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## PUBLISHED RESEARCH ON HYPNOTHERAPY FOR WEIGHT CONTROL

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The following list is in chronological order of publication rather than in alphabetical order of authors. This is intended to provide an indication of the development of research over several decades.

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### 1975

*American Journal of Clinical Hypnosis* Vol 18, Issue 1, 1975

#### **Obesity and Hypnosis: A Review of the Literature**

H. E. Stanton Ph.D.

#### **ABSTRACT & LINK**

A method of effecting weight loss through the use of hypnosis is described embracing: (a) direct suggestions relating to amount and type of food eaten, (b) ego-enhancing suggestions to help patients live their lives more pleasantly, (c) mental imagery to establish a desired goal, (d) auto-hypnosis to reinforce the therapists suggestions, and (e) use of audio-tape to provide additional support after the completion of formal treatment. Although the approach has proven successful with many patients, two year follow up data was available for 10 only, and it is upon these that the article concentrates. Emphasis is placed upon the importance of the therapist-patient relationship and, in particular, the fostering of positive expectation that the treatment will be successful.

### 1976

*Journal of the National Medical Association*

#### **Hypnoaversion treatment in alcoholism, nicotineism and weight control.**

M. M. Miller

#### **LINKS to PDF versions**

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### 1978

*Psychological Reports: Volume 42, Issue , pp. 805-806.*

#### **Locus of control as a predictor of outcome in treatment of obesity**

Neal L. Cohen & Murray Alpert

#### **LINK**

### 1979

*American Journal of Clinical Hypnosis* Vol 22, Issue 1, 1979

#### **Obesity and Hypnosis: A Review of the Literature**

Thurman Mott Jr. M.D. Joan Roberts Ph.D.

#### **ABSTRACT & LINK**

Hypnosis has been reported as a treatment for obesity for many years but there have been no reviews of this literature. In this review all of the journal articles found are summarized briefly but because of lack of comparable information no attempt is made to critically compare the methods used. Most of the reports are anecdotal and very few report detailed results or follow-up. It is concluded that although there is evidence that hypnosis may have a role in the treatment of obesity, well-designed research studies are needed to establish the extent of its usefulness and the most effective methods of using hypnosis in the treatment of the different types of obesity.

### 1980

*Psychological Reports, Vol 46(1), Feb 1980, 311-314*

#### **Hypnotherapy for weight control.**

Davis, Sally; Dawson, Joseph G

#### **ABSTRACT:**

A survey of weight control techniques indicated a need for a weight-loss program that integrates appropriate eating behavior into everyday life and research that follows up patients to see if weight loss is maintained. A successful hypnotherapeutic program is illustrated through 6 case histories of 21-36 yr old women. Beginning, end-of-treatment, and follow-up data are presented and compared to summarized results of behavioral techniques; hypnotherapy showed shorter length of treatment and greater loss at follow-up. Patients' success with the adjunct of a taped induction is interpreted as a failure to internalize suggestions, increased relaxation with resultant reduction in desire to eat, or a booster effect, similar to but not as powerful as a return session

### 1986

*Journal of Consulting and Clinical Psychology, Vol 54(4), Aug 1986, 489-492.*

#### **Hypnotherapy in weight loss treatment.**

Cochrane, Gordon; Friesen, John

Investigated the effects of hypnosis as a treatment for weight loss among women. The sample consisted of 60 women (aged 20-65 yrs) who were at least 20% overweight and were not in any other treatment program. Six client variables (suggestibility, self-concept, quality of family origin, age of obesity onset, education level, and

socioeconomic status [SES]) and 1 process variable (multimodal imagery) were analyzed in relation to the dependent variable (weight loss). Two experimental groups, hypnosis plus audiotapes and hypnosis without audiotapes, and the control group were investigated for weight loss immediately after treatment and again after a 6-mo follow-up. The primary hypothesis that hypnosis is an effective treatment for weight loss was confirmed, but the 7 concomitant variables and the use of audiotapes were not significant contributors to weight loss.

1987

*American Journal of Clinical Hypnosis*, Vol 30(1), Jul 1987, 20-27.

**Hypnotherapy in weight-loss treatment: Case illustrations.**

Cochrane, Gordon; Friesen, John

#### ABSTRACT

Presents five case studies of females in weight-loss treatment in order to demonstrate the types of hypnosis activities employed with them, characteristics of the successful Ss, and specific strategies used for lasting success. Hypnosis was used to help identify and resolve weight-loss issues and to develop and reinforce strategies for weight loss.

1998

*Psychiatric Quarterly*. 1979 Spring;51(1):55-63.

**Adverse reactions to hypnotherapy in obese adolescents: A developmental viewpoint**

Calvin H. Haber, Roslyn Nitkin and I. Ronald Shenker

#### ABSTRACT:

Hypnotherapy is a method of treatment for resistant obesity. This study was undertaken to ascertain the efficacy and/or risks it holds for adolescents. All tended to see hypnosis as a quick solution to longstanding problems. Other forms of weight control therapy had been unsuccessful. Untoward reactions occurred in many teenagers. These included: dissociated state, depersonalization, anxiety and fears. Patients who were not in a deep state of hypnosis were disappointed and viewed this as another failure experience. The severe side effects were observed in those patients in the earlier developmental phases of adolescence.

1993

*Rhue, Judith W. (Ed); Lynn, Steven Jay (Ed); Kirsch, Irving (Ed), (1993). Handbook of clinical hypnosis, (pp. 533-553). Washington, DC, US: American Psychological Association, xxv, 765 pp.*

**Hypnosis in the treatment of obesity. Handbook of clinical hypnosis**

Johnson DL.

#### ABSTRACT

The present review was undertaken to follow up earlier reviews and to attempt to determine whether there may be a particular weight control program that is potentiated significantly by hypnosis. Topics include: treatment procedures; treatment outcome; and hypnotherapy weight control protocol. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

1997

*Psychol Rep.* 1997 Jun;80(3 Pt 1):931-3.

**Weight loss for women: studies of smokers and nonsmokers using hypnosis and multicomponent treatments with and without overt aversion.**

#### ABSTRACT

Study 1 compared overweight adult women smokers (n = 50) and nonsmokers (n = 50) in an hypnosis-based, weight-loss program. Smokers and nonsmokers achieved significant weight losses and decreases in Body Mass Index. Study 2 treated 100 women either in an hypnosis only (n = 50) or an overt aversion and hypnosis (n = 50) program. This multicomponent follow-up study replicated significant weight losses and declines in Body Mass Index. The overt aversion and hypnosis program yielded significantly lower posttreatment weights and a greater average number of pounds lost.)

1998

*International Journal of Obesity*. vol. 22, no3, pp. 278-281 (9 ref.)

**Controlled trial of hypnotherapy for weight loss in patients with obstructive sleep apnoea.**

STRADLING J. (1) ; ROBERTS D. (1) ; WILSON A. (1) ; LOVELOCK F. (1) ;

#### ABSTRACT

OBJECTIVE: To assess if hypnotherapy assists attempts at weight loss. DESIGN: Randomised, controlled, parallel study of two forms of hypnotherapy (directed at stress reduction or energy intake reduction), vs dietary advice alone in 60 obese patients with obstructive sleep apnoea on nasal continuous positive airway pressure treatment. SETTING: National Health Service hospital in the UK. MEASURES: Weight lost at 1, 3, 6, 9, 12, 15 and 18 months after dietary advice and hypnotherapy, as a percentage of original body weight. RESULTS: All three groups lost 2-3% of their body weight at three months. At 18 months only the hypnotherapy group (with stress reduction) still showed a significant (P < 0.02), but small (3.8 kg), mean weight loss compared to baseline. Analysed over the whole time period the hypnotherapy group with stress reduction achieved significantly more weight loss than the other two treatment arms (P < 0.003), which were not significantly different from each other. CONCLUSIONS: This controlled trial on the use of hypnotherapy, as an adjunct to dietary advice in producing weight loss, has produced a statistically significant result in favour of hypnotherapy. However, the benefits were small and clinically insignificant. More intensive hypnotherapy might of course have been more successful, and perhaps the results of the trial are sufficiently encouraging to pursue this approach further.

2001

*Critical Reviews in Food Science and Nutrition - Vol 41, Issue 1, 2001*

**Alternative Treatments for Weight Loss: A Critical Review.**

David B. Allison Kevin R. Fontaine , Stanley Heshka , Janet L. Mentore Steven B. Heymsfield ;

#### ABSTRACT & LINK

"Nontraditional" or "alternative" treatments are extremely popular, especially with respect to obesity and body composition. Although such treatments are widely used, it is not clear that these are supported by the existing data in the peer-reviewed literature. Herein, we review the data on 18 methods/products advocated as potential anti-obesity/fat-reducing agents. We have found that none have been convincingly demonstrated to be safe and effective in two or more peer-reviewed publications of randomized double-blind placebo-controlled trials conducted by at least two independent laboratories. Nevertheless, some have plausible mechanisms of action and encouraging preliminary data that are sufficiently provocative to merit further research. Att 18 months only the hypnotherapy stress reduction group still showed a significant (p < 0.02), but small (3.8 kg), mean weight loss relative to baseline.

2003

*Submitted in fulfillment of the requirement of Master of Applied Science (Research) March, 2004*

**Alternative treatments for weight loss: range, rationale, and effectiveness.**

Garry Egger<sup>1</sup>, Rosemary Stanton<sup>2</sup> and David Cameron-Smith<sup>3</sup>

<sup>1</sup> Centre for Health Promotion and Research, PO Box 313, Balgowlah, NSW, Australia & School of Health Sciences, Deakin University, Burwood Hwy., Melbourne, Australia; <sup>2</sup> Consultant Dietitian; University of New South Wales, Sydney, Australia; <sup>3</sup> School of Health Sciences, Deakin University; Burwood Hwy., Melbourne, Australia | [Link to full report HERE](#)

Up to 72 per cent of men and 85 per cent of women in some countries are currently trying to lose, or at least not gain, weight . However, less than 30 per cent of those trying to lose and 20 per cent of those trying not to gain, report using 'traditional' treatments to do so . 'Alternative' treatments seem to be more popular, although their effectiveness has not been established.

In this paper we used appropriate electronic searches to add to the findings from three earlier reviews of 'alternative' treatments in weight loss 'Alternative' here is defined as those treatments not involving modifications of energy balance through traditional means.

Hypnosis

Hypnotherapy is often used as an adjunct treatment in weight loss, although few controlled studies exist on its

hypnotic therapy is often used as an adjunct treatment in weight loss, although few controlled studies exist on its effectiveness. A meta-analysis of five controlled studies using hypnosis for weight loss demonstrated a small non-significant effect, but a further review of the same data set, with the inclusion of one additional study, suggested a small significant effect (2.6 kg)<sup>17</sup>. In more recent studies, a slight benefit (mean loss of 2 kg) occurred with hypnosis plus overt aversion (electric shock, disgusting tastes and smells) compared with hypnosis alone<sup>18</sup> although a similar study did not confirm this<sup>19</sup>. In another study, 60 obese patients with obstructive sleep apnoea were randomized to receive two forms of hypnosis (directed at stress reduction or reducing energy intake reduction) compared to standard dietary advice alone. After initial weight loss in all groups, the hypnotherapy for stress reduction was the only intervention to achieve persistent weight loss (mean 3.8 kg)<sup>20</sup>.

2004

*Submitted in fulfillment of the requirement of Master of Applied Science (Research) March, 2004*

**Self-Defeating Eating: The role of Hypnotizability and its Correlates in its Aetiology and Treatment.**

Susan Hutchinson-Phillips,

School of Counselling and Psychology, Queensland University of Technology, Carseldine | [Link to full report HERE](#)

**ABSTRACT**

Dietary habits which seriously erode health and quality of life are widespread. Effective clinical strategies for overweight, obese and eating disordered individuals are needed. Such treatment options are usually based on constructs generated by theoretical models of causation and maintenance. Underpinning the current enquiry, the Hypno-socio-cultural model hypothesises links between the aetiology of dysfunctional eating behaviours and higher levels of hypnotic susceptibility, fantasy ability and dissociative capacity, as well as acknowledging the social genesis of the self-defeating approach to diet. Empirical evidence has supported the socio-cognitive theory of causation and remediation, on which this research is based. The literature has suggested that hypnotic, imaginative and dissociative strategies have contributed to clinical efficacy, and that aetiology and maintenance of such self-defeating eating might be linked to higher than average hypnotic susceptibility, imaginative ability and dissociative capacity. Generalization of research findings across studies is limited by the uncertainty introduced by the variety of measuring instruments utilized, and gender and age differences which have emerged. As well, possible individual preferences for specificity of hypnotic suggestions, which may affect responsivity levels, could dictate a need for reinterpretation of the results of relevant research.

As an initial step in exploration of these issues, a group of University students responded to a number of assessment instruments, designed to tap self-perceptions in relation to weight, shape and size concerns, eating behaviours, and use of imaginative, dissociative and hypnotic capacities, as well as responding to hypnotic suggestions embedded in a formal assessment thereof.

In this current research, expected relationships between elements of the Hypno-socio-cultural model were probably affected by a complex array of factors, which are difficult to measure using current instruments. Case studies drawn from the participants in this study have further elucidated the possible connections underlying the proposed Hypno-Socio-Cultural model, as well as highlighting the complexity of the relationships of all the factors involved. The Phenomenology of Consciousness Inventory, which was used to access the subjective experience of the individual's responsivity to hypnotic suggestion, and which also tapped imaginative and dissociative experiences in relation to same, appears to have unique potential for further exploration of issues related to the connections highlighted in this study.

Findings in the current study suggested that some widely used assessments were not measuring the same constructs. Because of such factors, results which suggested links between weight, shape and eating measures, and those assessing hypnotic susceptibility, fantasy-proneness and dissociative capacity, although in the expected direction, were not as strong as was expected. In light of the anecdotal evidence of effective clinical use of imaginative, dissociative and hypnotic techniques with self-defeating eaters, the results were reassessed. It seemed feasible to interpret these results as suggesting that higher reliance on self-protective and defensive modes of using imaginative and dissociative capacities may mark the self-defeating eater. A modified Hypno-Socio-Cultural model, incorporating such a possibility, has been proposed as the basis for further study.

It is recommended that such research be undertaken, employing a variety of relevant measures, with a larger group of participants of both genders with DSM-IV criterion diagnosed self-defeating eating. The importance to clinical work of investigating the proposed model as a basis for treatment remains paramount in this field of self-defeating eating.

2004

*International Journal of Obesity - (2005) 29, 1030–1038.*

**Complementary therapies for reducing body weight: a systematic review**

M H Pittler and E Ernst

Complementary Medicine, Peninsula Medical School, Universities of Exeter and Plymouth, UK

**ABSTRACT**

The prevalence of obesity is increasing at an alarming rate and a plethora of complementary therapies are on offer claiming effectiveness for reducing body weight. The aim of this systematic review is to critically assess the evidence from randomized controlled trials (RCTs) and systematic reviews of complementary therapies for reducing body weight.

Literature searches were conducted on Medline, Embase, Amed, and the Cochrane Library until January 2004. Hand-searches of relevant medical journals and bibliographies of identified articles were conducted. There were no restrictions regarding the language of publication. Trial selection, quality assessment and data abstraction were performed systematically and independently by two authors. Data from RCTs and systematic reviews, which based their findings on the results of RCTs, were included. Six systematic reviews and 25 additional RCTs met our inclusion criteria and were reviewed.

The evidence related to acupuncture, acupressure, dietary supplements, homeopathy and hypnotherapy. Except for hypnotherapy, Ephedra sinica and other ephedrine-containing dietary supplements the weight of the evidence is not convincing enough to suggest effectiveness. For these interventions, small effects compared with placebo were identified. In conclusion, our findings suggest that for most complementary therapies, the weight of the evidence for reducing body is not convincing.

Hypnotherapy, E. sinica and other ephedrine-containing dietary supplements may lead to small reductions in body weight. However, the intake of E. sinica and ephedrine is associated with an increased risk of adverse events. Interventions suggesting positive effects in single RCTs require independent replication.

**Notice of Concern**

Based on an initial investigation the majority of the findings of this paper were found to have previously been published in the American Journal of Clinical Nutrition without proper cross-referencing.

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