist is most definitely “leading the dance” in that both parties are there for one reason: to get the client to walk out of that room as a non-smoker (or else to fly with confidence or eat less or pass an exam or whatever). In this respect, helping a client to stop smoking is somewhat different from other issues with which the hypnotherapist deals. With most issues, the hypnotherapist is acutely aware that there could be any number of possible positive outcomes which the client’s unconscious mind could come up as a solution. In such situations, the therapist seeks to mobilise the client’s creative imagination to find the answer from resources stored at an unconscious level, and it would be somewhat impertinent of the therapist to assume knowledge of where precisely that mobilisation might lead the client. Therefore the therapist’s communications are somewhat vague and indirect (the Milton Model of Dr Milton Erickson being an example), seeking to open up a wide variety of possible ways of moving forward rather than to impose one particular outcome.

With the issue of smoking, by contrast, the therapist has to take a more directive, authoritarian and “paternalistic” approach, actively guiding the client towards life as a non-smoker. The reason for this is the problem of “smoker’s logic”. A smoker will typically interpret vague, ambiguous communications which might be understood in several possible ways as giving “permission to smoke” – that is to say that the smoker’s unconscious mind will latch onto the one interpretation which could be understood as “allowing” him or her to keep smoking. This “smoker’s logic”, of course, is not displayed exclusively in trance. One repeatedly encounters it in conversations with smokers while they are in full waking awareness. One young lady who came to see me told me that she

had stopped smoking, but then, when a non-smoking friend of hers died from a brain haemorrhage at the age of 33, she decided to go back to smoking on the grounds that if the friend died young despite being a non-smoker, she (the client) may as well go back to smoking as her prospects could hardly be any worse as a smoker! This is the reality of the smoker's mentality with which we have to deal. Of course, there is no question of blaming or criticising the smoker in any way. But when dealing with a smoker who wants to quit, while we must have regard to the importance of tailoring the message to the actual person before us, we nevertheless have to tell the client clearly and unambiguously that we want him or her to become a non-smoker and ensure that there is no way the client could possibly interpret our message as having any other meaning.

Another point linked to this is the principle of "disguised repetition". It is a fact that if a message is repeated many times, it is more likely to be accepted and acted upon by the recipient. (This is why TV commercials for a particular product are repeated endlessly. It's not because the manufacturer wants to donate money to poor, underprivileged TV channels out of the goodness of their hearts!)

What this means is that in dealing with smokers, the hypnotherapist **must repeat the same message numerous times, but in different forms**. (If you simply repeat the same phrase again and again, the client is likely to get bored and hostile and resistance will set in.) So you state the same core message – that the client is to stop smoking and stay stopped – using different phrases and using different therapeutic styles. You state the message in simple conversation while the client is in full waking awareness, in self-hypnosis, auto-suggestion, visualisation, and cognitive self-talk, and in trance using direct, authoritarian hypnotic style and indirect, permissive "Ericksonian" style, in the style of the cognitive therapies, with guided imagery and every other way – always the same central message in a slightly different style. When it comes to telling a client to become a non-smoker, more is more.

**(12) The therapist must have a wealth of techniques, approaches and methods at his or her fingertips, and know how to deploy them instantly and effectively in terms that make sense to the client.**

The greater the hypnotherapist's knowledge, the more techniques he or she has thoroughly mastered, and the greater the dexterity and skill with which he or she can deploy them, the more effective the hypnotherapist will be. Hypnosis is essentially a *style* of communication, a way of effectively getting a message across to the client's unconscious mind. The *content* of that communication can draw from any number of sources, provided that they have proved their usefulness in helping real people in the real world to achieve their goals. It is a good idea to be aware of the different schools of therapy and personal development of all kinds, seeking ideas and approaches which you can communicate to clients – either in "hypnotic" or "non-hypnotic" to help them improve their lives. This includes approaches derived from such fields as the cognitive therapies and yoga in my communication with clients, because they have proved to be effective ways of enabling people to effect rapid change in the real world. Likewise, if a client mentions some "system" which has proved helpful in improving his or her life in

some way, then you can utilise the concepts of that system – and the client’s experience of it - in order to help the client achieve a solution. For instance, I have utilised a client’s positive resources through such “systems” as Buddhism, transcendental meditation, Islam, Orthodox Judaism, astrology, acupuncture, “religion” (unspecified by the client, but presumably Christianity from the context), where those belief systems have had benefit to the client in the past and can be utilised for their therapeutic potential during the session. Of course, this requires a certain knowledge of what these systems entail. Therefore it is useful for the hypnotherapist who wants his or her therapy to be maximally effective to acquire a broad awareness of the spiritual belief systems of mankind, of the various schools of therapy, and of complementary medicine. The hypnotherapist takes an active interest in systems by which people are improving their lives. The hypnotherapist wants to know the essential concepts which lie behind the different schools of psychotherapy (the cognitive therapies, psychoanalysis, Jungian analytical psychology, etc); complementary and alternative medicine (chiropractic, osteopathy, homeopathy, acupuncture, naturopathy, ayurvedic medicine, etc); bodywork (the Alexander technique, t’ai chi, Rolfing, Reichian therapy, etc) and other systems which people find useful (including yoga, transcendental meditation, Zen Buddhism, feng shui, and methods of divination such as astrology, tarot card reading, palmistry, and tea leaf reading).

It is not necessary for the hypnotherapist to “believe in” (or disbelieve) any of these systems. But if your client mentions that he or she has benefited from one of these systems, then if you know at least the basic concepts of that system, then you can utilise the client’s experience by talking in the terms of that system to achieve the result you both want.

**(13) The therapist must seek out and utilise positive existing resources from within the client in order to maximise the success of the session.**

In the field of hypnotherapy, utilisation is the name of the game. You utilise everything the client presents to achieve the positive outcome he or she has come to you to achieve. The essential techniques should be so well absorbed at an unconscious level that the hypnotherapist can enter a form of trance where words and phrases just flow out in response to the client’s communications (a process called “entrainment”).

The hypnotherapist seeks out positive resources from the client’s life experiences and model of the world. In the case of smoking cessation, the therapist asks the client whether he or she has stopped smoking before. If the client *has* stopped smoking in the past for any length of time greater than two weeks, then the physical, psychological and emotional experience of becoming a non-smoker is an integral part of his or her memory, stored away at an unconscious level. The therapist asks the client how he or she stopped smoking, and what it was like to live as a non-smoker during the time when he or she stopped. The client’s description of that experience then becomes a resource which the therapist can “feed back” to the client during trance. The therapist asks the client’s unconscious mind to repeat the previous success in stopping smoking, using the client’s own words as a means of bringing back that experience which is already stored in the

client's memory at an unconscious level. In the event that the client has never stopped smoking since the day he or she started, then the client still has the memory of living as a non-smoker for many years *before* becoming a smoker (usually as a teenager) – a resource which can likewise be utilised by asking the unconscious mind to bring that experience back.

But this time, of course, the therapist will educate the client to remain a non-smoker for good, as discussed in the next point.

- (14) The therapist must educate the client to gain control over his or her inner experiences, through teaching self-hypnosis, visualization, changing sub-modalities and cognitive methods, so that the client has the tools to ensure that he or she *stays* a non-smoker in every future situation.**

The successful use of hypnotherapy for smoking cessation depends more than anything else on the following principle: **it is not enough merely to get the client to stop smoking in the session; you must also teach the client simple but powerful methods to *remain* a non-smoker in every conceivable future situation.** When the client goes out from your consulting room into the real world, he or she will experience situations which are just as “hypnotic” as anything experienced in trance in the consulting room. Here are some examples:

- (a) The client will face many situations which in the past he or she associated with smoking – the first cup of coffee in the morning, driving, finishing a meal, winding down in the evening, preparing for sleep. Each of these is potentially an “anchor” which could lead the person to revert to smoking – so during the hypnotherapy session, you must teach the client self-hypnosis in order to ensure that he or she can gain control over his or her subjective experience in each of those situations.
- (b) The client will probably face situations which lead him or her to experience stress – so you need to teach simple, rapid, powerful stress management techniques to control that stress and stay a non-smoker.
- (c) The client is likely to be drinking and socialising with friends who are still smoking and perhaps offering him or her cigarettes – so you need to teach cognitive self-talk techniques for choosing to remain a non-smoker in those situations.

The therapist must teach these techniques of self-hypnosis, stress management and cognitive self-talk in a way which the client grasps instantly. The therapist must also *demonstrate* these techniques so that the client actually experiences them in the session and can repeat them at will in daily life after the session. Also, because people usually forget what they have been told, even when they have directly experienced it, it is also a good idea to provide the client with a CD or print-out in which every step of these techniques is described in detail in an easy-to-understand format. In effective

hypnotherapy, the client's present and future experience is actively directed in detail. Nothing is ever random or haphazard.

- (15) The therapist must be able to use a selection of proven trance inductions to ensure that the client enters a trance state that is sufficiently deep to enable the client's unconscious to learn to live as a non-smoker.**

In order to be effective, the professional hypnotherapist should have completely mastered several trance inductions which he or she can deploy with every client who walks through the door. Whether they be "authoritarian", "paternalistic" and "direct", or "permissive", "indirect" and "Ericksonian", those inductions must all connect powerfully with the real experience of the client sitting in front of you. The therapist should pick up **constant feedback** from the client – from both verbal and non-verbal communication – as to what precisely the client is experiencing at each moment, and how effectively the client is reaching the required trance state. In the event that the client is *not* entering the required trance state, then the hypnotherapist must instantly validate the client's experience and switch smoothly to a different induction which the therapist judges is more likely to induce trance with that particular client at that particular moment. Once the therapist has mastered (at an unconscious level) the essential ideas which lie behind each induction, the best procedure is to adapt those ideas to the specific experience of the actual client. It is always more effective to connect with, and respond to, the actual experience of the client sitting before you than to merely reciting a script verbatim and expect the client to fit in with that script. Fit your words to the client's experience, not the other way around.

- (16) What the therapist says to the client while the latter is in trance must both connect closely to the client's model of the world and encourage the client's creative imagination to find a solution and become a non-smoker.**

All that a hypnotherapist can do is no more – and also no less – than pace and lead. Pacing means connecting with the actual immediate experience of the client. Leading means utilising that experience and guiding the client towards the desired positive outcome. The work of transformation takes place **entirely** within the client, and the most that the therapist can do is to create a context in which that transformation takes place most effectively. While the client is in trance, the therapist must strike a balance between – on the one hand – pro-actively and assertively guiding the client towards a non-smoking future and – on the other hand – allowing the client's creative imagination sufficient "space" to draw on internal resources and create that future in its own way. The therapist must avoid saying anything which clashes with the client's model of the world.

- (17) The therapist must check his or her work after rousing the client from trance, ensuring that the client is entirely satisfied that he or she is now a non-smoker, and if necessary do rapid work to change the client's representations and state to ensure that he or she is indeed so satisfied.**

The few minutes immediately after the client is roused from trance are extraordinarily valuable in the hypnotherapeutic situation – so don't just throw them away! Even though

the client's eyes are open, and his or her attention is now focused on immediate surroundings, the client is still closely in touch with the creative imagination and internal resources, and still in a state of inner calm and physical relaxation. The client has got used to the realities of hypnotic trance, there is an absence of critical commentary from internal dialogue, and because the client probably thinks that "it's all over now", he or she is less self-conscious and "guarded". So this is when the therapist checks his or her work. The therapist asks the client how he or she feels and ensures that the client has achieved the state both parties have set out to achieve. If the client expresses any representation of smoking, for example saying, "I'm worried that I'm going to walk out of here and light up a cigarette", then the therapist immediately seeks to change those representations (for example through the use of sub-modalities, self-hypnosis and cognitive self-talk) until the client's experience is entirely congruent with being a non-smoker. The therapist finishes the session when – and only when – this congruency has been achieved.

**(18) The therapist must provide a back-up service of some sort, so that the client can continue to call on the therapist's support and advice in remaining a non-smoker while living in the real world.**

Learning to live as a non-smoker is a process, not a single event. However effective the hypnotherapist may be in getting the smoker to stop smoking during the session, the client has to go out and live life in the real world, where he or she will experience situations just as "hypnotic" as anything that took place in the consulting room. Even though the therapist has taught the client methods for gaining control over internal experiences (including self-hypnosis, stress management and cognitive techniques), in the real world some clients simply do not master or practise them, and then succumb to a momentary temptation to have "just the one" cigarette – which of course puts them back on regular smoking. In other cases, the client simply lights a cigarette the moment he or she walks out the door, regardless of what was done in the session. However, all is not lost. The hypnotherapist should provide a back-up session so that the client can return for a second chance if he or she feels it is needed. When the client arrives for the back-up session, the therapist must validate the client's experience. As the NLP saying has it, "There is no such thing as failure – only feedback." This second session should not simply repeat the first session, as the client is likely to assume that the result will be the same (i.e. a reversion to smoking). Use different techniques than were used in the first session, selecting those which are most appropriate for that particular client.

**(19) The effective hypnotherapist goes the extra mile and does whatever it takes to ensure that the client becomes and remains a non-smoker.**

In this world, excellence is never achieved by indifference. The effective hypnotherapist commits to achieving the very best for his or her clients. In the case of smoking cessation, the therapist is passionately committed to the client's success in becoming and staying a non-smoker. The effective therapist asks, "What is the very best that I can do for the client in this situation?" and will do it even if it goes beyond what has been formally agreed. The therapist never says – or thinks – anything along the lines of "Well, you've

gone back to smoking; that's your problem, not mine." This attitude of absolute commitment to the client and his or her well-being does not just benefit the client – it also means that the therapist strives to constantly improve his or her skills and success with clients, and benefits from good word-of-mouth from clients, bringing in still more clients.

**(20) The therapist must commit to continuous life-long learning in finding and adapting new methods and approaches to help clients stop smoking and find solutions to other issues.**

The quest for excellence in hypnotherapy never really ends. There is always more to learn, new techniques to implement, greater effectiveness to achieve. The committed hypnotherapist positively welcomes the fact that he or she never reaches ultimate perfection in skill and knowledge. Hypnotherapy would become a most tedious and unchallenging occupation if that ever happened.

**(21) The therapist learns from experience and continuously improves and adapts his or her approach in the light of lessons learned from working with clients.**

Continuous learning is not simply acquiring more academic and intellectual knowledge by reading more books, watching more DVDs and attending more seminars, important and useful though they certainly are. It is also a question of applying that knowledge, learning how it can be made more effective and powerful for real clients in the real world, adapting it and “personalising” it so that it becomes an integral part of the therapist's approach. The knowledge must manifest itself as living, effective communication. Above all, the hypnotherapist ideally should seek to innovate – to draw on the insights which come from the impact of knowledge on real-world experiences to contribute something new to the field of hypnotherapy and how it can transform people's lives for the better.

1 *New Scientist*, 31<sup>st</sup> October 1992, page 5.

2 Barbara Rowlands, *The Which? Guide to Complementary Medicine*, Consumers' Association, London, 1997, pp 161, 239-244.

3 *Observer* (magazine section), 7<sup>th</sup> March 2004, pp. 63-65. The hypnotherapist is named in the article, but I will spare her that here ☺.

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