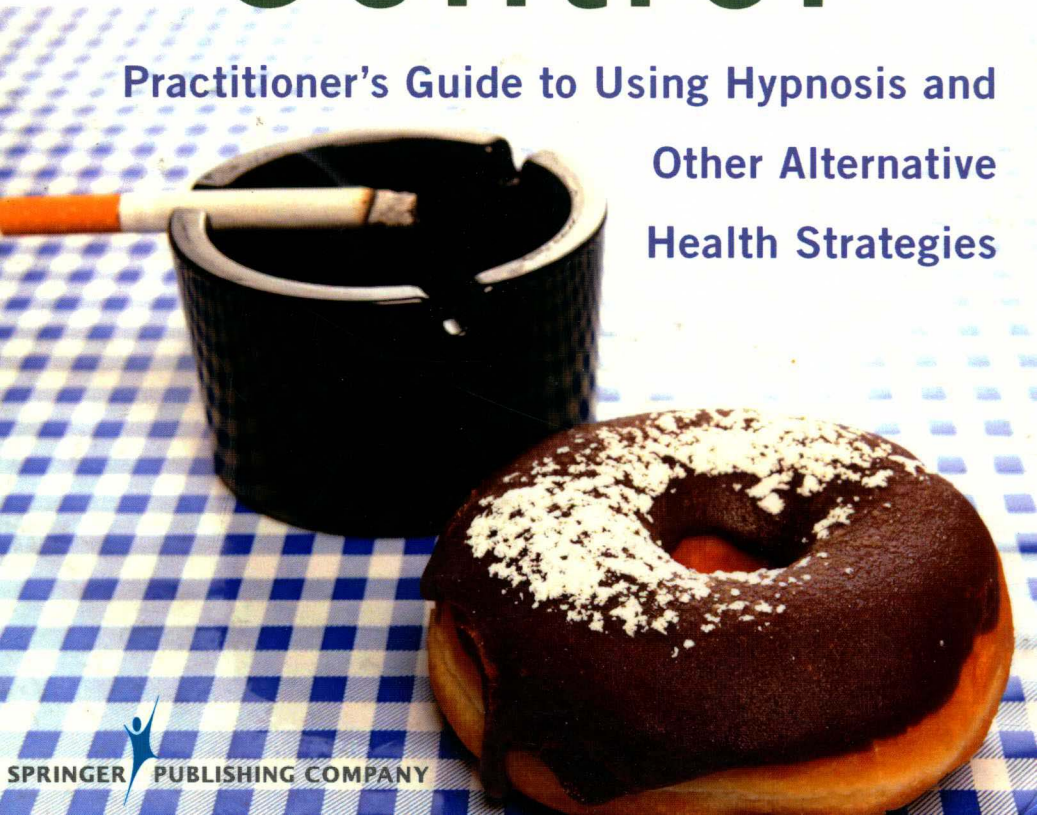
Brian S. Grodner and David B. Reid

Permanent Habit Control

Practitioner's Guide to Using Hypnosis and Other Alternative Health Strategies



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David B. Reid, PsyD, is a licensed clinical psychologist, author, Adjunct Clinical Professor in the Department of Health Sciences at the James Madison University, and Founder and President of In The Zone Consulting, Inc., a business consulting firm in Central Virginia specializing in leadership training, conflict resolution, and promotion of healthy workplace habits. A graduate of Loyola College in Maryland and Wright State University, Dr. Reid completed a postdoctoral fellowship in rehabilitation and neuropsychology at the University of Virginia in 1993. In 2005, Dr. Reid was selected and appointed by Governor Mark Warner of Virginia to serve on the Commonwealth Neurotrauma Initiative (CNI) Trust Fund Advisory Board, a governor-appointed body that administers the funding of ground-breaking medical research and innovative community-based rehabilitation programs in the field of acquired neurotrauma. He was elected chairman of the CNI during his first year and was recently reappointed to this board by Governor Tim Kaine. Dr. Reid has appeared as a guest on radio and television news programs and served as an expert behavioral health consultant to an ABC affiliate in Harrisonburg, Virginia.

Permanent Habit Control

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Preface

Quitting smoking is easy. I've done it hundreds of times.

—Mark Twain

It has been said that old habits die hard. Every day you can witness the frustration and powerlessness of an individual surrendering to a hard-to-break habit that seems to control her more than she controls it. Whether the persistent behavior involves nail biting, smoking, overeating, alcohol abuse, drug addiction, or compulsive shopping, the pesky habit claims victory in the end regardless of the resistance or efforts employed to ward it off. And the excuses rendered following defeat are all too familiar and convenient: "I can't help it," "I don't even know I'm doing it," "It's so automatic," "I've tried everything!" and "Nothing works!"

Perhaps you've tried to break an old habit, or maybe committed to a New Year's resolution only to have it transform from personal conviction to fiction within a matter of weeks. According to an informal survey of Pittsburgh residents, five of the top ten 2007 New Year's resolutions involved undoing or breaking some unwanted habit (Powell & Powell, 2007). And no matter how certain or confident a person feels about his intention to change his behavior, odds are most New Year's resolutions will be broken within 14 days! Based on these statistics alone, it's no wonder we believe that old habits die hard.

One of David's clients, Mary, was no different. Her New Year's resolution for the past six years was to quit smoking. One year she made it 10 consecutive days and was on a roll until the day her cat died. After discovering her expired cat, Lola, curled up like a lifeless furry pillow at the foot of her bed, she ran to the kitchen, retrieved her hidden pack of Marlboros and reinitiated a habit of cigarette smoking that seemed unbreakable. That is, until the day she found herself sitting

in front of her television set 2 years later as Tom Brokow informed his viewers about the latest study indicating women smokers were more likely to die from breast cancer than their nonsmoking peers. Staring at the lit cigarette dangling between her fingers, she pondered life as a 35-year-old married mother of two young children, and suddenly felt all alone. She had buried her mother 3 days earlier and knew if she didn't kick the habit soon enough, her children would be mourning her loss as well. Her mother had celebrated her 55th birthday 1 week before succumbing to a massive heart attack that took her life. The doctor delivering the tragic news told Mary it was the cigarettes and morbid obesity that killed her. With vivid images of her mother's casket being lowered into a freshly dug grave, Mary pondered that next drag off her cigarette and all it could do to her. Usually, she eagerly anticipated what it would do *for* her: calm frazzled nerves, thwart a looming panic attack, offer momentary, if false, respite. Now she fretted about what it would do *to* her. She snuffed the cigarette into an ashtray, determined it was the last one she would ever smoke. After all, she didn't want to become a permanent nonsmoker in the same way her mother had. But Mary was already 75 pounds overweight, and the notion of packing on more weight (apparently a given when one quits smoking) was enough to restart the habit she'd quit only seconds before. She reconsidered her plan of tossing the remains of her last pack into the trash can. It was like saying "goodbye" to an old friend, just like she had when she buried her mother. Now she *needed* a cigarette. And a cigarette she had.

Like most smokers, Mary tried just about every treatment intervention known to mankind to help her kick the habit. She'd tried all the nicotine replacement options: the patch, the gum, a nasal spray, even an inhaler. One time, she responded to an ad in the Sunday newspaper espousing hypnosis as the way to uproot and resolve the source of her addiction. Having little to lose and a life to live, she paid the nonrefundable registration fee and joined a group of other desperate smokers crammed into a claustrophobic classroom of a local elementary school hoping this would do the trick. She sat perfectly still, catatonic-like, her eyes shut off to external distractions from the outside world, while a certified hypnotist (more on that later) did his thing, offering one hypnotic suggestion after another to her subconscious mind. To the best of her ability, she resisted the urge to resist. Before she knew it, her left hand was rising off her lap and, without conscious intention, levitating in midair. She thought about how ridiculous she and everyone

else must have looked with one arm frozen in space, then dismissed the concern, realizing that, if it would actually help her quit smoking, she'd cluck like a chicken if the hypnotist commanded it. Three days later Mary found herself $85 poorer and up to one-and-a-half packs of cigarettes a day.

Sadly, Mary's story isn't unique. In fact, cigarette smoking continues to be identified as the most important preventable cause of death and disease in the United States, with more than one out of every six American deaths resulting from primary or secondary effects of smoking (Centers for Disease Control and Prevention, 2002). According to the National Institutes of Health (2006), of the 44.5 million adult smokers in the United States, 70% want to quit and 40% make a serious quit attempt each year, but in any given year fewer than 5% succeed.

Although the number of smokers in most segments of our population has declined since the late 1990s, recent surveys of middle and high school student smokers have not produced such optimistic findings (Centers for Disease Control and Prevention, 2006). Each day, nearly 4,000 teens smoke their first cigarette, most by age 15, with another 2,000 becoming regular, daily smokers before their eighteenth birthday (Substance Abuse and Mental Health Services Administration, 2006).

Like teen smoking, the prevalence of overweight children and adolescents, and obesity among men in particular, increased significantly from 1999 to 2004 (Ogden et al., 2006). With the alarming increase in morbidly obese people in the world, public health officials have now identified obesity as an epidemic and, sad to say, are commonly referring to our culture as "obesogenic."

Unlike smokers, whose limited options for kicking the habit include quitting cold-turkey, swallowing a pill, or slapping a nicotine replacement patch on their shoulder, overweight and obese individuals do not lack for resources, information, or interventions to assist them with shredding excess poundage. A quick scan of any television program schedule nearly any time of the day reveals a plethora of weight loss/fitness programs, ranging from infomercials selling appetite suppressants and fat-burning concoctions to home gyms and body buffing contraptions guaranteed to turn any beer-belly gut into a set of rock-solid six-pack abs in record time. But wait, there's more if you order right now! (Just kidding.) A quick jaunt to the local Barnes and Noble or an online surfing session at Amazon.com will offer any interested customer an abundance of best selling reference works on the latest

diets and weight loss programs that come and go like the seasons of the year. Unfortunately, the quick-fix options flooding the media and force-fed to the masses have done little to promote a culture of health and fitness. Instead, rather than offering viable solutions for trimming our ever-expansive waistlines, it seems proactive entrepreneurs have taken advantage of a ripe opportunity to sell their wares to a desperate "obesogenic" culture.

Although individual choice and control over one's own destiny, including one's health and well-being, should be respected, maintaining an attitude of lackadaisical bystander apathy to the direct and indirect consequences of smoking and obesity will, over time, pose dire consequences that our society can ill afford. Adverse consequences of smoking and overeating affect all of us and, as surprising as this may seem, extend beyond the smoker or obese individual. This point was driven home after a government study published in the *American Journal of Preventive Medicine* reported that the airline industry spent nearly $275 million to burn 350 million more gallons of fuel in the year 2000 just to carry the additional weight of American passengers (Dannenberg, Burton, & Jackson, 2004). And a recent comprehensive evaluation of 22 independent studies investigating the adverse effects of secondhand smoke in the workplace in the United States, Canada, Europe, China, Japan, and India reported a 50% increased risk of lung cancer for exposed nonsmokers (Stayner et al., 2007). Although smoking is banned in most workplaces in the United States, according to the 2006 Surgeon General's report, nonsmokers working in bars, cafes, and restaurants are chronically exposed to secondhand cigarette smoke throughout their workday and remain at significant risk for cancer and other respiratory illnesses (U.S. Department of Health and Human Services, 2006).

There is also widespread concern among medical experts that the escalating number of morbidly obese children and adults over the next decade will cause health care expenditures in the United States to climb exponentially. These concerns have already become a reality, as medical expenses for morbidly obese adults in the year 2000 were 81% greater than for normal-weight adults, 65% more than for overweight adults, and 47% more than for "merely" obese adults (Arterburn, Maciejewski, & Tsevat, 2005).

It is apparent from these statistics, and from the limited sustained efficacy of current treatment interventions for smoking cessation and weight management, that alternative strategies are necessary to help

people like Mary become permanent nonsmokers and permanently slim and fit individuals. In *Permanent Habit Control: Practitioner's Guide to Using Hypnosis and Other Alternative Health Strategies* (henceforth *Permanent Habit Control*), we offer a one-of-a-kind professional resource that provides eclectic and innovative behavioral and naturalistic interventions that can be individually tailored and applied to help your clients become *permanent* nonsmokers and/or *permanently* slim and fit individuals.

Most weight-loss and smoking-cessation programs offer a means to an end (e.g., not smoking, losing 40 pounds) that merely begins a new vicious cycle that simply promotes more of the same (e.g., smoking, weight gain). In general, fad diets, short-lived exercise programs, or a self-adhesive nicotine patch are almost destined to fail, since they rely exclusively on external solutions to an identified "problem" while ignoring the essential skills and resources that reside within all of us that can facilitate and foster change.

Permanent Habit Control is the first book of its kind to employ the Enneagram—a profound psychological and spiritual tool for understanding ourselves and offering pragmatic insight to initiate and promote change in our lives—to help people become permanent nonsmokers and permanently fit and trim. In conjunction with hypnosis and Energy Psychology interventions, we will show you how to utilize the Enneagram to provide essential information concerning your client's personality and behavioral traits that are notoriously overlooked or minimized in most weight loss and smoking cessation programs. This book does not require any prior experience or training in clinical hypnosis, the Enneagram, or exposure to the field of Energy Psychology to be of benefit to you. Rather, we will provide you with all the requisite guidance and information needed to learn and confidently apply all of the strategies and interventions described in this book to help your clients initiate positive and permanent habit change in their lives.

Throughout our book, we draw on case histories from our own clinical work to illustrate the interventions in practical and strategic ways. At the end of each chapter, we invite you to participate in activities designed to enhance and supplement your learning experience. These hands-on, nonthreatening opportunities will help you incorporate new strategies and interventions into your clinical work immediately. From the generation of an individualized treatment plan to the application of personality assessment results obtained from the Riso-Hudson Ennea-

gram Type Indicator (RHETI; Riso & Hudson, 2003), case studies bring life to specific treatment interventions for enhancing habit control.

If it is indeed true that old habits die hard, it might seem that the work to undo them would be tedious, time-consuming, frustrating, and near impossible. As you can likely gather from the title of our book, however, we don't hold this old adage to be fact. Though unwanted habits may be difficult to modify, they don't have to be. We maintain that by understanding the relationship between a habit and its source of reinforcement, and by helping people access and mobilize personal resources that have previously remained unavailable to them or perhaps simply forgotten, habits are not only malleable, but can be replaced by healthier behaviors that enhance the likelihood of permanent habit control.

It is our expectation that, as you follow along in this book, you will have ample opportunities to apply the knowledge and information contained within to help your clients manage what have conventionally been considered difficult-to-treat behaviors. As a "bonus," of sorts, we would also encourage you to select and treat your own personal unwanted habit(s) that you are motivated to change.

USING THIS BOOK

Much work and research in the area of habit control has traditionally focused on external factors by relying predominantly on behavioral techniques, manipulation of the environment, implementation of restrictions, or solicitation of external support. Rather than focus attention and treatment efforts exclusively on external solutions, which are indeed important, we will explore in detail how habit control can be made permanent predominantly by mobilizing and accessing internal resources.

Accomplishing this task depends upon many factors that will be discussed throughout this book. We share specific strategies, processes, metaphors, images, reframing techniques, task assignments, and other innovative techniques for managing unwanted habits, beginning with the initial client contact and continuing through relapse prevention and follow-up reinforcement sessions.

With regard to client assessment, we offer more strategies and techniques than you will probably use for any one client, but this

intentional thoroughness will allow you to determine what works best for you and meets each client's specific needs.

Since we focus our attention on weight control and smoking cessation throughout this book, we have interspersed examples addressing both issues. Often, whatever is applied to one habit can be successfully applied to the other. Sometimes, though, specific interventions may be more relevant to smoking cessation than to weight control, and vice versa. For example, nicotine withdrawal is obviously something that is relevant to smoking cessation but not to weight management, whereas a healthy diet and exercise are essential for weight management but will be of little use for smoking cessation.

In essence, to generate permanent habit change, we must shift the ratio of the "no" that comes from hesitation, doubt, and inner conflict impacting our desire and ability for change, to the "yes" that occurs when all aspects of change are strong, aligned, and congruent. We believe people are genuinely interested in changing, but there is a preponderance of problems, including limited motivation, poor initiative, inertia, and disappointment, that challenges desired change. We consequently help our clients systematically shift the ratio from "No, I don't think I can do this" to a YES response set of "I can and I will do this." Rather than spend energy and focused attention on what our client *doesn't want* (e.g., gain more weight, become irritable, fail) we help them gain confidence in their ability to focus energy and attention on what they *do want* (e.g., becoming a permanent nonsmoker).

When conceptualizing and organizing this book, we decided to divide it into three separate but interdependent sections, starting with **Setting the Stage**, which includes a guideline for focused habit assessment to supplement a standard intake interview, an introduction to the Enneagram, and two chapters overviewing the importance of soliciting reasons for change as well as reasons that continue to promote unhealthy and unwanted habits.

In the second section, **Teach Them and Let Them Lead the Way**, we teach you how to teach your clients pragmatic and effective interventions that will help them access and mobilize resources, including those subconsciously relegated to presently inaccessible areas of the mind as well as others that have never been identified or developed. And, as the title of this section implies, we also provide you with no-nonsense psychobabble-free information concerning the consequences of smoking and obesity to share with your clients. Finally, this section provides

suggestions for homework assignments that generate and sustain momentum for change, taking the lesson from the clinic to the real world.

In the last section, **May the Force Be With You**, we introduce you to the clinical tools that we have relied on over the years to help our clients make the permanent habit changes they are seeking: Hypnosis, Mindfulness, Energy Psychology, and Emotional Freedom Techniques (EFT). During this section we also bring everything together by utilizing the Enneagram of Personality Types to guide our treatment of two representative clients.

For some people, when it comes to "alternative" or "unconventional" therapeutic interventions like hypnosis or Emotional Freedom Techniques, they need to see it to believe it. We suggest (and yes, it's only a suggestion) that you set aside any of your own "Doubting Thomas" feelings for the moment and consider the possibility that maybe, just maybe, when you *believe* it, then you'll *see* it.

We hope your experience working along with us not only enhances your clinical practice, but your own life as well. If you are so inclined, let us know how you are progressing and drop us a line at David's e-mail address: dreid@drdavidreid.com.

Let's get started.

Acknowledgments

My greatest professional influence has been Dr. Milton Erickson, the great psychiatrist and hypnotherapist with a brilliant mind and warm heart. Dr. Fritz Perls, the founder of Gestalt Therapy, and other Gestalt therapists were the source of my early trainings and interests; they influenced me to become a psychologist. My third major professional influence was the Enneagram, as conceptualized and taught to me by Don Riso and Russ Hudson.

I wish to pay tribute to the many people who have given me help, support, and encouragement throughout the years: My father, Milton, and mother, Ceil, have given me love and guidance. My brothers Richard and Robert and sisters Lauren and Terri have been a source of support and encouragement. My wife, Jean, has loved and supported me for many years. My daughter, Jamie, has given her unconditional love and encouragement.

In loving memory of my sons, Jason and Jeremy.

Brian S. Grodner, PhD, ABPP, FAClinP

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David B. Reid, PsyD

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PART I

Setting the Stage

It's choice—not chance—that determines your destiny.

—Jean Nidetch