



Hypnosis and Weight Loss: Alternative Treatment for Obesity

Annotated Bibliography

Obesity is a chronic health problem with multiple etiologies and serious complications associated with it. It is estimated that one third of the adult population in the United States can be classified as obese. Treatment of this major health concern has baffled physicians and patients alike with a failure rate of up to 95%. Many diets and treatment options are available from prescription medication to the new low carb diets. However, over the years, psychology has offered some of the most successful treatments of obesity and methods of weight reduction. The current annotated bibliography gives a brief synopsis of the literature concerning the use of hypnosis in weight reduction and gives scripts from several studies.

Allison, D. B. & Faith, M. S. (1996). Hypnosis as an adjunct to cognitive-behavioral psychotherapy for obesity: A meta-analytic reappraisal. Journal of Consulting and Clinical Psychology, 64, 513-516.

This study re-examines the findings of the Kirsh, Montgomery, and Sapirstein (1995) meta-analysis on cognitive-behavioral therapy with hypnosis in the treatment of obesity. The authors cite inconsistency with other qualitative reviews, a surprisingly large effect size of 1.96, heterogeneous distribution of effect sizes, lack of consistency with definitions of obesity, and conflicts with other findings in the literature. They found the previous conclusions were "erroneous_ (p. 516), stating that when hypnosis is added to cognitive-behavioral therapy the average effect size is small. Allison and Faith's findings were more consistent with previous literature suggesting only moderate success over the long term.

Andersen, M. S. (1985). Hypnotizability as a factor in the hypnotic treatment of obesity. International Journal of Clinical and Experimental Hypnosis, 33, 150-159.

This study examined the relationship between degree of hypnotizability measured objectively by the Stanford Hypnotic Suggestibility Scale and success in a weight loss

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program utilizing hypnosis. Thirty men and women completed the 8-week individual treatment sessions and were assessed in a 12-week follow-up. Subjects were taught self-hypnosis and continued to practice post-treatment. The average weight loss was 20.2 pounds. The author also found a significant positive relationship between degree of hypnotizability and success in weight loss. Highly hypnotizable individuals were more successful than medium or low hypnotizable people in weight reduction.

Barabasz, M. & Spiegel, D. (1989). Hypnotizability and weight loss in obese subjects. International Journal of Eating Disorders, 8, 335-341.

This study examines the relationship between hypnotizability and weight loss in obese patients. Subjects included 45 obese women who previously attempted to lose weight unsuccessfully with at least three different diets. They were divided into three groups, behavior management, behavior management with group hypnosis, and individualized hypnosis with behavior management. Hypnotic suggestions included "for my body overeating is poison_", "I need my body to live_", and "I owe my body this respect and protection_" based on work by Spiegel and Spiegel (1978, pp.212-213). The authors found that the hypnosis procedure in conjunction with behavioral self-management were effective in weight reduction. They also found a significant relationship between weight loss and hypnotizability measured by the Stanford Hypnotic Susceptibility Scale. Treatment using hypnosis appeared to be effective and responsiveness to that type of treatment was correlated with hypnotizability. They proposed that this was the result of the increased concentration of hypnotized patients and the dissociative ability to separate themselves from their desire to eat. Rather than focusing on fighting the desire to eat certain foods, patients were encouraged to protect their body from "poison_". Interestingly, the authors conceptualize binge eating as a dissociative process, leading to the possible benefits from hypnosis.

Bellanti, A. (1997). Hypnosis for weight loss: A case history. Australian Journal of Clinical Hypnotherapy & Hypnosis, 18, 55-59.

This article describes a case study on a 35-year-old woman who received hypnosis for weight loss. The author used methods in hypnosis including induction, imagery, visualization, and direct suggestion. A weight loss chart was designed so that loss could be progressively recorded to give the woman visual confirmation, further reinforcement, and motivation. A 4-week follow-up was conducted after the end of the hypnosis sessions. The woman had a 5 kilogram weight loss. The author concluded that the moderation of eating and drinking habits and the taking of regular exercise were the main factors that brought about the weight loss. However, it seems that the motivation imparted under hypnosis was the primary factor that precipitated the behavior change.

Bolocofsky, D. N., Spnler, D., & Coulthard-Morris, L. (1985). Effectiveness of hypnosis as an adjunct to behavioral weight management. Journal of Clinical Psychology, 41, 35-41.

This study looks at the addition of hypnosis to a behavioral weight management program over the short- and long-term. Subjects included 109 individuals ranging in age from 17 to 67 years, who completed a behavioral intervention program with or without

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hypnosis. In 9 weeks, subjects were taught stimulus-control techniques to identify triggers for overeating and emphasis was placed on changing patterns of eating to reach long-term weight loss. Both groups achieved weight loss, but significantly more members of the hypnosis group reached or exceeded their weight loss goals (41% of the hypnosis condition compared to 11% in the behavioral condition). This study strongly supports the use of hypnosis as an adjunct to behavioral weight loss interventions. Behavioral techniques have been shown effective in the past, but the addition of hypnosis resulted in continued weight loss after termination of treatment. Further, a greater percentage of hypnosis subjects attained their goal weights by the 2-year follow-up.

Bornstein, P. H. & Devine, D. (1980). Covert modeling _ hypnosis in the treatment of obesity. Psychotherapy: Theory, Research, and Practice, 17, 272-276.

This study examined the efficacy of a covert-modeling hypnosis program for weight loss in 48 women. Subjects were divided into each of the following groups: covert-modeling hypnosis, covert-modeling, no-model scene control, and minimal treatment. The treatment group sessions were comprised of weigh in, hypnotic induction and deepening, visualization of neutral imagery, presentation of five covert modeling scenes, and arousal from hypnosis. The covert-modeling group received the same treatment without hypnosis. They found all groups combined lost weight from pre- to post-treatment. The covert-modeling hypnosis group lost significantly more weight than the no-model control, and losses were maintained across a 3-month follow-up period. Covert modeling without hypnosis was not shown to be substantially more effective than the no-model control condition. The authors concluded that hypnosis does not enhance visualization, as proposed by previous research, and there was no significant correlation between weight loss and hypnotic suggestibility.

Cochrane, G. & Friesen, J. (1986). Hypnotherapy in weight loss treatment. Journal of Consulting and Clinical Psychology, 54, 489-492.

This study also looked at the effects of hypnosis in the treatment of obesity in a sample of 60 women. Six client variables (suggestibility, self-concept, quality of family of origin, age of obesity onset, education level, and SES) and one process variable (multi-modal imagery) were analyzed in relation to weight loss. There were two experimental groups, with and without audiotapes, and one control group. The mean weight loss for both experimental groups was greater than the control group after 1 month and 6 months. The two experimental groups were not significantly different from one another. They concluded that direct participation in the hypnotherapy program was the critical factor for losing weight in both groups. Suggestibility as measured by the Barber Suggestibility Scale was not a significant predictor of weight loss. Of the six client variables, education level, SES, and age of obesity onset were not significantly related to outcome in this study.

Deyoub, P. L. & Wilkie, R. (1980). Suggestion with and without hypnotic induction in a weight reduction program. International Journal of Clinical and Experimental Hypnosis, 28, 333-340.

This study included 72 women divided into a group receiving hypnotic induction, task-motivational instruction group, and a no-treatment control. Both treatment groups were

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given the same suggestions, but prior to suggestions hypnosis was induced using eye fixation or instructions were given to increase interest in the suggestions based on group membership. The hypnotic induction group lost the most weight, followed by the task-motivation, which had significantly more weight loss than the control group. Suggestibility measured by the Barber Suggestibility Scale was positively correlated with weight loss for the hypnosis group but not the task-motivational group. The authors concluded that the favorable responsiveness of highly hypnotizable subjects to hypnotic suggestion could be further enhanced by positive motivational instructions.

Greaves, E., Tidy, G., & Christine, R. A. S. (1995). Hypnotherapy as an adjunct to the dietetic management of obese patients. Nutrition and Food Science, 95, 15-20.

The use of hypnosis in this study was based on the premise that it can enhance confidence, commitment, and motivation. This study used an eye closure induction with progressive relaxation and guided imagery. Hypnotic suggestions included adherence to the prescribed diet, ego enhancement, and mental imagery regarding the desired weight. All 8 patients reduced their Body Mass Index from 3-17 %. At 2-year follow-up 6 of the 8 patients maintained a weight lower than baseline, and 4 of the 6 had partial relapse. Patients reported enjoying hypnosis for weight management in the short-term but failed to see long-term value. None reported significant complications.

Humphreys, A. (1986). Review of the literature on the adjunctive use of hypnosis in behaviour therapy: 1970-1980. British Journal of Experimental and Clinical Hypnosis, 3, 95-101.

This article reviews research on the combined use of behavioral and hypnotic techniques in therapy during the time period of 1970-1980. The author determined that clinical studies suggest that the adjunctive use of hypnosis in behavior modification therapy is effective in the treatment for a wide range of coping difficulties such as obesity, depression, and phobias. Behavioral therapists are currently moving away from a relying on a single technique, such as systematic desensitization, and moving toward designing treatment packages. This shift suggests that behavioral therapists are attending to the complex predisposing factors underlying most clinical presentations rather than simply focusing on the presenting problems.

Inglis, S. (1982). Hypnotic treatment of obesity in a general practice. Australian Journal of Clinical and Experimental Hypnosis, 10, 35-42.

This study utilized standard hypnotic sessions and autohypnosis to treat 31 obese women (21-70 years old). Hypnotherapy used in the study involved the sensory imagery, indirect ego-strengthening suggestions, success imagery, attitudinal change, direct commands, and covert sensitization. Six women achieved a weight loss of over 3 kg, and weight loss was directly proportional to the number of sessions attended for the average participant. Three cases discussed in the article illustrate the role of emotional and marital problems in obesity. The discussion focuses on social factors leading to the over-representation of women among the obese, motivational factors, and the need to establish attainable but significant goals for weight loss in therapy.

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Johnson, D. L. (1997). Weight loss for women: Studies of smokers and nonsmokers using hypnosis and multicomponent treatments with and without overt aversion. Psychological Reports, 80, 931-933.

In two studies, the authors looked at a hypnosis-based weight loss program comparing 50 smokers with 50 nonsmokers. Both groups in Study 1 achieved significant weight loss and decreases in Body Mass Index. Study 2 compared hypnosis alone to hypnosis with overt aversion in 100 overweight women. This study also found significant weight loss and declines in Body Mass Index. The overt aversion with hypnosis treatment yielded significantly lower post-treatment weights and a greater number of average pounds lost.

Johnson, D. L. & Brinker, G. D. (2001). A comparative study of multi-component weight loss treatments: A replication and exploratory look at female smokers, nonsmokers, and participant BMIs. North American Journal of Psychology, 3, 13-30.

This study compared the effectiveness of 3 treatment programs on samples of women who smoke and can be classified as overweight or obese based on Body Mass Index. Subjects lost significant amounts of weight and reduced their Body Mass Index (BMI) scores. In one treatment group, participants dieted with hypnosis only and lost weight and reduced BMI. But they lost significantly less weight and BMI than participants treated with overt aversion followed by diet and hypnosis (group 2). Participants in the hypnosis and overt aversion group and hypnosis, overt aversion, and dietary consultation lost significantly more weight and reduced BMI more than participants in the diet and hypnosis only group. Nonsmokers in the second and third groups lost significantly more weight and reduced BMI more than nonsmokers in the hypnosis only group. Nonsmokers selected the second group more often, lost weight and reduced BMI more than smokers in the same group. Smokers selected the hypnosis only group more often than either alternatives, but lost more weight on average than nonsmokers in the third group. Obese participants lost more weight and reduced BMI significantly more than overweight participants in the total sample.

Johnson, D. L. & Karkut, R. T. (1996). Participation in multicomponent hypnosis treatment programs for women's weight loss with and without overt aversion. Psychological Reports, 79, 659-668.

This study examined the short-term effectiveness of 2 multicomponent weight-loss programs on a community-based population of overweight adult women, and the effectiveness of a hypnosis program emphasizing overt use of aversion (electric shock, disgusting tastes, smells) compared to a hypnosis program without overt aversive treatment. Subjects included 172 overweight adult women, with 86 subjects in a hypnosis only program and 86 subjects in an overt aversion and hypnosis program. Both programs achieved significant weight losses. Although women who received overt aversion attained somewhat more desired goals and lost more weight than those receiving only hypnosis, the differences were not significant.

Jupp, J. J., McCabe, M. P., & Walker, W. L. (1986). Hypnotic susceptibility and depth: Predictors of outcome in a weight control therapy. Australian Journal of Clinical and Experimental Hypnosis, 14, 31-40.

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This study investigated depth of trance and the components of susceptibility using the Harvard Group Scale of Hypnotic Susceptibility as outcome measures in 47 overweight women in a weight-reduction program involving hypnosis and in 46 program dropouts. The authors found a significant depth of trance effect between patients and dropouts and significantly more weight was lost by high- compared to low-susceptible subjects. Also, the authors found significant correlations between weight loss and general ideomotor and challenge susceptibility.

Kirsch, I. (1996). Hypnotic enhancement of cognitive-behavioral weight loss treatments another meta-reanalysis. Journal of Consulting and Clinical Psychology, *64*, 517-519.

This article represents the third meta-analysis of this data following Allison and Faith's (1996) reply doubting the results of the original study (Kirsch, Montgomery, & Sapirstein, 1995), adding two new studies and correcting previous computational errors. The author found that averaged across post-treatment and follow-up, the mean weight loss was 6.03 pounds without hypnosis and 11.83 pound with hypnosis. Therefore, including hypnosis in the treatment protocol resulted in additional weight loss of 5.83 pounds, which represents a 97% increase in treatment efficacy.

Kirsch, I., Montgomery, G., & Sapirstein, G. (1995). Hypnosis as an adjunct to cognitive-behavioral psychotherapy: A meta-analysis. Journal of Consulting and Clinical Psychology, *63*, 214-220.

This study describes a meta-analysis of 18 studies comparing cognitive-behavioral therapy to CBT in conjunction with hypnosis. In general, they found that the average client receiving cognitive-behavioral therapy with hypnosis were better off than 75% of those who did not receive hypnosis. Further, they determined that the hypnotic enhancement of therapeutic outcomes was not due to relaxation or the introduction of suggestion. They also found that the mean effect size for treatments of obesity were more than three times those of treatments for other disorders. The authors concluded that differences between cognitive-behavioral therapy alone and in conjunction with hypnosis increased over time, with those in the hypnosis groups continuing to lose weight after the termination of treatment.

Mott, T. & Roberts, J. (1979). Obesity and hypnosis: A review of the literature. American Journal of Clinical Hypnosis, *22*, 3-7.

This review describes the shortcomings of the literature of the time _ mostly made up of anecdotes, single case studies, and no experimental designs in addition to a lack of follow-up. These concerns have since been addressed (see other literature in this review). Several studies (Glover, 1961; Stanton, 1975) utilized suggestions for reducing appetite, ego enhancement, and pride in one's ability to remain on the diet. Another study (Kroger, 1970) detailed the use of glove anesthesia transferred to the stomach to reduce hunger pains. Yet another study (Brodie, 1964) employed an analogy between obesity and cancer, encouraging patients that it will take months and years to overcome. In addition to the previous limitations, Mott and Roberts also note that many previous studies did not screen for psychopathology prior to treatment, little use of objective measures of hypnotizability, and

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lack of separation of patients with childhood versus adult onset obesity. Finally, demographic variables such as age, gender, SES, and ethnic variables have not been studied in terms of outcome.

Stanton, H. E. (1975). Weight loss through hypnosis. American Journal of Clinical Hypnosis, 18, 94-97.

This article outlined a method for using hypnosis in the treatment of obesity over four one-hour sessions. Session 1 was comprised of creating positive expectancies, hypnotic induction with ego-strengthening, and teaching self-hypnosis to be practiced daily. Hypnotic suggestions included direct suggestion of reducing food intake, ego-enhancing suggestions, and mental imagery of desired goal. These suggestions were based on the notion that the unconscious could direct the individual's behavior without conscious effort on the person's part. All 10 patients for which follow-up data was available reached their goal weight and maintained it at 2-year follow-up.

Stradling, J., Roberts, D., Wilson, A., & Lovelock, F. (1998). Controlled trial of hypnotherapy for weight loss in patients with obstructive sleep apnea. International Journal of Obesity Related Metabolic Disorders, 22, 278-281.

This article compared two forms of hypnotherapy to dietary advice in a randomized study on 60 obese patients with sleep apnea. The authors found that all 3 groups (hypnotherapy directed at stress reduction, hypnotherapy directed at reduction of food intake, and dietary advice alone) lost 2-3% of their body weight at 3 months. By 18 months, only the hypnotherapy group with stress reduction maintained significant but small average weight loss compared to baseline. In comparison, the hypnotherapy group with stress reduction lost significantly more weight than the other two forms of treatment, which did not significantly differ from each other. They concluded that hypnosis was beneficial to weight loss but the benefits were small.

Wadden, T. A. & Flaxman, J. (1981). Hypnosis and weight loss: A preliminary study. International Journal of Clinical and Experimental Hypnosis, 29, 162-173.

This study sought to determine the components of hypnotherapy that are active and efficacious for weight loss. Thirty subjects were randomly assigned to 1 of 3 conditions: hypnosis, covert modeling, or relaxation-attention control. All groups showed weight loss comparable to behavioral weight management techniques at the end of 7 weeks. However, there were no significant differences in losses among the groups at post-treatment, 6-week, or 16-week follow-up assessments. The authors conjecture that the efficacy of hypnosis in weight reduction may be attributed to shared factors such as positive expectancies, weekly participation in a group, relaxation training, and limited dietary counseling. They found no relationship between hypnotic suggestibility and weight loss.

Wick, E., Sigman, R., & Kline, M. V. (1971). Hypnotherapy and therapeutic education in the treatment of obesity: Differential treatment factors. Psychiatric Quarterly, 45, 234-254.

This article presents a case in which, in the authors' opinion, obesity is a function of emotional problems requiring extensive psychotherapy prior to weight reduction

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intervention. They note that frequently obese individuals have concomitant emotional problems such as anxiety, depression, or obsessive-compulsive disorder. They further categorize obese individuals in those who need psychotherapy in addition to weight reduction programs and those who have emotional reactions to being overweight and need therapy to lose weight. They go on to describe the case of "Doris_ who had difficulty with breastfeeding and the use of hypnoanalytic techniques to resolve her oral conflict. The second section discusses general aspects of hypnosis that may be utilized for weight reduction and emphasized use of group treatment to encourage social facilitation and group cohesion (i.e., everyone working together to reach a group weight loss goal).

Vanderlinden, J. & Vandereycken, W. (1994). The (limited) possibilities of hypnotherapy in the treatment of obesity. American Journal of Clinical Hypnosis, 36, 248-257.

This article describes the authors' clinical experiences of integrating hypnotherapeutic techniques in a multi-faceted treatment program for obesity. The therapeutic process goes through several phases, each of them addressing different issues and uses various clinical interventions. These stages include a beginning phase (relaxation, self-control, and physical exercise), a middle phase (altering self-esteem and body-image, strengthening motivation, and exploring ambivalence toward change) and a final phase. These stages are described only as a flexible framework for the clinician, when realistically; the patient continuously alternates between the different phases.

Other Resources

The following references are offered to supplement those reviewed above.

Brodie, E. A. (1964). A hypnotherapeutic approach to obesity. American Journal of Clinical Hypnosis, 3, 211-234.

Channon, L. D. (1980). Hypnosis in a self-control behaviour modification programme for weight reduction. Australian Journal of Clinical and Experimental Hypnosis, 8, 31-36.

Coman, G. J. & Evans, B. J. (1995). Clinical update on eating disorders and obesity: Implications for treatment with hypnosis. Australian Journal of Clinical and Experimental Hypnosis, 23, 1-13.

Gilliland, B. E. & Myer, R. (1985). Weight management and food intake control. Medical Hypnoanalysis, 6, 85-90.

Glover, F. S. (1961). Use of hypnosis for weight reduction in a group of nurses. American Journal of Clinical Hypnosis, 3, 250-251.

Hershman, S. (1955). Hypnosis in the treatment of obesity. Journal of Clinical and Experimental Hypnosis, 3, 136-139.

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Jeffery, R. W., Wing, R. R. & Stunkard, A. J. (1978). Behavioral treatment of obesity: The state of the art 1976. Behavior Therapy, 9, 189-199.

Kroger, W. (1970). Comprehensive management of obesity. American Journal Clinical Hypnosis, 12, 165-176.

Sanders, S. (1986). Self-hypnosis and problem solving in the treatment of obesity. Psychotherapy in Private Practice, 4, 35-41.

Scripts for Hypnotic Suggestions of Weight Reduction

From Greaves, E., Tidy, G., & Christine, R. A. S. (1995):

"As you are lying there drifting deeper and deeper into relaxation, you know you can be successful at reaching you goal of losing weight. Because you are so well relaxed at this moment, you know you can lose this weight easily, effortlessly, and naturally. You will find that at you set meals, which we discussed, the rationed amounts of food will be quite sufficient for you. You will be quite content with smaller meals. You will also find that you will have less and less desire to eat between meals. Because you are enjoying your food, and the rationed amounts are quite sufficient for you, you will have less need and less reason to eat between meals. Also you will have less and less desire to eat the high-calorie foods that we have discussed_You feel good. You see yourself slimmer, healthier, and looking great. And you allow these positive feelings to grow stronger and stronger for you each day."

From Deyoub, P. L. & Wilkie, R. (1980):

"You, like most people, are capable of imagining and visualizing things that are suggested to you. You have often been able to change you behavior after being given helpful suggestions in the past and you will be able to follow helpful suggestions in this group. When you thin about something and imagine things, you find that it often becomes part of you. You will be asked to imagine and to think about ways in which you can control you weight. You have the potential and the ability to let the suggestions become part of you thinking and behavior."

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