



# **HYPNOTHERAPY AS AN INTERVENTION FOR OBESITY**

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# Objectives

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Define Obesity and the goal in optimal management.

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Define Hypnotherapy and it's relevancy Obesity.

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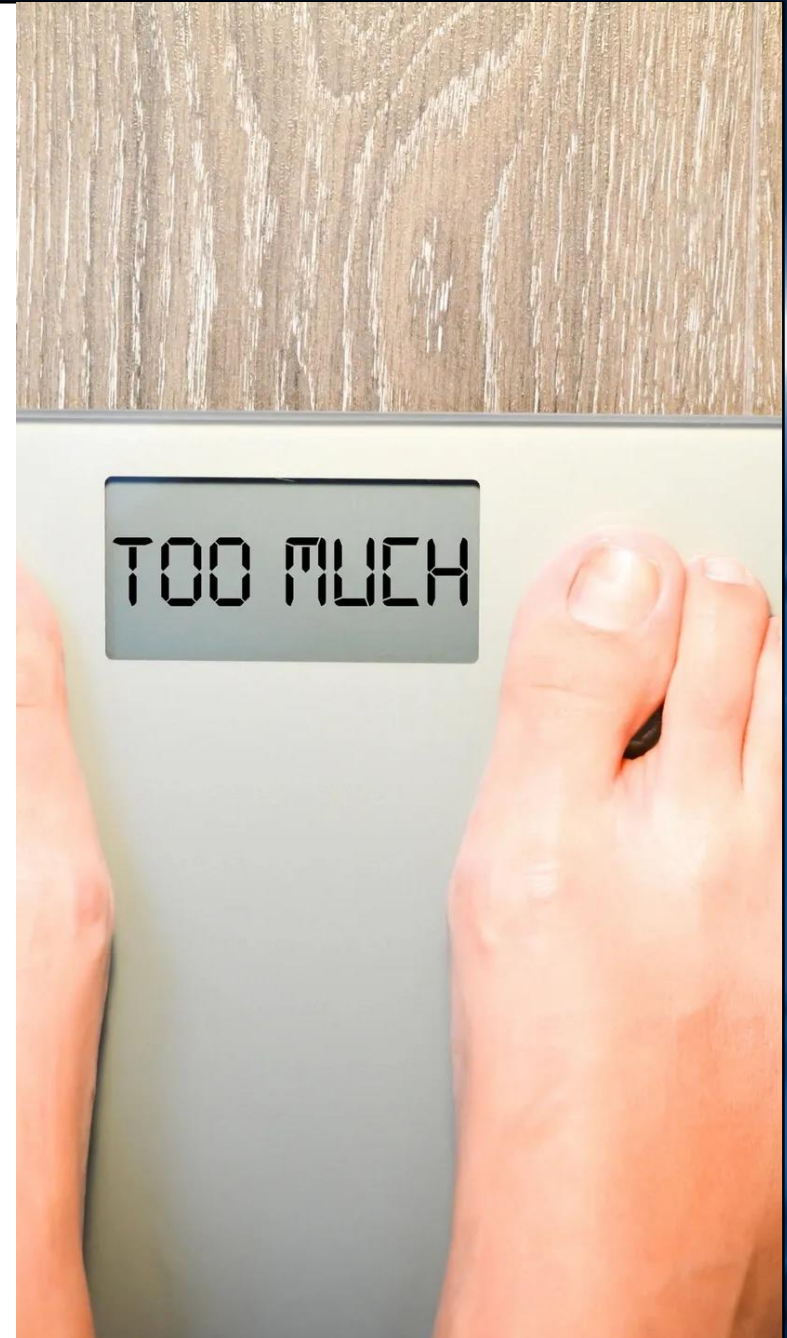
Describe the role of Hypnotherapy in Weight Loss.

4

Describe the most optimal Hypnotherapy technique to treat and support best weight.

# Definition is Everything.

- WHO, AMA, CMA, Obesity Canada, Italy all define Overweight and Obesity as abnormal or excessive fat accumulation that may impair health.
- Obesity is a complex illness caused by a number of different factors both inside and outside of our control.



# WHO Statistics

<https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>

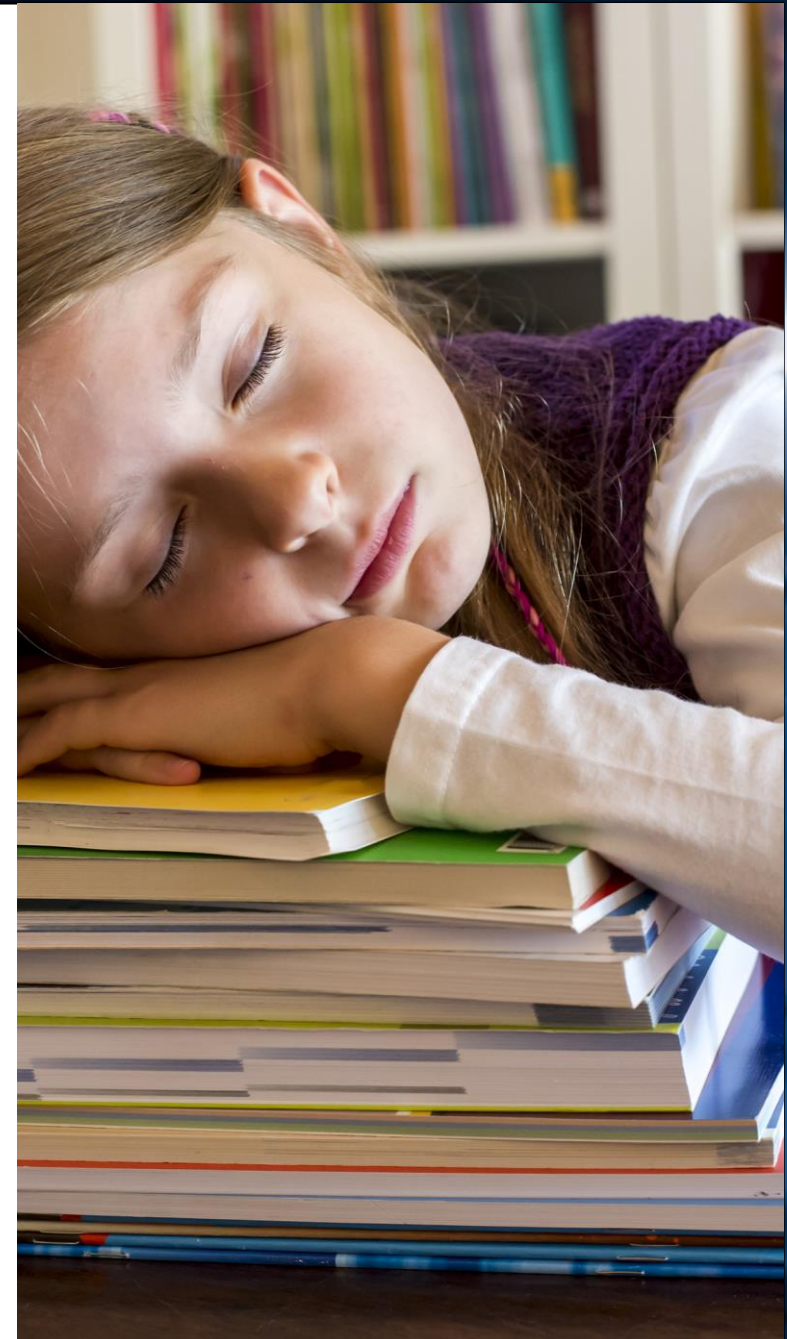
- **Worldwide obesity has nearly tripled since 1975.**
- **In 2016, more than 1.9 billion adults, 18 years and older, were overweight. Of these over 650 million were obese.**
- **39% of adults aged 18 years and over were overweight in 2016, and 13% were obese.**
- **Most of the world's population live in countries where overweight and obesity kills more people than underweight.**
- **39 million children under the age of 5 were overweight or obese in 2020.**
- **Over 340 million children and adolescents aged 5-19 were overweight or obese in 2016.**
- **Obesity is preventable.**



# Risk Factors for Obesity

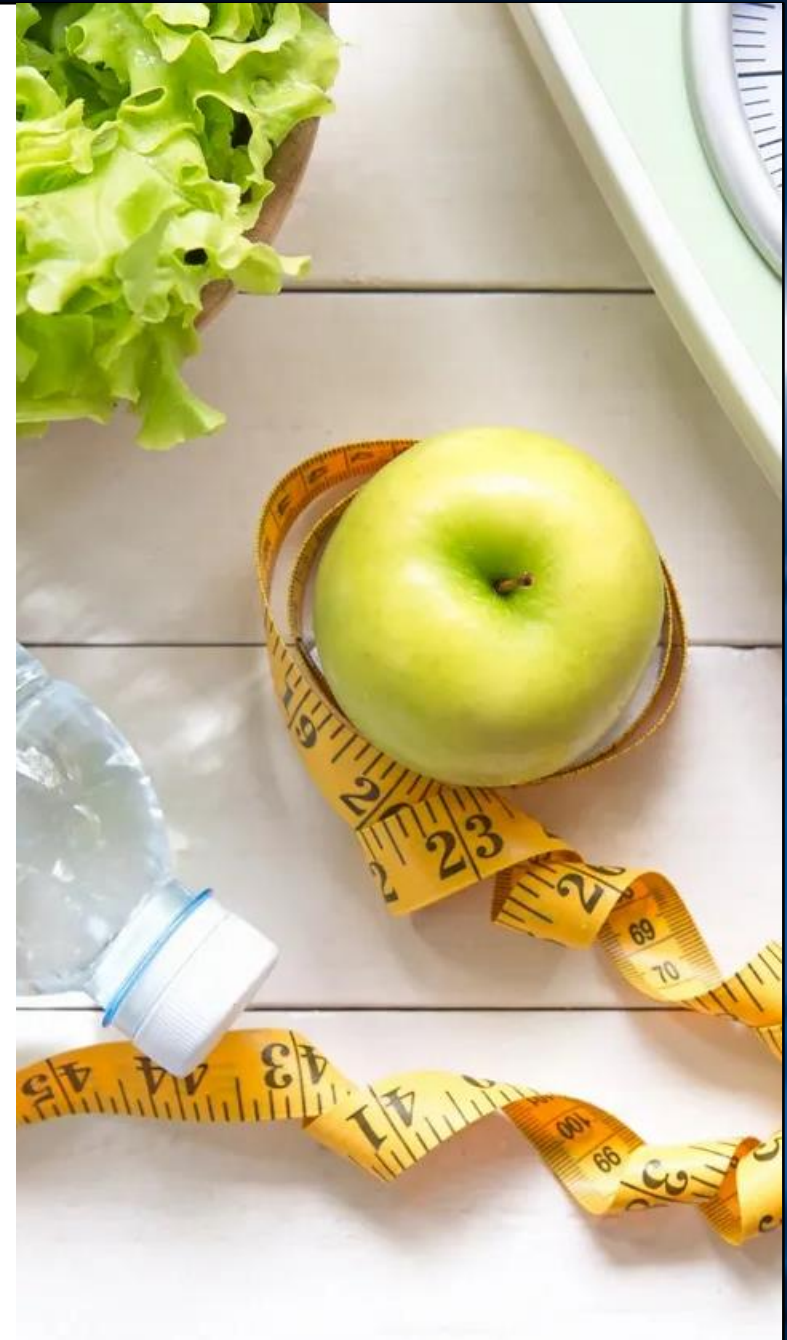
## KEY POINTS

- Obesity is a prevalent, complex, progressive and relapsing chronic disease, characterized by abnormal or excessive body fat (adiposity), that impairs health.
- People living with obesity face substantial bias and stigma, which contribute to increased morbidity and mortality independent of weight or body mass index.
- This guideline update reflects substantial advances in the epidemiology, determinants, pathophysiology, assessment, prevention and treatment of obesity, and shifts the focus of obesity management toward improving patient-centred health outcomes, rather than weight loss alone.
- Obesity care should be based on evidence-based principles of chronic disease management, must validate patients' lived experiences, move beyond simplistic approaches of "eat less, move more," and address the root drivers of obesity.
- People living with obesity should have access to evidence-informed interventions, including medical nutrition therapy, physical activity, psychological interventions, pharmacotherapy and surgery.



# Weight Management

- **Best Weight** = How much weight you can keep off while living an enjoyable life.



# Training the Brain

**High Beta** - Increased focus, alertness, or agitation (++) in ADD)

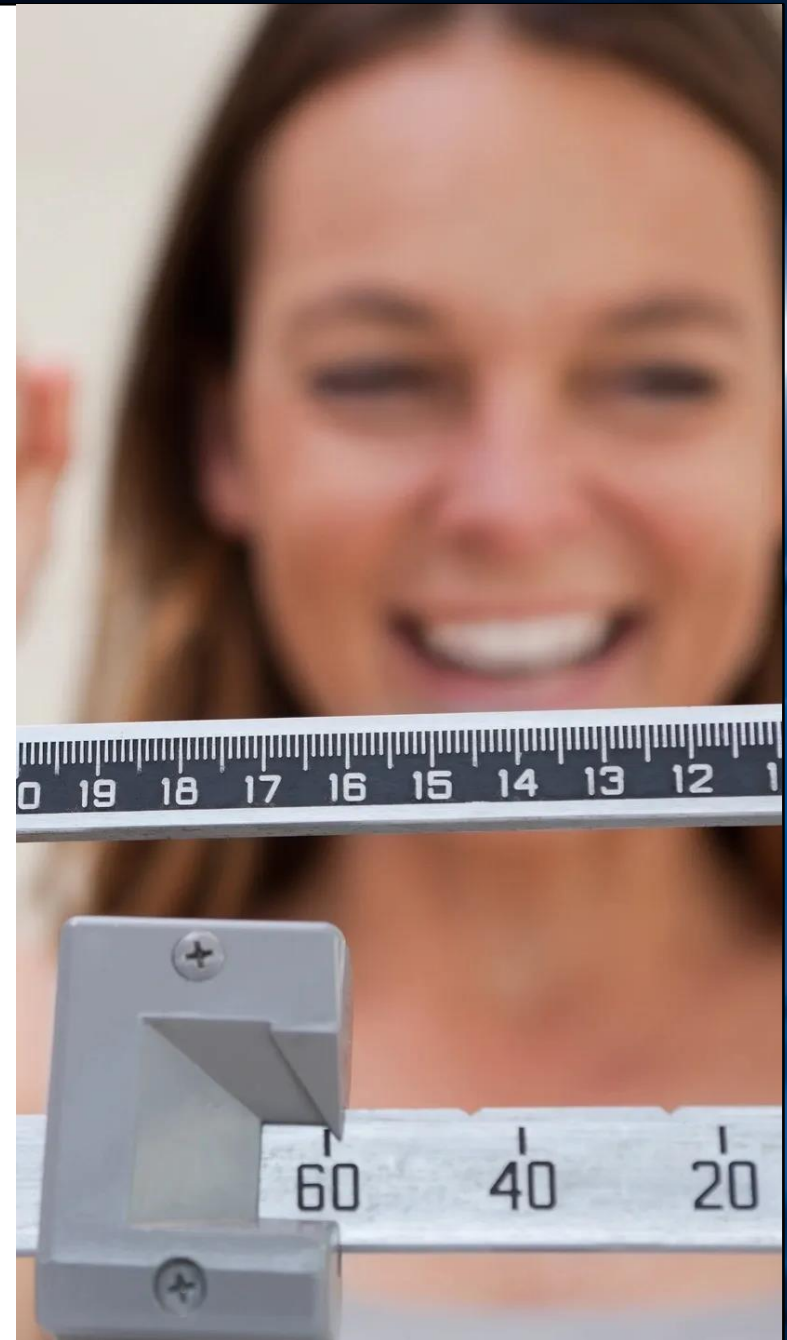
**Low Beta** – Relaxed focus and attention.

**Alpha** - Low alpha: 8-10: inner-awareness of self, mind/body integration, balance; High alpha: 10-12: centering, healing, mind/body connection

**Alpha-theta border** - increase in sensation, abstract thinking and self-control.

**Theta Wave Activity** - Enhanced: drifting, trance-like state; Suppressed: improve concentration, attentiveness.

**Delta Wave Activity** – Deep Relaxation Growth Hormone secretion for body repair and regeneration.





# Obesity Prevalence



Prevalence of Acute and Chronic Insomnias among general population is estimated at 5–15%.



Among HCW's it is estimated much higher due to the multiple stressors involved with the nature and structure of the work.



Insomnia is a component or result of many other sleep disorders.



Advanced age and female gender are risk factors for chronic or acute models, suggesting hormonal and brain structure components.



# WHO Classification of Weight Status

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Obese Class I: BMI 30 – 34.9 kg/m<sup>2</sup>

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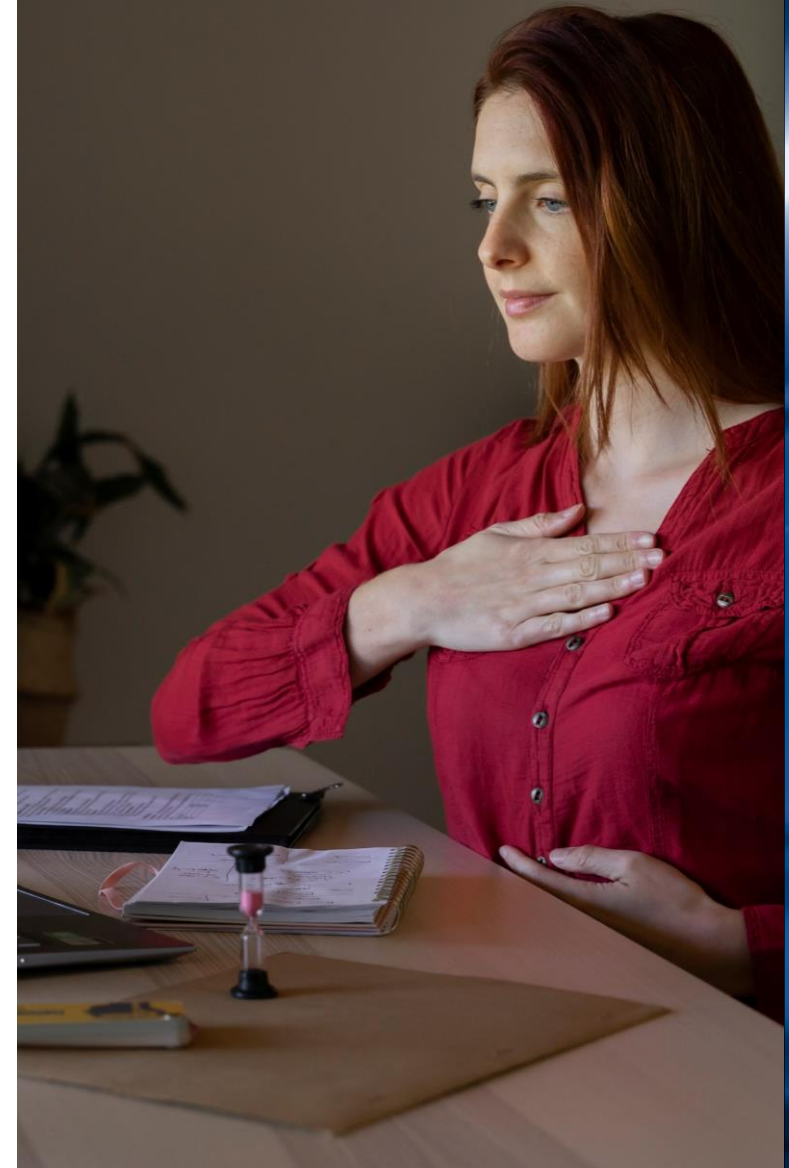
Obese Class II: BMI 35 – 39.9 kg/m<sup>2</sup>

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Obese Class III: BMI  $\geq$ 34.9 kg/m<sup>2</sup>

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Although BMI provides the most useful population-level measure of overweight and obesity, it should be considered a rough guide.



# The Edmonton Obesity Severity Scale (EOSS)

Recommends weight loss only in more severe stages.

5 stage system of obesity classification.

Physical or Psychological factors affect weight loss control.

Higher EOSS Stage patients require longer treatment time.

Sensitivity to limitations outside of patient control

Considers the metabolic, physical, and psychological parameters to guide optimal treatment



# EOSS Stages

Stage 0:

From a CBT-I point of view. Education, Holistic Approach of Patient Care, and Psych/Behavioral Therapies are implemented.

They suggest several activities that alleviate stress load prior to bed, optimize hormonal pressure to sleep, and minimize extrinsic stressors/stimuli.



# Cognitive Behavioral Therapy

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Based on the idea that the way you think and feel about something can affect what you do.  
(perception)

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Ex. Stress leads to poor, uncharacteristic decisions or calm leads to characteristic, balanced decisions.

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Key concept of CBT is that these thought and behavior patterns can be changed.

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Availability and cost can be an issue due to training needed.

# Pharmacotherapy

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Dependent upon comorbidities, availability, cost, patient preference, and treatment goal.

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Often used in combination with CBT-I to boost effectiveness of treatment.



# What is Hypnosis?

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Hypnosis is a state of consciousness involving focused attention and reduced peripheral awareness characterized by a capacity for response to suggestion.

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Everyone has been in a level of Hypnosis through intensely focused activity.

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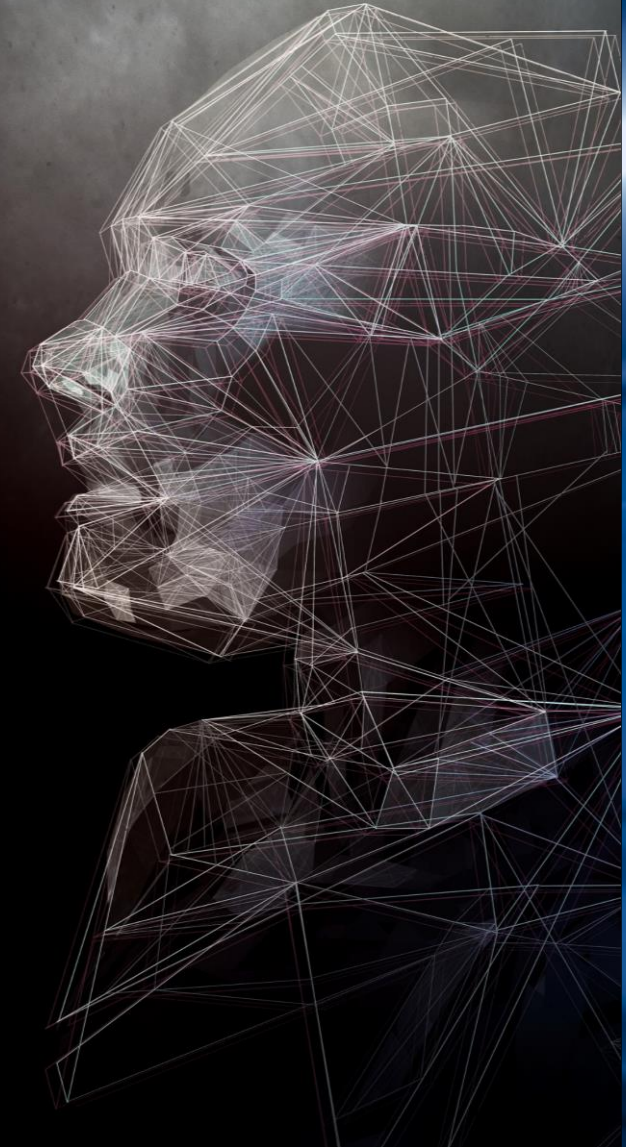
Ability to be actively hypnotized is individual, although most people can be.

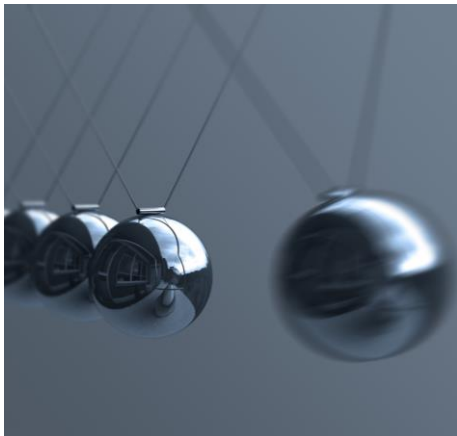
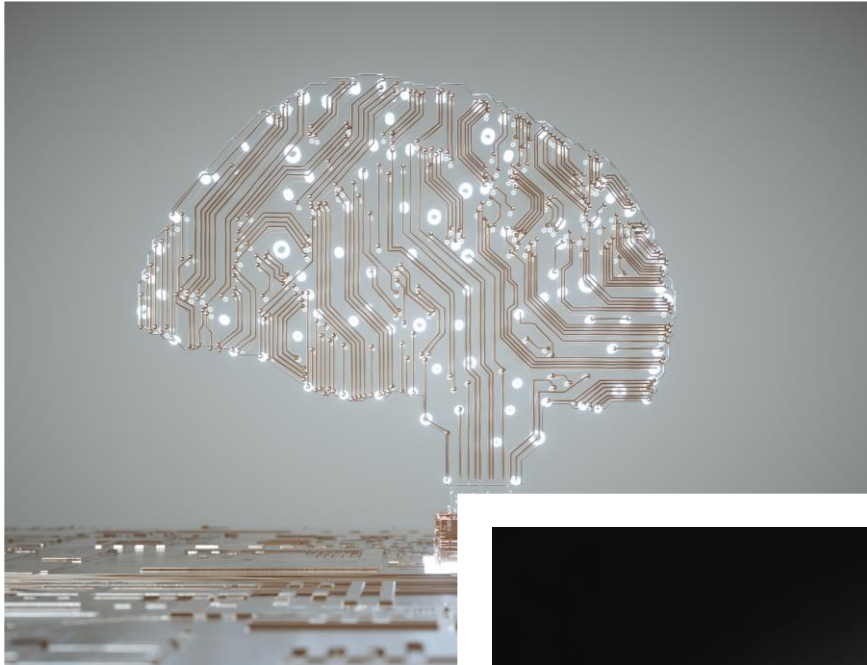
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Motivation to change is essential.

# Brain Activity and States of Consciousness

- **Beta (14-40Hz)** = Normal waking consciousness and reasoning wave.
- **Alpha (7.5-14 Hz)** = Gateway to your subconscious mind and intuition. Deep physical and mental relaxation, eyes open or closed, daydreaming, or light meditation.
- **Alpha-theta border (7-8 Hz)** = Optimal range for visualization, mind programming and using the creative power of your mind. You are conscious of your surrounding, however your body is deeply relaxed. Most commonly used in Hypnosis.
- **Theta (4-7.5Hz)** = Hypnosis, deep meditation, light sleep, and REM. The realm of your subconsciousness.
- **Delta (0.5-4Hz)** = Deep, dreamless sleep or very deep transcendental meditation and hypnosis states. Awareness is fully detached and complete subconscious is experienced. Linked to deep healing.
- **Gamma waves (above 40Hz)** = The Insight Wave. Most recently discovered. Initial research shows association with bursts of insight and high-level information processing.





# What is Hypnotherapy?

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Definition: The use of hypnosis for treatment of a medical or psychological disorder or concern.

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Effectively used with perception issues such as sleep, addictions, trauma, pain, and anxiety.

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Shifts consciousness intentionally to reframe perception towards that which benefits positive outcome.

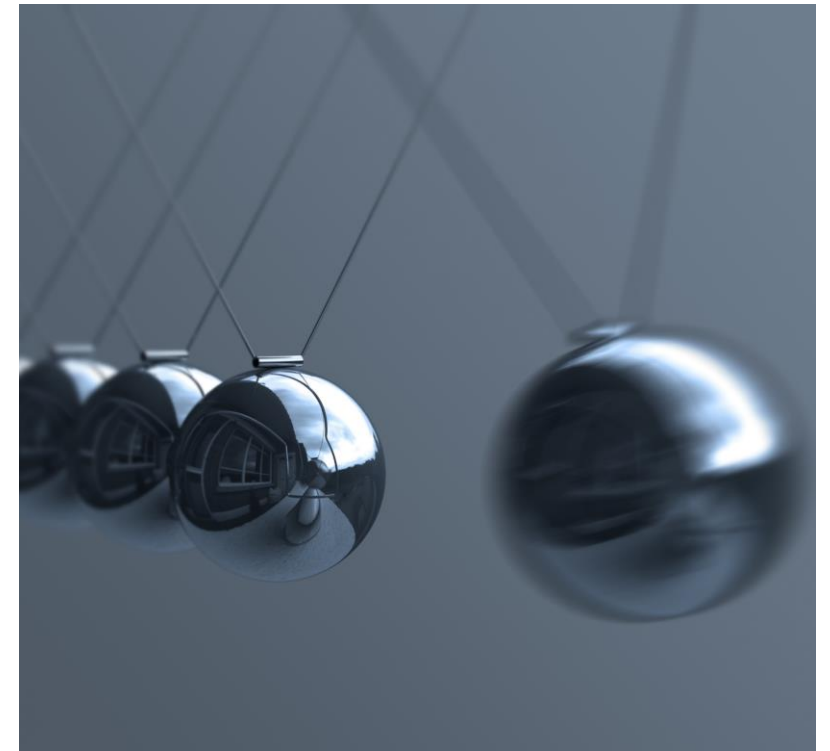
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Typically, the last line of therapy used due to availability, regulation, and acceptance.



# What does a Hypnotherapy session look like?

Rapport	Set intention and expectation.
Center	Refocus inward and body perception
Induction	Shift away from body awareness.
Deepener	Use of Somatic and Visualization techniques to achieve required state.
Reframe	Hypnotic suggestion to update subconscious program/limiting belief
Discussion	Anchor subconscious learning in conscious state.



# Cognitive Rehearsal Technique



client imagines those situations that tend to produce anxiety or self-defeating behavior and then repeats positive coping statements or mentally rehearses more appropriate behavior.



Adapted from CBT Interventions List.



In hypnosis, we role play what “should have” happened.



The brain does not know the difference between rehearsal and actually carrying out the behavior.



Result is a feeling of preparedness for future exposures and belief of a desired outcome.

# *Changing Eating Behavior*

Eating Behavior-Choice or Reconstruction of Past Experience? A Randomized Clinical Trial of Changing Eating Intentions of Healthy Adults Through Hypnotic Suggestions

Loana T Comşa<sup>1</sup>, Oana A David<sup>2</sup>, Daniel O David<sup>1</sup>



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Psychological interventions have small to medium effect on weight loss.

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People decide to act before they acknowledge it. (Free will)

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Decisions are based on prior experience.

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Cognitive Rehearsal most effective.

# Barriers and Facilitators of Healthy Lifestyle Change

## A Qualitative Exploration of Weight Loss Experiences through Hypnotherapy

Nurul Afiedia Roslim <sup>1</sup>, Aryati Ahmad <sup>1</sup>, Mardiana Mansor <sup>1</sup>, Myat Moe Thwe Aung <sup>1</sup>,  
Farrahdilla Hamzah <sup>1</sup>, Pei Lin Lua <sup>1</sup>

Affiliations + expand

PMID: 37378644 DOI: 10.1080/00207144.2023.2227237

### Abstract

Hypnotherapy has been gaining recognition as an alternative treatment for excess weight problems. This qualitative study aims to explore individuals' experiences of losing weight through hypnotherapy and their perceived barriers and facilitators for healthy lifestyle changes. Semistructured interviews were conducted with 15 participants (11 women and 4 men; mean age of 23 years) who recorded having lost  $\geq 5\%$  weight after undergoing 3 hypnotherapy sessions previously at a public university in Terengganu, Malaysia. Each interview was audiotaped, transcribed, and analyzed using thematic analysis. The themes that emerged were the usefulness of hypnotherapy, barriers, and facilitators of healthy lifestyle changes. All participants contended that hypnotherapy played a role in their weight-loss journey through increased mindful eating and enhanced motivation to make lifestyle modifications. Barriers to healthy lifestyle changes included high costs of healthy foods and lack of support for healthy food sources in social and family settings. Hypnotherapy is essential as an adjunct tool in assisting weight loss. However, additional efforts are needed to improve support in the weight management journey.

*"Semi structured interviews ... 15 participants (11 women and 4 men; mean age of 23 years) ... recorded having lost  $\geq 5\%$  weight after undergoing 3 hypnotherapy sessions previously at a public university in Terengganu, Malaysia."*

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# Gaining Recognition







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Review

## Hypnotherapy for overweight and obese patients: A narrative review

[Nurul Afiedia Roslim<sup>a</sup>](#)  , [Aryati Ahmad<sup>b</sup>](#), [Mardiana Mansor<sup>c</sup>](#), [Myat Moe Thwe Aung<sup>c</sup>](#), [Farrahdilla Hamzah<sup>c</sup>](#), [Haszalina Hassan<sup>c</sup>](#), [Pei Lin Lua<sup>a</sup>](#)  

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### Abstract

Obesity and overweight problems are serious global health issues today and despite many efforts, the prevalence has continued to rise for decades. Interestingly, hypnotherapy has been gaining recognition as an effective treatment for obesity and overweight problems. This review compiles contemporary scientific research on the effectiveness of hypnotherapy for weight reduction. Scopus, PubMed and EBSCO Host

“A total of 539 respondents (82.7% women and 17.3% men) between the ages of 17 and 67 years were represented in the seven studies.”

“Although the literature has generally identified hypnotherapy as a useful adjuvant for weight loss, its effectiveness remains unclear and has not been scientifically replicated. It is also one of the least-researched therapies, and the evidence is limited due to duration of the intervention and its long-term effectiveness.”

“We conclude that hypnotherapy has been shown to be a safe and effective adjuvant treatment for assisting weight loss. However, methodological weaknesses such as small sample sizes, high drop-out rates, therapist allegiance effects, varied techniques and duration of the hypnotherapy interventions have prevented a more concrete conclusion.”

# Summary

- Hypnotherapy is becoming more widely accepted due to its low risk factors and many positive outcomes in sleep disorders as well as cognitive and physical diseases.

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