

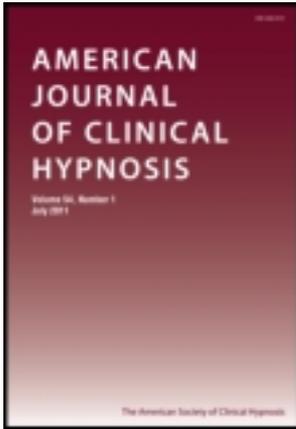
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## Hypnotherapy in Weight-Loss Treatment: Case Illustrations

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For the last 35 years, many North Americans have sought to attain lasting, significant weight loss. A variety of programs have been utilized, most of which show short-term weight loss with rapid return to, or beyond, initial weight following the treatment period. Hypnosis has been employed, with some success, to aid in the identification of related psychological issues, to develop healthy alternatives, and to reinforce the alternatives chosen. Appropriately designed case studies can provide valuable information for the development and refinement of therapeutic techniques. In this paper, the five cases discussed have been selected to demonstrate more specifically the types of hypnosis activities employed, some characteristics of the successful subjects, and some specific strategies they utilized for lasting success.

The achievement of lasting significant weight loss, a goal repeatedly sought by millions of North Americans, has proven to be exceptionally elusive (Abramson, 1982; Bruch, 1973; Feinstein, 1960; Garfield & Bergin, 1978; Leon, 1976; Stuart, 1967; Olefsky, 1980; Wing & Jeffery, 1979). Although short-term results have been impressive, follow-up data from most treatment programs show a pattern of initial mean weight loss followed by an eventual return to the original weight or

even a mean weight gain (Wing & Jeffery, 1979). Among the varied intervention approaches that have been employed, hypnosis has shown potential value, but there have been very few well-designed research projects to assess the long-term effectiveness of hypnosis in weight-loss treatment (Mott & Roberts, 1979). Bolocofsky, Spinler & Couthard-Morris (1985) found that when hypnosis was added to a behavioral weight-loss program, a significantly greater weight loss was achieved after 2 years than that achieved with the exclusively behavioral treatment.

Cochrane and Friesen (1986) report a three-phase hypnosis program that has shown encouraging results for lasting weight loss. Whereas replication studies are needed to further substantiate the re-

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sults of this model, the current findings provide a suitable basis for an investigation of specific illustrative cases. This particular treatment program was developed with an awareness of the current evidence which indicates that no single theory or concept will adequately explain unwanted weight gain or provide the sufficient components for a treatment model with lasting effects (Kline, 1982; Olefsky, 1980; Wing & Jeffery, 1979). It is also evident (Wolman, 1982) that to attain meaningful lasting weight loss, people must apply the principles of sound nutrition, dietary regulation, regular exercise, sociocultural awareness and psychological awareness.

In light of this obvious complexity, the program reported by Cochrane and Friesen (1986) focuses on the psychological aspects of inappropriate eating patterns while encouraging the participants to concurrently take personal responsibility for the other four components. Overweight people tend to be quite knowledgeable about weight loss but often seem unable to put their knowledge to effective use. There were 60 subjects who were 20% or more overweight, randomly assigned to a control group and two treatment groups in the Cochrane and Friesen (1986) study. The two treatments were identical except that one group was given hypnosis audiotapes following the 24 hours of treatment provided over a 2-month period. Prior to treatment all subjects were given the Barber Suggestibility Scale, the Tennessee Self-Concept Scale, a Family History of Distress Scale, and an imagery absorption scale. Data were recorded for age of obesity onset, education level, and socioeconomic status. At a 6-month follow-up the hypnosis groups showed a mean weight loss of 19.29 and 18.26 pounds, while the control group showed a mean weight gain

of 1.73 pounds. In the first phase of treatment, basic hypnosis skills are taught, current weight loss information is reviewed, and the concept of unconscious ideation is outlined. Subjects are exposed to hypnosis imagery designed to uncover possible unconscious motivations for excessive eating. In the second phase, participants are presented with hypnotic imagery activities designed to encourage direct, authentic, and effective alternatives to the response patterns identified in phase one. The third phase is devoted to hypnosis activities for ego enhancement, motivation, and reinforcement of the change strategies initiated in phase two. Participants are encouraged to continue to utilize the hypnosis activities from all three phases as needed during and after the 6-month follow-up.

Case studies can provide a useful perspective in the development and refinement of therapeutic techniques (Kazdin, 1980) if, as in this case (Cochrane & Friesen, 1986), the intervention strategy is replicable and at least initial efficacy has been established (Bloom & Fischer, 1982). Along with the need for generalizability of results, the data upon which change assessments are based should be objective and preferably include repeated measures over time to show change in a formerly stable pattern (Kazdin, 1982). The use of multiple cases further provides a more sound basis for attributing change to the intervention employed (Bloom & Fischer, 1982; Kazdin, 1982). The five cases presented in this paper were selected from among clients who achieved measurable lasting success following participation in the hypnosis treatment approach (Cochrane & Friesen, 1986) outlined earlier. These subjects, among others who were successful at 6 months, were contacted at regular intervals thereafter. They were se-

lected to illustrate a variety of weight-loss issues, and their response patterns are contrasted, in the discussion section, with the general response patterns of those who were unable to achieve lasting success.

### Illustrative Cases

#### *Case 1*

Janet entered the hypnotherapy program at 195 pounds, weighed 142 pounds at a 6-month follow-up, 131 pounds after one year, and 130 pounds after 3 years. At the time of treatment she was 46 years old, a registered nurse, married with two grown children, had a family income of \$65,000 per year, and reported childhood onset of excess weight. On the Barber Suggestibility Scale she scored 15 out of a possible 32, indicating only a moderate level of suggestibility. Janet scored well above the mean on all subscales of the Tennessee Self-Concept Scale. She indicated on a family of origin questionnaire that there had been significant disharmony in her family of origin; however she also reported a high level of social, emotional, sexual and intellectual satisfaction within her own marriage. Janet seemed to be functioning well in the present with the exception of a weight problem with historical origins.

Janet was able to effectively focus on the uncovering activities utilized early in the treatment program. Most of her emotional responses resulted from suggestions of regression to the origins of her eating problem and often involved her perceived conditions of worth which seemed to arise from parental injunctions. She referred to these injunctions as bricks and imagined them as comprising a brick wall between her and her desired weight loss.

At an interview one year following

treatment, Janet made reference to her continued exploration and gradual resolution of her personal injunctions, most of which centered upon relationship issues with her mother. It would seem that Janet actively sought increased self-awareness and was sufficiently motivated to continue this pursuit following the treatment period.

As Janet and other successful subjects learned to experience the affective and cognitive impact of exploratory hypnosis and as she learned to utilize these exploratory skills in self-hypnosis, she discovered that bringing to awareness the situations which contribute to excessive eating is only the first step. Janet, like all clients, was more vulnerable at this phase as she began to recognize that choices must be made, and direct action is required for success. She was responsive to the ego-enhancement suggestions provided at this crucial phase, and she indicated an appreciation of suggestions of self determination based upon a demonstrated respect for the wisdom and worth of the client.

Janet was able, in phase one, to uncover some of the psychological components of her weight problem, and while working through those issues she also attended to her diet, nutrition, and activity needs which steadily brought her weight down. She selected hypnosis activities from phase two and made a tape for her own use. She reported that she used the tape daily as a means of reinforcing and enhancing her psychological, physical, and dietary strategies. During the 3 years following the program she used the tape from time to time but also learned to use a rapid self-induction to identify and address her ongoing needs, thereby preventing a return to her former eating patterns.

*Case 2*

Beth entered the hypnotherapy program at 162 pounds, weighed 126 pounds at a 6-month follow-up and 131 pounds after 3 years. Beth was 53 years old, a housewife with three grown children, a high school education, and a family income of \$38,000 per year. She indicated that her weight problem was of adult origin.

Beth's score on the Barber Suggestibility Scale was only 5 out of a possible 32. None of her subscale scores on the Tennessee Self Concept Scale were significantly below the mean with most well above the mean. Her family of origin questionnaire indicated moderate disharmony in her family of origin. She claimed a high level of satisfaction in her marriage and gave no indication of current unresolved problems with the exception of excess weight.

Beth was quite unresponsive throughout the program. She offered little information about herself or her reactions to the uncovering or reframing activities. She lost little or no weight during the treatment period, but during the final session she agreed to participate in hypnotic age regression to determine if there was a critical incident which may have precipitated her weight problem. Utilizing ideomotor response techniques (Cheek & LeCron 1968), Beth was regressed 20 years to a marital infidelity for which she tearfully expressed guilt and remorse. Following this affect-laden experience she said that "a load seemed to have dropped" from her shoulders.

Following the final treatment session, Beth, like Janet, independently selected metaphors and direct suggestions from the program, developed an induction se-

quence that she liked, and made a tape recording which she used frequently. She altered her eating patterns without going on a specific diet, and she included time each day for a one to three mile walk. At one point during the 3 years following treatment, she accepted a part-time job that she didn't really want and soon found that her weight was creeping upward. After gaining eight pounds she employed an exploratory metaphor from the program and linked her weight gain to feeling trapped in an unsatisfying situation. She arranged for a replacement, left her job, and brought her weight back down within 6 weeks. It seems that Beth was taking greater responsibility for her own well-being and remains resolved to maintain that active, effective role.

Rand and Stunkard (1977) reported that overweight subjects in psychotherapy lost more weight and maintained their losses better than subjects in other weight-loss programs. It seems that excess weight for some, but by no means all subjects, is symptomatic of unresolved issues. Following the identification and resolution of underlying issues, weight loss often becomes easier and more lasting. Janet and Beth provide some support for this position.

It is also interesting that both of these clients reported an initial resistance to entering an altered state of consciousness, and both reported that ultimately their desire to lose weight seemed to override their resistances. It has been long recognized (Udolf, 1981) that some subjects have an unconscious resistance to entering an altered state and may reject suggestions of regression to the origins of the problem as well as suggestions for behavior changes until an appropriate readiness level is reached.

### Case 3

Karen was 200 pounds at the beginning of treatment, 150 pounds at a 6-month follow-up, and 155 pounds after 3 years. Her weight problem originated in childhood but was not serious until 3 years prior to treatment. She was 65 years old, a physiotherapist, single, and with an annual income of \$28,000 per year. Karen's Barber Suggestibility score was very high at 26 out of a possible 32. She scored above the mean on all subscales of the Tennessee Self-Concept Scale with the exception of the Physical-Self subscale where she was well below the mean. She indicated on a family-of-origin questionnaire that she had enjoyed a harmonious family life.

Karen graduated from university in the 1940s and served as a physiotherapist in Europe during the war. After the war she went to Africa as the director of a rehabilitation clinic, then returned to Canada where she worked for many years in a hospital setting with many satisfying professional, social, and recreational experiences. During most of her life she weighed about 145 pounds and credited this consistency to her active and satisfying lifestyle. She was a hiker and mountain-climber. She never married but always had a close network of friends and a very close, though geographically distant, family network. Three years prior to treatment she moved to a small urban center where most of her family were, and, although she reported considerable satisfaction with their frequent company, she greatly missed the friends and active lifestyle of her former home. Her weight began to increase dramatically and reached 200 pounds prior to the treatment program.

Karen was actively responsive during

the treatment program. During an imagery activity which required the participants to construct their desired body image from clay, she changed her image from clay to granite, thereby ensuring its permanence. With the exception of moving to a new home, this client appeared free of problematic issues that could hinder her weight-loss efforts. Her background suggested a familiarity with motivation, an openness to new and varied experiences, and she seemed ready to respond to suggestions for change.

She was given a therapist-made audiotape which included a lengthy induction followed by body image, motivational, and ego-enhancement suggestions. Karen devised her own nutritional, calorie-reduced diet and increased her physical activity by walking daily and swimming as often as possible. At an interview 3 years following treatment, she indicated that she had adjusted to her new home and had resumed an active lifestyle.

### Case 4

Kathy entered the program at 280 pounds, weighed 203 pounds at a 6-month follow-up, and 127 pounds after 18 months. Her weight problem originated in childhood. At the time of treatment she was 32 years old, a registered nurse, married with one child, and had a family income of approximately \$48,000 per year.

Kathy's score on the Barber Suggestibility Scale was 18 out of a possible 32, and she was below the mean on the total score of the Tennessee Self-Concept Scale. She indicated that there had been considerable disharmony in her family of origin including multiple incidents of sexual abuse by a relative. She also expressed considerable dissatisfaction with the emotional and sexual aspects of her marriage.

During the first session, participants are given a fairly lengthy induction followed by a story about a person who is chained in a cave by the limitations of her own beliefs. This story is intended to provide suggestions about learned limitations, the possibilities of change, the risks involved, and the need to make choices. Kathy came to the second session, one week later, carrying a large framed painting of a cave, with an owl perched beside a road leading from the cave to the first light of sunrise on the horizon. She explained the owl as representing the wisdom and courage required for a task which she accurately felt would involve considerable emotional turmoil.

Kathy used hypnosis, in the treatment sessions and at home, to identify her weight-related issues, to assist in working through the emotion-laden stages, and to devise appropriate strategies for gradual weight loss. She was given a tape but preferred unassisted self-hypnosis. She was able, while bringing her weight down, to identify her ongoing needs as well as her historical issues and consequently initiated improvements in her marriage and career. She felt unable to incorporate an exercise component in her program at the outset, but as her weight came down she gradually escalated her physical activity and eventually reached a commendable level of fitness. She kept an extensive journal, including sequential photographs of her progress, outlining her eating patterns and the emotional experiences she encountered.

Unlike the previous clients, Kathy continued to work with the therapist on 19 separate occasions following the formal treatment period. On each of these occasions she sought hypnotherapy to help resolve issues such as anger, self-revulsion, self-doubt, and sex-role issues arising from

her childhood victimization. She also requested and received periodic body-image suggestions for a more comfortable acceptance of her changing body.

At the one-year follow-up Kathy was justifiably pleased with her progress and wisely indicated that she was still on a continuum leading to a more fully functioning adult lifestyle. At the 18-month follow-up she weighed 127 pounds and was embarking on a new career.

### *Case 5*

Lillian entered the program at 182 pounds, was 165 pounds after 6 months and 154 pounds at the end of one year. She was 30 years old, had a weight problem since childhood, was single, and was a registered nurse with an income of \$24,000 per year.

Lillian scored 9 out of a possible 32 on the Barber Suggestibility Scale and with the exception of the Physical-Self subscale, scored above the mean on the Tennessee Self-Concept Scale. She reported only moderate disharmony in her family of origin but indicated that she had developed a strong sense of near rebellious independence at home. Following her exposure to the cave imagery used in the opening session, she expressed a strong desire to break out of her personal cave. She indicated that she had been using food and cigarettes to blunt negative feelings and now felt ready to learn about authenticity.

During the treatment program and for 4 months following the program, Lillian's father deteriorated with terminal cancer, eventually dying at home. Not surprisingly, much of her imagery work was around her relationship with her father. She was able to recognize her pattern of avoiding negative feelings, yet managed

to break her moderate nicotine habit while still bringing her weight down. She did not go on a specific diet but ate wisely and avoided emotional eating. She included either a one-mile jogging session or a longer walk in her daily routine.

Lillian had seven therapy sessions over a period of 9 months following the program. Hypnosis imagery was used to help her say farewell to her father and to re-establish her own life goals which included an independent determination to maintain her physical and emotional well-being. She also used hypnosis imagery to develop an acceptance of being attractive.

### Discussion

The five cases presented here illustrate the manner in which successful participants utilized the hypnosis activities provided in this treatment approach to achieve lasting weight loss. Hypnosis was employed to help identify any underlying, unresolved, and related issues, to facilitate issue resolution and to develop and reinforce effective strategies for the achievement of lasting weight loss. Whereas many overweight people tend to underestimate the complexity of the weight-loss task and consequently experience repeated setbacks, it is evident that lasting success is attainable.

These cases show that, in an atmosphere of respect and support, clients, in spite of varied suggestibility, can respond effectively to hypnosis suggestions in all three phases of treatment. Clients with sufficient motivation and readiness are also able to learn effective self-hypnosis skills with or without the aid of audiocassettes. Whereas clients who were experiencing minimal turmoil in their life at the time of treatment seemed more able to focus on the weight-loss task, those with ongoing problems can, if there is sufficient

determination and available support, achieve an admirable degree of success. Clients in this treatment model are encouraged, through hypnosis suggestions, to move toward an internal locus of control while developing the courage and confidence to experience life authentically rather than indirectly through food.

In contrast to those who attained lasting success, there were those who continued to seek an external solution. These clients made reference to weight-loss programs, diets, and hypnosis as "it." In discussing their previous weight-loss efforts, they repeatedly said, "I tried 'it' and 'it' didn't work." Consequently they seemed less willing to act directly on their weight-related issues than were those who achieved lasting success. Some subjects enjoyed initial success but during the follow-up period began to regain their weight after encountering stressors such as marital turmoil, personal loss, employment problems, and loneliness. Whereas some of the successful subjects also encountered unexpected stressors, they were more able to effectively cope without turning to food.

All subjects were given suggestions for moderate but regular exercise. The successful subjects incorporated regular exercise at some stage of their weight-loss program, while most of the other subjects did not. Some of the heaviest subjects did not exercise until they had lost some weight. The most common exercise used was daily walking.

Suggestions were given to all subjects for moderate weight loss over time as opposed to rapid and dramatic weight loss. Those who ultimately succeeded seemed more willing to exercise persistent patience than those who did not succeed. The hypnosis format included suggestions to break the problem into workable units which the successful subjects tended to

do. They focused on losing weight in one, five, or ten pound units whereas many others focused on the total task which seemed to produce a sense of hopelessness.

The treatment approach illustrated here provides a basis for hope and, with further research, the potential for growing optimism.

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