

Efficacy of Stephen Brooks Strategy of Hypnotherapy for Smoking Cessation Among Male Young Adults

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Abstract

Objective: To examine the efficacy of Stephen Brooks' strategy of hypnotherapy for smoking cessation among male young adults.

Method: The quasi-experimental study was conducted from March to May 2024 at Lahore School of Behavioural Sciences, UOL, Lahore, and comprised males aged 18-26 years from private universities of Lahore, Pakistan, who were smoking 'Capstan' cigarettes, and had a relative who had died from smoking-related illness. Smoking Cessation Motivation Questionnaire was used to check the motivation among the participants to quit smoking, whereas the Cigarette Dependence Scale was used to record the cigarette dependence scores before and after the intervention. Uptime-downtime induction and staircase induction techniques were used for inducing trance, which was followed by the intervention for smoking cessation. The intervention comprised three sessions based on the Stephen Brooks model. Data was analysed using SPSS V 29.0.1.

Results: There were 8 males with mean age 22.54 ± 2.87 years. The intervention had a significant impact in favour of smoking cessation ($p < 0.001$). Motivation to quit smoking had a significant negative correlation with scores of cigarette dependence scale ($p < 0.05$).

Conclusion: Evidence confirmed the efficacy of Stephen Brooks' hypnotherapy strategy for smoking cessation among male young adults.

Keywords: Effectiveness, Stop smoking, Hypnosis, Trance, Hypnotic induction. (JPMA 76: 1629; 2026)

DOI: <https://doi.org/10.47391/JPMA.22133>

Introduction

Cigarette smoking certainly stands out among the world's most preventable causes of non-communicable diseases and associated mortality. In most low-income countries, including Pakistan, the burden of the tobacco epidemic is growing. An estimated 80% of world's population of cigarette smokers reside in low-income countries.¹ A reduction in cigarette smoking, especially in developed countries, has been unable to stop this trend.² As estimated, smoking tobacco use accounted for approximately 7.69 million deaths and 200 million disability-adjusted life-years around the world in 2019.³ The solution to smoking in early years of an individual is necessitated by the fact the smoking starts in adolescence or in early adulthood, and it has doubled among young adults in the United States from 2002-18.⁴

The specific relevance of various social and behavioural factors as predictors of the initiation stage of smoking in low-income countries is yet uncertain. Besides, there is little

information on these types of settings concerning susceptibility to smoke and its risk factors. The present circumstances underline the importance of understanding the early stages of smoking. Those who advance through these stages are highly at risk of becoming regular smokers in due course of time. However, this age group represents great potential to be influenced by primary preventive measures, such as anti-tobacco programmes and policies.

Traditionally, many therapies have been found to be effective in smoking cessation, including drug therapy, nicotine replacement therapy and behavioural advice. While individual pharmacotherapies can be useful for smoking cessation, combining them with behavioural support has been shown to be much more successful.⁵ However, these forms of interventions generally last at least 2-3 months. In contrast, modern approaches using hypnotherapy offer more comprehensive results than the former modalities in much less time.⁶

Emerging research suggests that new techniques, such as hypnotherapy, may be ideally suited to the task of helping smokers in quitting the habit.⁷ One such approach is based on a model proposed by Stephen Brooks.⁸ The model combines hypnotic technique and behavioural therapy techniques, such as 'aversion' based on hypnotic suggestions, to change the subconscious desire to react to

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Submission complete: 14-05-2025 **1st Revision received:** 26-08-2025

Acceptance: 04-07-2026

Last Revision received: 03-07-2026

the trigger that leads to smoking while associating positive consequences to non-smoking behaviour.

Hypnosis seems to effect cognitive processes, lessen cravings, and increase the motivation to quit.⁹ Incorporating hypnotherapy into smoking cessation programmes, especially among vulnerable people during their prime years, could provide a supplemental, individual-oriented approach.

Hypnotherapy's focus on the specific problems of young adults and adolescents makes it an effective approach to smoking cessation. A systematic review by Andrean and Makful⁶ carefully targetted four studies done in 2021-22 to check the effectiveness of hypnotherapy on smoking cessation. Results yielded that hypnotherapy had an impressive edge on nicotine replacement therapy (NRT), individuals with higher susceptibility had more improvement with hypnotherapy, and there was a significant effect of hypnotherapy on brainwave activity.

The current study was planned to examine the efficacy of Stephen Brooks' strategy⁸ of hypnotherapy for smoking cessation among male young adults.

Subjects and Methods

The quasi-experimental study was conducted from March to May 2024 at Lahore School of Behavioural Sciences, UOL, Lahore after getting ERC approval. The sample size was calculated using G*Power calculator.¹⁰ The sample was raised using purposive sampling technique. Those included were males aged 18-26 years from private universities of Lahore, Pakistan, who were smoking 'Capstan' cigarettes, and had a relative who had died from smoking-related illness. Smoking Cessation Motivation Questionnaire (Q-MAT)¹¹ was used to check the motivation to quit smoking among prospective participants, while the five-item Cigarette Dependence Scale (CDS-5)¹² was used to assess baseline dependence on cigarettes among those screened. Those with Q-MAT score ≥ 7 and CDS-5 score 15 or higher were included. Individuals with having undergone recent smoking cessation therapy, smoking < 15 cigarettes per day, or serious medical/mental health conditions were excluded.

After obtaining written informed consent from the participants, demographic data was collected, including age, gender, university, history of smoking-related death of a close relative, cigarettes smoked per day, Q-MAT score and CDS-5 score.

The Q-MAT instrument is reported to valid and reliable.¹¹ The assessment consists of four question statements, with corresponding scoring ranges of 0-8, 0-3, 0-6 and 0-3, for questions 1, 2, 3 and 4, respectively. The total score ranges

0-20, with a score 0-6 signifying a low level of motivation, while a score of 7 or higher corresponds to a moderate to high level of motivation.

The CDS-5 scale is also reported to be reliable and valid¹² Using a variety of conceptualisations and definitions of dependence (excluding tolerance), the CDS-5 evaluates cigarette dependence through the use of five items. Based on the CDS-12 scale,¹¹ it exhibits comparable characteristics, but provides a more specific amount of information. The score for each item ranges between 1-5. The total score ranges between 5-25, with 5 signifying no dependence and 25 signifying the utmost degree of dependence. The dependence scores at baseline and post-intervention were documented.

The original intervention is comprised of 1 sessions. However, we used three sessions, one of which was the intervention session. The first session was preparatory and included baseline CDS-5 scoring. The second session was conducted after three days and comprised the smoking cessation intervention. The third session recorded post-intervention CDS-5 scores after a gap of one week. In the last session, the subjects were also taught self-hypnosis for relapse prevention in the future. Each session lasted about one hour each.

In the first session, rapport building was done with the subjects. It was done at both conscious and unconscious levels, using the principles of Ericksonian approach (British Hypnosis Research and Training Institute, 2024).⁸ For instance, the techniques used with each individual involved verbal communication by talking about interests, active engagement in the session, encouraging open dialogue and reflection, providing clear and transparent information, indirect suggestions, using non-verbal cues, such as tone of voice and body language, and employing metaphorical storytelling.

In the second session, two induction techniques were used to induce trance at a deeper level. The uptime-downtime induction is based on a shifting of awareness combined with eye fatigue. Using this technique, the participants were asked to focus on an external point above the eye level and to divert all their senses to the outer world, followed by closure of eyes and focus to be shifted to the inner world while blurring the outer senses. This was repeated multiple times to facilitate trance induction, and to achieve eye fatigue that is crucial for trance induction. Besides, the staircase induction was used, which is based on imagined stairs that take the individual to the basement of an imagined place, indicating a deep state of trance. After the minimal cues for trance were observed, the therapy technique was implemented. This is a three step

intervention that includes, identification of trigger, aversion, "No" statement and positive consequences of non smoking. Since the trigger had already been found in the previous session, an aversion was introduced. Aversion here was the worst of the consequences for the participant and his significant others. When the participant had responded with distress to smoking, the next step was the 'statement' "NO". The participants were advised to say "NO" out loud to the trigger followed by positive consequences of Non-smoking. All the steps were practiced slowly and with careful attention as the therapy applied in a rush would have undermined its potential benefits. The participants were subsequently taken back from hypnosis by reversing the steps involved in induction.

In the last session, scores of the participants were recorded on CDS-5 and were trained for self-hypnosis, and to practice future pacing, which is a technique that helps the individuals in visualising and experiencing positive future outcomes. They were taught to guide themselves to imagine achieving their goal and mentally rehearsing and experiencing associated thoughts, feelings, emotions, and behaviours.

Data was analysed using SPSS V29.0.1. Paired sample t-test and Pearson product moment correlation coefficient were used where indicated. $P < 0.05$ was considered significant.

Results

There were 8 males with mean age 22.54 ± 2.87 years. Mean CDS-5 score at baseline was 17.88 ± 0.55 , which went down post-intervention to 7.75 ± 1.15 (Table 1). For individual CDS 5 score comparisons before and after intervention, refer to Figure. The paired sample t- test results reveal a statistically

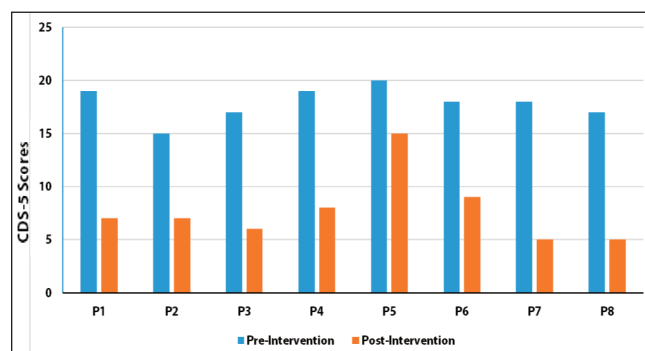


Figure: Effectiveness of Stephen Brooks' hypnotherapy for smoking cessation model (n=8).

Table-1: Comparison between baseline and post-intervention scores.

Variable	Pre-intervention	Post-intervention	t-test	p-value	r-value
	Mean±SD	Mean±SD			
Cigarette Dependence	17.88±0.55	7.75±1.15	10.84	.000	0.59

SD: Standard deviation.

Table-2: Correlation between study variables.

Variables	n	Mean±SD	r-value
Motivation to quit smoking	8	9.25±1.28	-0.74*
Cigarette Dependence	8	7.75±1.15	-

* $p < 0.05$

significant mean difference in cigarette dependence scores between pre-intervention (baseline) and post-intervention assessments $t(7)=10.84$ and $p < 0.001$ Motivation to quit smoking had a significant negative correlation with CDS-5 score ($p < 0.05$; Table 2).

Discussion

The current study aimed at evaluating the efficacy of Stephen Brooks' strategy of hypnotherapy for smoking cessation among male young adults. The study's first hypothesis (H1) was that there would be a significant decrease in cigarette dependence after the intervention. The findings provide robust evidence of a highly significant achievement in smoking cessation following the intervention, proving H1 to be valid. The results support earlier literature.⁷

The second hypothesis (H2) of the study was that there would be a significant negative correlation between motivation to quit smoking and post-intervention cigarette dependence. The findings provide conclusive evidence of a significant negative correlation between motivation to quit smoking and post-intervention CDS-5 scores, validating H2. The results support existing literature.¹³

The current study has several limitations. First, the sample size was too small to allow the findings to be generalised. Besides, the short gap between the actual therapy session and follow-up did not permit the examination of the therapy's effects over a longer period. Finally, the motivation to quit smoking was not uniform across the sample, which might have affected the overall results.

Future large-scale studies with wider gender and geographical representation are recommended to validate the current findings. The inclusion of a control group would allow research to run a comparative analysis to precisely check the efficacy of the intervention.

Despite the limitations, however, the current findings may influence policy development, and may serve as a guide for future research initiatives, encouraging further exploration of hypnotherapy and its applications.

Conclusion

There was evidence confirming the efficacy of Stephen Brooks' hypnotherapy strategy for smoking cessation among male young adults.

Acknowledgement: Owais Iqbal, the corresponding author is grateful to Mr Stephen Brooks, who had been generous enough to not only teach him, but also allowed him to utilise the technique. All authors are grateful to all the participants, and all individuals who facilitated the study, including my parents, teachers and friends.

Disclaimer: None.

Conflict of Interest: None.

Source of Funding: None.

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Author Contribution:

OI, NIC & IM: Concept, design, data acquisition, analysis, interpretation, drafting, revision, final approval and agreement to be accountable for all aspects of the work.