

Chapter 10

[Prior](#) | [Table of Contents](#) | [Next](#)

Emotional Recovery

Feelings reflect awareness of our emotions stirring within. The structure and function of these beautiful minds blend and melt subconscious and conscious awareness to create an emotional richness that rivals the stars.

Yet, if the only emotions remaining were those untouched by our addiction, our mind's unfeeling night sky would be empty and dark.

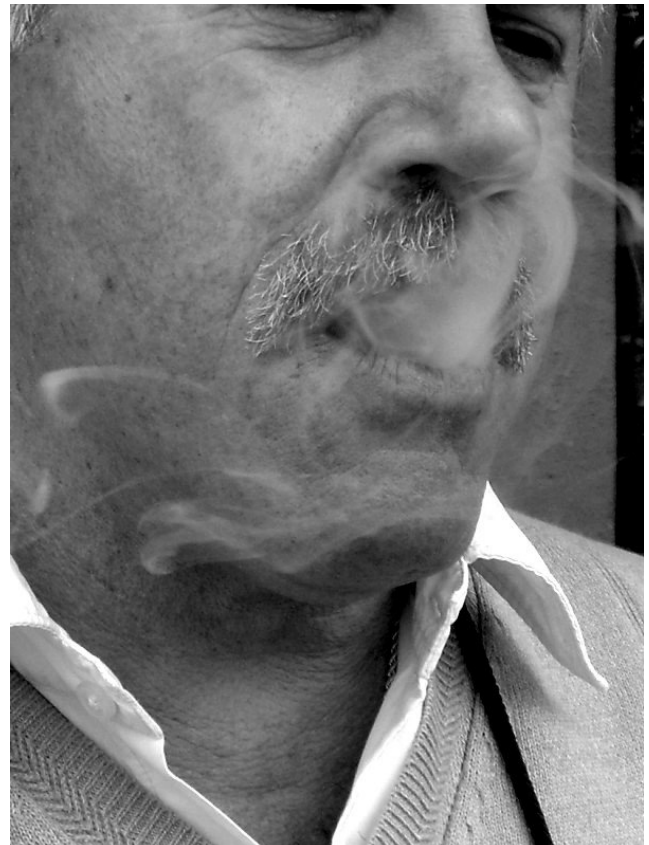
That isn't to say that as nicotine addicts we didn't have emotionally rich, full and meaningful lives. It's that, to varying degrees and frequency, our addiction infected every emotion.

Rising and falling blood-serum nicotine levels not only impacted dopamine but a host of other neuro-chemicals affecting feelings, emotions and mood, including: serotonin, norepinephrine, acetylcholine, gamma-aminobutyric acid and glutamate.¹

Nicotine dependency is associated with anxiety and mood related disorders.² Research shows that the user's mood improves after their first nicotine fix each day. The more badly in need of nicotine, the greater the improvement.

Mood scores are lower in users than non-users throughout the day, with delayed and lower peaks, and decreased subjective feelings compared to non-users.³

Emotion can be broken down into three overlapping categories: (1) primary emotions, (2) secondary emotions and (3) background



- 1 Quattrochi E, et al, Biological aspects of the link between smoking and depression, Harvard Review of Psychiatry, September 2000, Volume 8(3), Pages 99-110; also see Slotkin TA and Seidler FJ, Nicotine exposure in adolescence alters the response of serotonin systems to nicotine administered subsequently in adulthood, Developmental Neuroscience, 2009, Volume 31(1-2), Pages 58-70.
- 2 Grover KW, et al, Does current versus former smoking play a role in the relationship between anxiety and mood disorders and nicotine dependence, Addictive Behaviors, May 2012, Volume 37(5), Pages 682-685.
- 3 Adan A, et al, Effects of nicotine dependence on diurnal variations of subjective activation and mood, Addiction. December 2004, Volume 99(12), Pages 1599-1607.

emotions.⁴

Primary human emotions include surprise, fear, anger, joy, sadness and disgust.⁵

The common thread is that each reflects an almost instant reaction as seen in facial expressions, with no processing or routing inside the frontal lobe of the brain (the prefrontal cortex), the seat of intelligence and thought.

Secondary emotions are all other emotions, and result primarily from frontal lobe and intellectual processing and analysis of the influence of primary emotions.

A truly dynamic being, although appearing as just a list of words, varying emotions are the product of neuron and chemical interactions. Although not easy, while reviewing the following list, reflect on how life as a nicotine addict may have touched upon each.

Human secondary emotions can include feeling:

Accepting, affectionate, amused, anticipating, appreciated, bitter, blissful, bold, bored, bewildered, cautious, caring, cheerful, compassionate, competent, composed, confused, constrained, contempt, contented, cowardly, cruel, curious, courageous, dejected, delighted, depressed, detached, disrespectful, distant, dreadful, disappointed, dismayed, displeased, eager, elated, embarrassed, enjoying, enthusiastic, envious, euphoric, exhausted, exhilarated, expecting, familiar, fond, free, gaiety, generous, grieving, guilty, hateful, homesick, hopeful, hopeless, humiliated, impatient, incomplete, independent, indifferent, infatuated, innocent, insecure, insulted, interested, irritated, isolated, jealous, jolly, jubilated, loathing, interested, longing, lonely, lost, loving, lustful, malicious, melancholy, modest, obligated, optimistic, overwhelmed, painful, mysterious, panicky, passionate, pleased, pitiful, prohibited, proud, regretful, rejected, relaxed, relieved, reluctant, resentful, resistant, revulsion, satisfied, scornful, sentimental, shameful, sluggish, smug, spiteful, secure, stressed, sympathetic, tender, tense, timid, troubled, uncomfortable, uneasy, weary, woeful and zealous.

Relaxed? How could we expect to ever in our lifetime know total calm or experience full relaxation with nicotine making our heart pound 17.5 beats per minute faster?

Stressed? Try to imagine what stress alone would feel like, if not for urine acidification throwing you into early withdrawal by accelerating elimination of the alkaloid nicotine from your bloodstream.

Uncomfortable or uneasy? Imagine entire days, weeks, months or eventually even years (like millions of us, including me) where you are not once punished with wanting, an urge or use crave.

4 Mosca, A, A Review Essay on Antonio Damasio's The Feeling of What Happens: Body and Emotion in the Making of Consciousness, *Psyche*, Volume, 6(10), October 2000.

5 Libkuman TM, et al, Multidimensional normative ratings for the International Affective Picture System, *Behavior Research Methods*, May 2007, Volume 39(2), Pages 326-334; also see Shaver P, et al, Emotion knowledge: further exploration of a prototype approach, *Journal of Personality and Social Psychology*, June 1987, Volume 52(6), Pages 1061-1086.

What would it feel like to untangle and free your emotions from your dependency?

The final category of emotion is background. Background emotions reflect feelings present when at rest or homeostasis.

Our background emotions were ridden hard by an endless roller-coaster ride of neuro-chemical lows and highs, transporting us from badly needing a nicotine fix to the "aaah" wanting relief sensation upon getting one.

Emotional recovery isn't only about navigating the feelings and emotions brought on by recovery. It's about freeing them from our addiction, about brightening each star that fills life's sky.

Before you is an opportunity to heal pride and self-esteem. Imagine the sea of emotions when you first realize that you really love being free, that you never, ever want to go back.

When they occur, every physical symptom reviewed in the last chapter ([Chapter 9](#)) will be wrapped in emotions. Likewise, the subconscious mind's healing ([Chapter 11](#)) cannot be divorced from the feelings we make it sense. And how bland would our thinking and conscious recovery be ([Chapter 12](#)) if not painted with emotion?

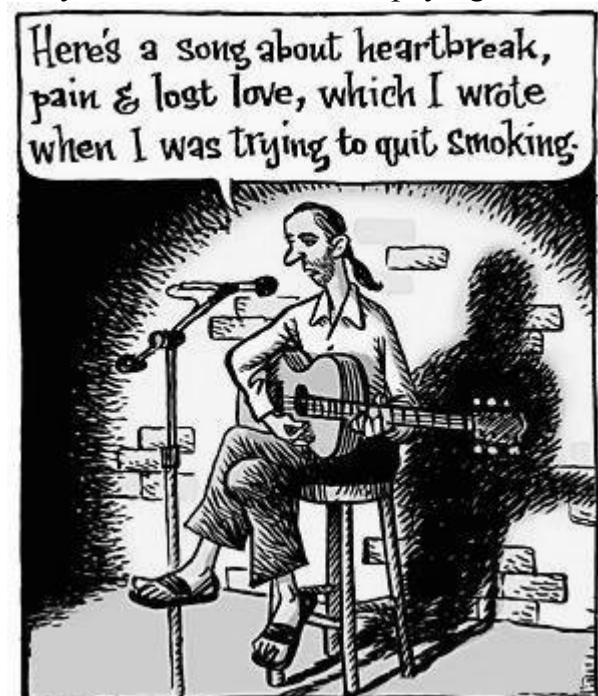
Although I've separated recovery's layers for purposes of review, in reality they are so intertwined that the best we can hope for is to grasp the obvious.

Such complexity reflects the beauty of who we are, and why it's so sad to continue paying the nicotine addiction industry to pull our emotional strings, as if its puppets.

But why has it taken so long for us to awaken to the fact that our emotions have become as hostage to our dependency as every other part of our being? And what emotions are normal and should be expected during recovery?

The human mind is designed to adapt, protect and insulate itself from circumstances that seem beyond its control. It does so by employing defense mechanisms that work by distorting or blocking reality and natural instincts.

The brain's well-stocked arsenal of defense mechanisms includes denial, displacement, intellectualization, projection, rationalization, reaction formation, regression, repression, sublimation, suppression, compensation, dissociation,



fantasy, identification, undoing, and withdrawal.⁶

Dependency recovery understanding and insights can help fuel and inspire our own personal dreams of freedom, including causing our mind's dependency defenses to crumble before our eyes.

If they were to crumble, what might emotional recovery be like? Let's review the natural grief cycle in hopes that understanding it helps accelerate your healing.

Kubler-Ross Grief Cycle

The Kubler-Ross model identifies five discrete stages in the grief cycle when coming to terms with any significant emotional loss.⁷

Albeit chemical, dependency upon nicotine may have been the most intense and dependable relationship in our entire life.

As a smoker, unless wet and it wouldn't light, never once did puffing on a cigarette let me down. Even if a brand we hated, nicotine's "aaah" wanting relief sensation was always a few seconds away.

If we smoked nicotine ten times per day and averaged 8 puffs per cigarette, that's 80 times a day that we puckered our lips up to some nasty smelling butt spewing forth more than four thousand chemicals that included hundreds of toxins, 81 of which are known to cause cancer.

What human on earth did we kiss 80 times each day? Who did we depend upon 80 times a day? How many days during our life did we think or say our name more than 80 times? Any? Imagine being closer to our addiction than our own name.

In 1982, Joel Spitzer applied the Kubler-Ross grief cycle model to the emotional journey navigated during recovery.⁸ The five stages of emotional healing include:

- (1) Denial: "I'm not really going to quit. I'll just pretend and see how far I get."
- (2) Anger: "Have I really had my last nicotine fix? "This just isn't fair!"
- (3) Bargaining: "Maybe I can do it just once more. Two days without, I've earned it!"
- (4) Depression: "This is never going to end." "What's the use?" "Why bother?"
- (5) Acceptance: "Hey, I'm feeling pretty good!" "I can do this!" "This is great!"

6 Defense mechanism, New World Encyclopedia, April 3, 2008, http://newworldencyclopedia.org/entry/Defense_mechanism

7 Kubler-Ross, Elizabeth, "On Death and Dying," 1969, Routledge, ISBN 0415040159.

8 Spitzer, J, Joel's Library, Understanding the Emotional Loss Experienced When Quitting Smoking, 1982, <http://whyquit.com/joel>

It's important in navigating emotional recovery to not get stuck in any stage before reaching acceptance. Understanding the roots of each will hopefully help empower a smoother and quicker transition.

As we review each stage, keep in mind that the Kubler-Ross's grief cycle of emotional loss is not etched in stone, nor need it occur in the order presented. One or more phases may be absent, while another is revisited.

Obviously, it's hoped that by spending time now reflecting on denial, anger, bargaining and depression that each can be minimized if not avoided altogether.

In the perfect world, knowledge and understanding would allow us to skip the first four phases entirely and jump right to acceptance.

And that actually happens far more often than you might think. But if it doesn't, don't fret. You'll navigate each just fine.

Denial

Cessation denial is a state of disbelief. The denial phase of emotional recovery is associated with coming to terms with the fact that a long and intense chemical relationship has ended.

It's almost the opposite of active dependency denial, which uses distortion and blocking techniques to provide cover and insulation, so as to enable continued use.

Denial is the unconscious defense mechanism - just below the surface - that allowed us to resolve the emotional conflict and anxiety that would normally be felt by a person living in a permanent state of self-destructive chemical bondage.⁹

While using, we were protected by a thick blanket of rationalizations, minimizations, fault projections, escapes, intellectualizations and delusions. Our denial helped insulate us from the pain and reality of captivity. For most, it also helped us pretend that the problem was somehow being solved.

But here, during recovery, those same anxiety coping defenses begin to distort reality about



⁹ Denial. (n.d.). The American Heritage Dictionary of the English Language, Fourth Edition. Retrieved July 21, 2008, from Dictionary.com

what's really happening.

As mentioned, I start seminars by asking for an honest show of hands to the following question, "How many of you feel that you will never, ever smoke again?" Rarely will a hand go up. Even though all attending came wanting to stop, then and there, all were in denial, as none believed they would.

Although we want to stop, on a host of levels the mind isn't yet convinced. If convinced, why do so many of us treat recovery as though some secret? And why leave an escape path such as that one hidden cigarette, or a means to quickly obtain more?

Denial is normal. But if allowed, it can transform disbelief into failure.

"I don't want to stop just yet," decides Ryan. "I am perfectly healthy using, so why stop now," asks Emily? "I'm different, I can control use and keep it to just one or two a day," asserts Ashley.

Regrettably, relapse is at hand for Ryan, Emily and Ashley. While denial acts as protective insulation in allowing us to get our toes wet in beginning this journey -- including allowing you the courage to reach for FFN-TJH - cessation disbelief can easily become a path of betrayal.

The denial phase protects us against the immediate emotional shock of leaving the most intense relationship we've likely ever known, even while embarking upon a journey from which there should be no return.

It's a shock buffer that allows us time to come to terms with where we now find ourselves. It operates unconsciously to diminish anxiety by refusing to perceive that recovery and success will really happen.

A number of times I went three days and then "rewarded" myself with that one puff that always spelled defeat. Clearly, I hadn't made it beyond denial. But if I had, the next phase encountered would likely have been anger.

Anger

Anger is a normal and expected emotional recovery phase. It's also a way to experience the flow of missing adrenaline that was once part of our nicotine high.

Anxieties flowing from anger can also be used to intentionally fuel rage. I take no pride in recalling that I could become so nasty and create so much turmoil among those I loved, that I could convince them that I needed my cigarettes back.



Photo by National Cancer Institute

But there are important distinctions between anger felt during the emotional recovery stage and using it as an adrenaline crutch or a sick relapse ploy.

The anger phase of recovery is a period of healing where we begin to awaken to the realization that it may actually be within our ability to pull this off and succeed. It's awareness that, just maybe, our last puff, dip, chew or vape ever is already behind us.

Durable nicotine use memories flowing from captive dopamine pathways elevated that next fix to one of life's top priorities. But emotional recovery has now transported us from fear of stopping to fear of success.

Is it any wonder that anger would be the mind's reaction? It's now sinking in. Success is occurring in spite of denial. A relationship that was once high-priority is ending. This realization can feel overwhelming.

Now, all the new ex-user requires is some excuse, any excuse, to let it all out, to vent, to turn an ant hill into a mountain. Conflicting motivations, freedom or feed-em, risk of succeeding and fear of the unknown. Just one spark, any spark, and the uneducated ex-user stands primed to lash out.

While this high-energy phase of the emotional stage of goodbye is a normal step in recovery, the educated ex-user both recognizes anger's arrival and understands its roots. Recognition is critical as it provides a protective seed of reason inside a mind looking for a spark, a fear driven mind poised to abandon rational thought.

If allowed, that spark may activate the body's fight or flight response, releasing a cascade of more than one hundred chemicals and hormones.

The prospect of success is not a logical reason to get mad, enraged or fight. The educated mind knows that emotion can be contrary to our well-being and best interests. Anger ignores all positives while pretending a sense of loss, a loss based largely on false use rationalizations.

So how does a mind trained in recognizing and understanding recovery anger prevent it from harming us and the world around us? [Chapter 11](#) on subconscious recovery provides a number of techniques for navigating a crave episode which may not peak for three minutes.

In that anxiety underlies both crave episodes and anger episodes, they should serve you well. Let me leave you with one exercise that may aid in generating the patience needed to move beyond anger.

Another day of freedom causes a sense of loss to



Photo by National Cancer Institute

collide with the likelihood of success. A spark is generated. It's time for patience, just one micro-second at a time.

Recognize the anger building within. Understand what's happening and why. Realize that unless being physically assaulted, that only bad can come from unleashing your body's fighting chemicals. Anger is almost never a solution.

It reflects primitive impulsive instincts out of control. It carries strong potential to harm innocent victims, leaving emotional scars that may never fully heal.

If possible, sit down. Slowly close your eyes while taking a slow deep breath into the bottom of both lungs. Focus all concentration on your favorite color or object, or upon the sensations associated with inhaling and exhaling your next breath. Feel the cool air entering, and its warmth while slowly exhaling.

Baby steps, just one second at a time. Take another slow deep breath while maintaining total inner focus. Feel the sense of calm and inner peace as it begins to wash over you. As calmness arrives slowly open your eyes. Now, if you wish, respond to the situation with logic, reason and calm.¹⁰

How long will the anger phase last? As briefly or as long as we allow.

Clearly, knowledge can provide the insights needed to recognize transitions and hopefully react in healthy, non-destructive ways. It's what anger management is all about. Hopefully, understanding and acceptance will help accelerate emotional recovery. But if not, don't be disturbed as each step reflects normal emotional healing.

Fears, cycling emotions, an addict's relapse ploys, or feeling a sense of loss, recovery presents plenty of opportunities to encounter anger. We also need to remain mindful that normal everyday life produces anger too, even in never-users. At times, anger's causes may overlap and get tangled. But even then, we have it within us to fully control anger impulses, without harm to anyone.

Success at hand, where does the mind turn next? What is anger's ultimate solution? A debate is about to begin. How do we keep our cake while eating it too? But this isn't about cake. It's about a highly addictive chemical with tremendous impact upon our physical, subconscious, conscious and emotional well-being.

Bargaining

*"Maybe I'm the exception to the Law of Addiction.
Maybe I can use just once!"*

Chapter 4 reviewed use rationalizations employed by the still feeding addict in an attempt to justify

¹⁰ While debate abounds about meditation's ability to heal the body, and study quality to date has been horrible, there is limited evidence of some forms of meditation diminishing blood pressure. See, U.S. Agency for Healthcare Research and Quality, Evidence Report/Technology Assessment Number 155, Meditation Practices for Health: State of the Research, AHRQ Publication No. 07-E010, June 2007.

that next fix. Using many of the same rationalizations, here bargaining's primary hope is more about continuing this journey home while also visiting with nicotine now and then.

Instead of grief simply accepting an end to nicotine use, dependency ignorance toys with breaking free while remaining great friends.

Bargaining can be with our particular nicotine delivery device, another form of delivery, ourselves, loved ones or even our higher power. Its aim is the impossible feat of letting go, without letting go.

If allowed, the emotional conflict of wanting to say "hello" while saying "goodbye" can easily culminate in relapse.

"Just one," or "just once" can evolve into "this is just too hard," "too long," "things are getting worse not better," "this just isn't the right time to stop!"

Although a significant portion of FFN-TJH is about bargaining, if allowed, this book itself can and will provide an abundance of fuel for the bargaining mind.

For example, every user and every recovery are different. Sharing "averages" and "norms" with primary focus upon the most common form of delivery will naturally generate tons of ammunition for those whose dependency or recovery traits are beyond "average" or don't involve smoke.

Key to navigating conflicted feelings is to demand honesty, while keeping our primary recovery motivations vibrant, strong and on our mind's center-stage. The wind beneath our wings, allowing freedom's desire to die invites destructive and intellectually dishonest deals to be made.

Instead of buying into relapse, remember, so long as 100% of the planet's nicotine remains on the outside it's impossible to fail. But what happens inside the grieving and bargaining mind once it realizes that brain dopamine pathway design makes it impossible to arrest our dependency while letting it run free?



Photo by National Cancer Institute



Depression

Please refer to the prior chapter, [Chapter 9](#), under Symptoms for a detailed discussion of depression. While a brief period of sadness and depression is normal and expected when ending any long and intense relationship, even a chemical one, don't hesitate to get seen and evaluated if at all concerned about ongoing depression.

If already taking medication for depression, keep in mind that your prescription may need adjustment. And do remain alert as nicotine can mask hidden underlying depression. It's why getting seen is important if your period of sadness isn't both brief and mild.



Photo by National Cancer Institute

Acceptance

The victory phase of the Kubler-Ross grief recovery cycle is acceptance. It's the "this is do-able" moment of an emotional journey that can mark the transition from a "user trying to stop" to "ex-user."

It may or may not have been pretty getting here. Now and then, you may still encounter infrequent or seasonal un-extinguished subconscious feeding cues.

And it's likely that your pile of old replenishment memories will, for now, continue their gradually waning tease. It's also likely that the pile's lure will continue to be fueled by a lingering romantic fixation or two, that might benefit from focused honesty. But you did it!



In regard to your emotional recovery, if you've been able to let go and fully accept letting go then your emotional journey is complete. Congratulations! Still only one rule ... none today!

Breathe deep, hug hard, live long,

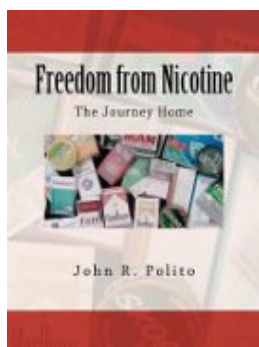
A handwritten signature in black ink, appearing to read "John". The signature is stylized and fluid, with a long, sweeping underline that extends to the left.

Download other Chapters of FFN-TJH

Cover & Title Page	(P)	Chapter 7: The Roadmap Home	(P)
Table of Contents	(P)	Chapter 8: The First 72 Hours	(P)
Introduction	(P)	Chapter 9: Physical Recovery	(P)
Chapter 1: Nicotine Addiction 101	(P)	Chapter 10: Emotional Recovery	(P)
Chapter 2: The Law of Addiction	(P)	Chapter 11: Subconscious Recovery	(P)
Chapter 3: Quitting “You”	(P)	Chapter 12: Conscious Recovery	(P)
Chapter 4: Use Rationalizations	(P)	Chapter 13: Homecoming	(P)
Chapter 5: Packing for the Journey Home	(P)	Chapter 14: Complacency & Relapse	(P)
Chapter 6: Common Hazards & Pitfalls	(P)	Appendix: Recovery Journal/Diary	(P)

[*Download Full PDF \(P\)](#)

***Paperback & Kindle versions [available](#) but not through WhyQuit.com Chapter links for easier online reading, while (P) link is for printing.**



***Note:** Images in this chapter of FFN-TJH are identical to those in the free [full PDF](#) and [paperback version](#) available through Amazon. The [Kindle version](#) shares a different collection of images due to the format's requirement for higher resolution.

Each Chapter link above is formatted in Arial, a font that makes for easier online reading, while each (P) link is to a Print version formatted for better reading after printing (Times New Roman).