

Chapter 11

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Subconscious Recovery

The Unconscious Mind

Endlessly hammered by flavor, aroma, pleasure, friendship, adventure, rebellion and affordability marketing, our subconscious mind is the nicotine addiction industry's hidden target.

If it didn't work they wouldn't annually spend billions doing it. The subconscious is listening. Twice the traveling cessation hypnotist sold me a full day of unbelievable hypnotic bliss before I tested it and relapsed.¹

But looking upon our subconscious mind only in terms of being the playground of others cheapens and makes it look dumb, while ignoring our conscious ability to do the same in retraining it.

If so dumb, why can our subconscious see subliminal messages invisible to the conscious mind, or feel the influence of tobacco marketing that our consciousness has totally ignored? Why can it react to triggering cues written upon it by hypnotic suggestion or self-conditioning, cues meaningless to conscious awareness?

Dumb? When typing on a keyboard, what part of the mind and level of awareness is locating and correctly striking each key? While operating a vehicle, who is really controlling which foot needs to push on which pedal and how hard, or doing the driving as we read billboards, talk on the phone or daydream?

Our conscious mind has unknowingly aided in helping teach our subconscious skills and how to perform activities, including using nicotine.² Now it's time to knowingly teach it how to function without it.



Photo by National Institute of Mental Health

Whether referred to as our subconscious, unconscious or preconscious, science is still in the early stages of discovery in understanding the scope of its involvement in day-to-day life.

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- 1 Abbot NC, et al, [Hypnotherapy for smoking cessation](#), Cochrane Database of Systematic Reviews, 2000;(2):CD001008, which examines 9 hypnotherapy studies and concludes: "We have not shown that hypnotherapy has a greater effect on six month quit rates than other interventions or no treatment."
 - 2 Bargh JA, et al, [The Unconscious Mind](#), Perspectives on Psychological Science, January 2008, Volume 3(1), Pages 73-79.

It's every bit as real as the never seen portion of an iceberg. Think of Disney World and awareness of the magic above ground, while a massive unseen city beneath lives and breathes in bringing the magic to life.

It's normal for us to deeply believe that our consciousness is the one doing things, that it causes our actions after careful deliberation, that our behavior was our idea.

While this is our self-perception, a growing body of evidence suggests that like Disney's puppets, the conscious mind is not the primary source motivating behavior, that in many cases our subconscious has already made up our mind for us.³

It's suggested that the subconscious mind has evolved as a highly adaptive "behavioral guidance system" which acts on impulse. It's becoming more widely accepted that the impulse for behavior flows from our subconscious, that our consciousness then seizes upon the idea as its own.

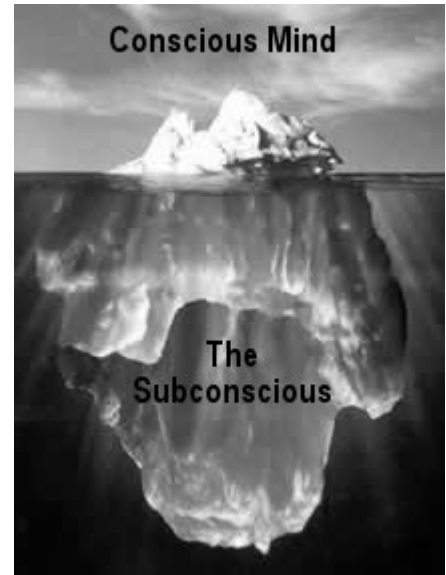
It's suggested that the real role of our consciousness is as impulse gatekeeper, and trying to make sense after the fact of behavior that the gatekeeper allowed to occur.⁴

Sources of subconscious impulses can include evolutionary motivations, past personal preferences, cultural norms, family values, past experiences in similar situations, how others in the same situation are currently behaving, or be the product of conditioning, both reinforcement (operant) and association (classical).

Multiple sources of subconscious behavioral impulses make conflicts inevitable. Drug addiction reflects a conflicts war zone.

Our subconscious has its own behavioral goals, goals hidden from awareness.⁵ Reading these words is clear evidence that "you" want to break free. It's likely your subconscious does too.

But after being conditioned by years of nicotine dependency wanting, use and relief, and by false gatekeeper explanations as to why use was again necessary, without honesty and teamwork subconscious recovery can be messy and longer than necessary.



3 Galdi S, et al, Automatic mental associations predict future choices of undecided decision-makers, Science, August 22, 2008, Volume 321(5892), Pages 1100-1102.

4 Wegner DM, Precis of the illusion of conscious will, Behavioral Brain Science, October 2004, Volume 27(5), Pages 649-659; as reviewed in Bargh JA, et al, The Unconscious Mind, Perspectives on Psychological Science, January 2008, Volume 3(1), Pages 73-79.

5 Bargh JA, et al, The automated will: Unconscious activation and pursuit of behavioral goals, Journal of Personality and Social Psychology, December 2001. Volume 81, Pages 1004-1027.

Operant Conditioning

Operant conditioning is a process that operates to modify behavior, in our case nicotine use. It does so through positive or negative reinforcement. In our case, we've associated relief from wanting, urges or craves with use of our nicotine delivery device. Operant conditioning conditioned us to associate the relief produced by the reinforcement with a specific behavior.⁶

Drug use behavior conditioning reflects unintended expectations training of the subconscious mind. Hundreds or thousands of annual nicotine use repetitions created strong subconscious associations between using nicotine and the adrenaline charged "aaah" sensation that followed.⁷

Operant conditioning associated with experiencing "aaah" wanting relief was actually only one side of operant control.

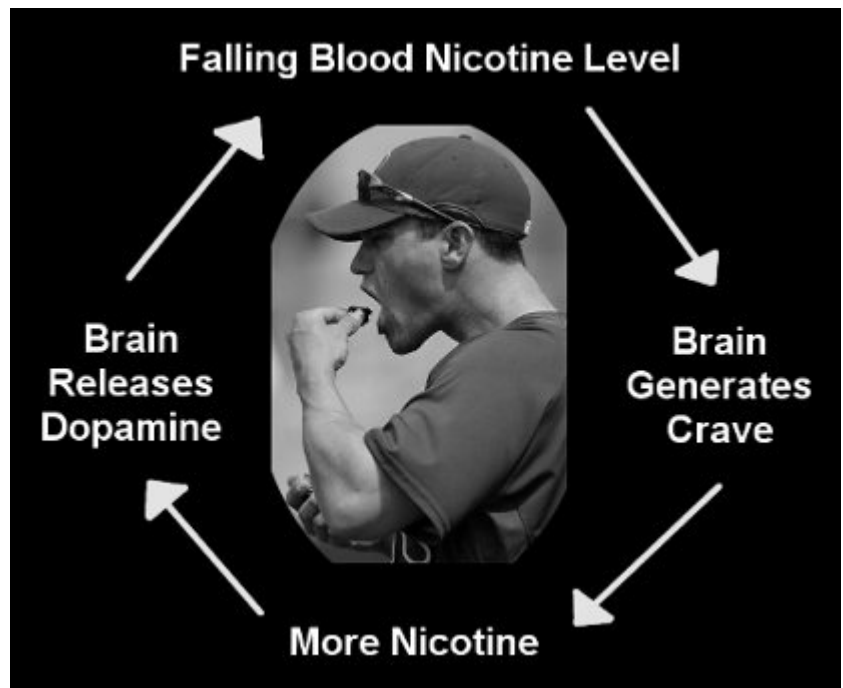
We were also controlled by displeasure and fear conditioning associated with the consequences of ignoring nicotine's two-hour half-life.

Once hooked, we discovered that delaying replenishment for too long made us anxious, irritable and depressed our mood, while replenishment brought temporary relief.

Like being beat with a whip or receiving an electrical shock, the anxiety consequences of having waited too long between feedings operated to condition us to avoid anxieties by engaging in replenishment early and often.

Trapped in a perpetual cycle between wanting and relief, is it any wonder that both our subconscious and conscious grew to deeply believe that nicotine use defined who we were, that replenishment was as important as eating, and that life without it would be empty, meaningless or nearly impossible?

The good news is that within 72 hours of ending use the subconscious has no choice but to begin noticing that peak withdrawal has been achieved and is now gradually beginning to subside, yet life goes on.



6 operant conditioning. (n.d.). The American Heritage Stedman's Medical Dictionary. Retrieved August 31, 2008, from Dictionary.com website.

7 Rose JE, et al. Inter-relationships between conditioned and primary reinforcement in the maintenance of cigarette smoking. British Journal of Addiction, May 1991, Volume 86(5), Pages 605-609.

While likely still anxious and alert, the most intense period of recovery is over. So long as all nicotine remains on the outside, fears and anxieties associated with avoiding withdrawal's onset need never again be encountered.

While negative reinforcement operant conditioning is quickly extinguished by diminishing punishment for not using, positive reinforcement operant conditioning associated with the tease of thousands of old "aah" replenishment memories will take additional time to overcome.

While we cannot erase thousands of old "aah" memories, conscious honesty and dependency understanding enable us to see those memories for what they truly are, an accurate record of the times when an actively feeding drug addict's replenishment briefly satisfied drug wanting.

Recasting them in truthful light can diminish or even end their remaining tease and influence upon us. But let's not fool ourselves. Each memory remains tied to the same dopamine pathway that created it.

Even if we go years without nicotine, the effects of just one powerful puff, dip, chew or vape somehow breathes new life into old "aah" memories, and at least one aspect of positive operant conditioning. Whether recognized or not, activated dopamine pathways would immediately re-assign nicotine use the same priority as eating. Whether wanted or not, use would soon have our brain demanding more and us obeying.

The good news is that simply becoming mindful of how subconscious positive and negative operant conditioning played a part in controlling us can aid in helping extinguish it and take back control.⁸

Although not always easy, the solution always remains simple ... no nicotine today!

Classical Conditioning

As it relates to nicotine, classical or Pavlovian conditioning is conditioning in which, through repetition, a person, place, thing, activity, time or emotion (a conditioned stimulus or use cue) becomes so paired with using nicotine, that encountering the use cue alone becomes sufficient to trigger wanting, an urge or crave.⁹

Subconsciously triggered anxieties are the mind's means of commanding that we again bring nicotine into the body.



⁸ Brewer JA, et al, Craving to Quit: Psychological Models and Neurobiological Mechanisms of Mindfulness Training as Treatment for Addictions, Psychology of Addictive Behaviors, May 28, 2012.

⁹ classical conditioning. (n.d.). Merriam-Webster's Medical Dictionary. Retrieved August 31, 2008, from Dictionary.com website.

Like Pavlov's dogs, which he conditioned to expect food and begin salivating upon the ringing of a bell, we each conditioned our subconscious to expect arrival of a new supply of nicotine in specific situations.

For example, your mind can be trained to want nicotine upon simply seeing a picture of a green triangle. A 2012 classical conditioning study did just that. It conditioned smokers to associate smoking with an object that had previously been entirely neutral.¹⁰

The conditioning was created by 80 times pairing a picture of a green triangle with a smoking related picture (people holding or smoking cigarettes). Each pairing was shown to smokers for less than half a second (400 milliseconds). Although less than a second, the subconscious mind was watching and learning.



Not only did smokers report increased cravings upon being shown the green triangle alone without the smoking related image, brain responses recorded by EEG (electroencephalograph) supported their claims.

Researchers have successfully used sight, smell and hearing to establish new conditioned use cues in smokers.¹¹ Encountering the new cue triggers use expectations and an urge to smoke, with an increase in pulse rate.

Researchers find it easier to establish new cues among light smokers, who obviously have fewer existing cues than heavy smokers.

If crave episodes feel real and physical in nature there's good reason. Although nicotine-feeding cues are psychological in origin, they trigger physiological responses within the body.

Not only do the stimulant effects of using nicotine increase pupil size, researchers found that encountering a visual nicotine use cue will increase pupil size, an autonomic response.¹²

Using brain scans, researchers discovered increased blood flow during cue-induced cravings in brain regions associated with "aah" wanting relief or anxiety (the ventral striatum, amygdala, orbitofrontal cortex, hippocampus, medial thalamus and left insula).¹³

They also found that the amount of brain blood flow (perfusion) was tied to the intensity of the

10 Littel M and Franken IH, Electrophysiological correlates of associative learning in smokers: a higher-order conditioning experiment, BMC Neuroscience, January 11, 2012, 13:8.

11 Lazev AB, et al, Classical conditions of environmental cues to cigarette smoking, Experimental and Clinical Psychopharmacology, February 1999, Volume 7(1), Pages 56-63.

12 Chae Y, et al, Subjective and autonomic responses to smoking-related visual cues, The Journal of Physiological Sciences, April 2008, Volume 58(2), Pages 139-145.

13 Franklin TR, Limbic activation to cigarette smoking cues independent of nicotine withdrawal: a perfusion fMRI study, Neuropsychopharmacology, November 2007, Volume 32(11), Pages 2301-2309.

cue induced cigarette cravings in brain regions known to control attention, motivation and expectancy (the prefrontal cortex and posterior cingulate).¹⁴

Years of subconscious conditioning had us reaching for a nicotine fix and engaging in replenishment without our conscious mind recognizing that we had encountered a use cue (conditioned stimulus), and often without noticing that replenishment was underway.

Study the next smoker you see. As if on autopilot, it is very likely that the drags you'll watch being inhaled will be taken while their unconscious mind is in full control.

I can't begin to count the number of times I looked down and was surprised to see the ashtray full and the pack empty.

Nicotine's half-life combined with our dependency's level of tolerance to determine the number of times daily we'd need to replenish. Although probably unaware, we each established daily replenishment patterns that conditioned our subconscious when to expect more.

Crave Episode Intensity

As we navigated our day, our sight, smell, sound, taste, touch or an emotion would alert our subconscious that a use cue had been encountered. Although often unnoticed, a gentle urge was generated alerting us that it was again time for replenishment.

If ignored or replenishment was long overdue, the urge's anxiety energy could grow into a full-blown crave episode. A 2007 study suggests that your right insula (just above your ear and an inch or so in) acts as a control center for urge and crave anxiety routing and intensity control, including recognition of each time, place, person met, activity or emotion during which we conditioned our subconscious to expect nicotine.¹⁵



The intensity of a particular crave episode appears to be influenced by a number of factors. A 2007 study found that the two most significant were how recently we had used and our level of impulsiveness.¹⁶ Obviously, the longer without nicotine, the longer anxieties have to build.

14 Small DM, et al, The posterior cingulate and medial prefrontal cortex mediate the anticipatory allocation of spatial attention, NeuroImage, March 2003, Volume 18(3), Pages 633-641.

15 Naqvi, NH, et al, Damage to Insula Disrupts Addiction to Cigarette Smoking, Science, January 2007, Vol. 315 (5811), Pages 531-534.

16 Zilberman ML, et al, The impact of gender, depression, and personality on craving, The Journal of Addictive Diseases, 2007,

You'd think that once we end all use and become 100 percent nicotine-free that our subconscious would notice that we are still alive, well and functioning and abandon demands for more. While getting clean and allowing time for re-sensitization aids in diminishing underlying withdrawal anxieties, urge and crave anxieties tied to subconscious conditioning are independent.

Still, once beyond peak withdrawal, all levels of awareness are confronted with escalating awareness that we've been living a lie, that once all nicotine is out of our system that things slowly start getting better not worse. It's here that fears of failure butt heads with fears of success.

As for impulsiveness, it's the trait that played a key role in many of us experimenting with using nicotine in the first place. Now that same trait sees relapse as a quick-fix solution.

Patience in standing up to impulsivity can, itself, foster confrontation anxieties. Our hopes and dreams of a lasting dependency solution are pitted against thousands of old "aaah" memories promising instant yet temporary relief from wanting.

Truth is, only one choice provides a way out. Truth is, the only path home is to choose the bigger, better yet delayed reward. Truth is, use triggering activity done while under nicotine's influence can be done as well as or better without it.

Ask yourself, what is the only permanent solution to ending replenishment urges and craves?

Why not invite your subconscious to switch teams, to join in your quest to stay clean instead of trying to keep your dependency active by issuing urges and craves for more nicotine. Invite your impulsiveness to act as guardian over the next few moments in remaining 100 percent nicotine-free.

Talk to your subconscious. Encourage it to serve as a vigilant ally in protecting your freedom, healing, pride and growing self-esteem.



Photo by National Cancer Institute

Imagine the creation of healthy, positive impulses that instantly respond to protect us from challenge. Imagine all levels of awareness forming a skilled firefighting team that remains on scene, ready to quickly extinguish any blaze.

Although one study noted that the level of depression among women, but not men, was capable of impacting crave episode intensity,¹⁷ study after study finds little or no difference between

Volume 26(1), Pages 79-84.

17 Zilberman ML, et al, The impact of gender, depression, and personality on craving, The Journal of Addictive Diseases, 2007, Volume 26(1), Pages 79-84.

male and female success rates.¹⁸ Although the thought of a depressed woman having to endure a slightly more intense crave episode is disheartening, keep in mind that all episodes are extremely short lived, and within a week the majority are silenced. But as reviewed in [Chapter 9](#), whether male or female, do not ignore or make light of ongoing depression.

A food craving study found that vividness of imagery associated with food influenced food craving intensity.¹⁹ Go ahead. Give it a try. Picture your favorite food. Now make the mental image as vivid and detailed as possible. Feel the urge?

Now picture your particular brand of nicotine delivery device. What color is it? Hold it in your hand. Smell it. Do you sense an urge?

Why not use recovery imagery as a subconscious re-training tool? Why not flash our own subliminal messages?

Picture yourself engaging in every activity during which you used nicotine but now comfortably doing so without it. Notice how each activity is done as well as or better than before. Allow healing tastebuds to sample the healing flavor of a mouth reclaimed. Picture the pureness and arrival of that first full day where the thought of "wanting" never once crosses your mind.

See such days soon becoming more and more common, until becoming your new sense of normal. Listen as the diminishing noise of addiction's daily chatter as it gradually comes to an end. Feel the beauty and emotion of a brain responding to life instead of nicotine.

Controlling expectations - A 2001 conditioning study taught smokers to expect to be able to smoke during specific situations. It encouraged participants to try to identify when a use cue had occurred.²⁰

As with the green triangle study, researchers discovered that encountering and noticing the use cue would generate cravings, with increased salivation and skin conduction. It found that the more aware we become of our use cues, the more profound use expectations become.

Far more importantly, it found that once study participants were told that they would no longer be able to smoke once the previously identified use cue appeared, that cravings were thereafter absent and extinguished.

Can conscious expectations control both subconscious expectations and the presence or absence



18 Etter JF, et al, [Gender differences in the psychological determinants of cigarette smoking](#), *Addiction*, June 2002, Volume 97(6), Pages 733-743.

19 Tiggemann M, et al, [The phenomenology of food cravings: the role of mental imagery](#), *Appetite*, December 2005, Volume 45(3), Pages 305-313.

20 Field M, et al, [Smoking expectancy mediates the conditioned responses to arbitrary smoking cues](#), *Behavioural Pharmacology*, June 2001, Volume 12(3), Pages 183-194.

of craving? Absolutely! It means that what we think and believe is critical, that what is expected can occur.²¹

My most dreaded use cue was walking into the pub after work and having a couple of beers with the guys, as we debated and solved the world's problems. But I'd lost my longest attempt ever by combining alcohol with a false belief that I could handle "just one."

This time, online peer support taught me about use cues triggering craves and I expected a massive one. I feared it so much that I delayed the after-work gang for three weeks. I kept thinking how I missed my friends, our discussions, and a cold beer, and I wanted it all back.

Finally, heading into my fourth week, I mustered the courage. Upon opening the door, my healed sense of smell was immediately struck by an overpowering stink. Had it always been this bad? Indirect sunlight highlighted a thin indoor cloud that swirled as the door closed behind me. There they were, thirty or so after-work buddies tackling the day's events.

Scanning the room I was shocked to discover that all of them, without exception, were either smoking a cigarette or had a pack and ashtray within reach. Why hadn't I noticed this before? Although less than one-quarter of Americans smoked, I was now discovering that nearly all of my friends were nicotine addicts. How could this be? Was it coincidence?

I was prepared to turn and run if needed but it didn't happen. A crave didn't come. After a couple of minutes I grew brave and ordered a beer. It still didn't happen. What was going on? This was my most feared situation of all and yet no craves, zero, none.

How could I be standing here, beside smokers puffing away and yet no urge? I'm sure I could have stayed and drank another but I'd been in there for nearly a half hour.

I found myself thinking about my still healing lungs every time sunlight pierced the smoke filled room. Increasingly, I felt a slight burning sensation. My lungs didn't deserve this. It was time to leave.

Looking back, it's likely that I'd given so much thought to my biggest fear, while harboring dreams of reclaiming that aspect of life, that desire somehow severed all nicotine use associations.

Again, think about the traveling smoking cessation hypnotist using their conscious mind to relax our conscious mind, so as to allow them to rewrite subconscious expectations.

The problem with single-session hypnosis is not that it does not or cannot work, at least briefly. It's that it only addresses a single layer of recovery, the subconscious, while ignoring the ongoing negative influence of conscious stimulation and use related thoughts.

Think about the repeated subconscious impact of the title of Allen Carr's book "The Easy Way to

21 Dols M, et al, Smokers can learn to influence their urge to smoke, Addictive Behavior, Jan-Feb 2000, Volume 25(1), Pages 103-108.

Stop Smoking." Each time the book is opened the subconscious is hit with the message that stopping is easy.

Inside, Allen does the same thing that Joel Spitzer does in the first two chapters of his free ebook "[Never Take Another Puff](#)." It's the same thing done here in [Chapter 3](#) ("Quitting You"), [Chapter 4](#) (Rationalizations) and [Chapter 12](#) (Conscious Recovery).

We invite the enslaved mind, both conscious and subconscious, to see through the long list of use lies our addiction compelled us to invent, in an attempt to try and justify or explain that next fix.

If willing to engage in open and truthful analysis, once done there may be little or no sense of loss. You might skip emotional recovery altogether. If nothing to lose, there's nothing to fear. If no fear, there may be little or no anxiety.

Could letting go entirely generate an "easy" or even cakewalk recovery? Absolutely! But even if seriously challenged, as I was, recovery is entirely do-able.

We don't need to be trained hypnotists to use our conscious mind to calm, reassure, sooth or create subconscious expectations. Draw near and use truth to reassure your subconscious. It's listening.

Try engaging in slow deep breathing while progressively relaxing your body. Quiet all chatter inside your mind by focusing, to the exclusion of all other thoughts, upon an image of your favorite place.²² Once totally relaxed, share your dreams and rewrite expectations.

Reassure your subconscious. Let it know that there is absolutely nothing to fear in coming home to entire days where you never once want for nicotine. Teach it that, contrary to the lies, you need not lose a single friend or give-up any activity, that life will be better not worse.



Photo by National Cancer Institute

Encourage your subconscious to join forces in embracing recovery, to ignore the tease, lure and false message of that pile of old replenishment memories, each created by a drug addict in need. Ask it to fear relapse instead of freedom, toxins instead of oxygen, your self destruction and slow suicide instead of healing, health and extra life.

Make it aware that your mind and body are experiencing the most intense period of healing they'll hopefully ever know, and that you could use a little help. Invite your subconscious to

²² Anbar RD, [Subconscious guided therapy with hypnosis](#), *American Journal of Clinical Hypnosis*, April 2006, Volume 50(4), Pages 323-334.

defend and bask in freedom's glory, to feel the delight of your ongoing victory and growing sense of pride.

Deep relaxation may be challenging during the first 72 hours. If so, think about how relaxed the conscious mind and body become immediately before slumbering off into sleep. Seize upon and use these precious seconds before sleep, when our conscious and subconscious draw near. Calm subconscious fears as you slumber into sleep. Throw out the lies!

Celebrate today's victory and picture tomorrow being your most fruitful day of recovery yet. Slide off into sleep feeling free and proud.

Common Use Cues

When during each day did your subconscious expect nicotine? Was its cue the smell of morning coffee, starting the car, placing a plate into the sink, the sound of a bottle or can opening, or ice cubes filling a glass?

While few of us appreciated the precise cue recognized by our subconscious, we each have a pretty good feel for most situations during which we trained our mind to expect replenishment.

What follows is a brief review of possible use cue situations. Don't be intimidated. Use this review to think about your own use patterns. And then imagine navigating each situation and claiming the prize at the end. Why fear your healing? Welcome it!

Activities - Our morning activity trigger may have been climbing out of bed, making the bed, getting dressed, caring for a pet, associated with breakfast, reading the paper, drinking coffee, stepping outside, brushing our teeth, watering plants, or using the bathroom.

Mandatory daily activities such as eating and sleeping compel us to quickly meet, greet and extinguish any and all associated cues.

Imagine so tying nicotine use to using the bathroom that once use ends that you are briefly left wondering whether you'll ever be able to have a bowel movement again.

If parents, cues may be associated with waking your children, feeding them, making lunch and getting them off to school. Once home, there's homework, after school or weekend activities, summer planning and activities, scraps, tears, illness, concern, tending to their daily needs, fixing dinner, baths, getting their clothes ready, bedtime, reading or singing them to sleep, and the quiet period that follows.

There's housework, daily planning, caring for pets, talking on the phone, laundry, taking a break, paying bills, worry about paying bills, television, using the computer, walking outside, and gardening or yard work.

And then there's the workplace. There, you may have conditioned yourself to see nicotine replenishment as a reward (a "smoke break") for having accomplished some task.

Traveling to work, arriving, either nicotine-use breaks or using while working, deadlines, lunch, stress, the end of the workday and catch-up replenishment while traveling home. Some of us had so tied nicotine use to work that we can't imagine ever being productive workers again.

Delay in confronting and extinguishing work associated conditioning can be costly. Work avoidance can add mountains of needless pressure and anxiety to recovery. Why fear silencing all work related use cues and being rewarded with a use-free workplace?

Be brave. Take that first step. Just a tiny one, and the step that follows will become easier.

Then there are possible cues associated with arriving home, reading mail and email, preparing dinner, the evening news, hobbies or leisurely activities, social time, caring for pets, preparing for bed or romance.

As reviewed in [Chapter 6](#), the only use cues we suggest delay in encountering are associated with using alcohol or other inhibition diminishing chemicals. As there discussed, unless you have co-dependency concerns (also [Chapter 6](#)), alcohol use is a non-mandatory activity that can be delayed a few days, at least until beyond peak withdrawal.

As reviewed in [Chapter 6](#), alcohol can be associated with multiple use cues, including the location, people present, the presence of cigarettes or other users, peer pressures, music, singing, relaxation, dancing, celebration or intoxication.

Locations - Think about the locations you frequented that may have become conditioned use cues: entering the house, bathroom, a work area, your smoking room, garage, backyard, the garden, outdoors, a vehicle, bus stop, train or subway station, walkway, workplace, bar, pub or restaurant, or entering or leaving a store.

We encounter some use locations far more often than others. How often did we use in association with our place of worship, a doctor or hospital visit, or in association with a movie, concert or sporting event? If we established associated use cues, when might they next be encountered?

People - We may have established cues associated with specific friends, acquaintances or co-workers. If so, when will you next see them? Then, there are those people whose personalities somehow increased our anxieties. Just seeing them could trigger a crave.

And don't forget those who didn't use nicotine and tended to visit and stay longer than our unfed addiction could tolerate. What will happen the next time they visit and then leave?

Times - Our most fundamental and core use cue is likely related to time, the fact that unless replenished, our body's nicotine reserves decline by roughly half every two hours.

Other specific time use conditioning could be associated with waking, meal or break-time, or related to the hours or minutes appearing on a clock or watch. They may be associated with the time that our workday ends, a television program or the time when we awake or prepare for bed.

Times of the year may serve as conditioning: a vacation, spring and blooming flowers, arrival of summer heat, fall's cool temperatures, falling leaves, that first frost, winter or snowfall.

But don't be surprised if by then your crave generator seems to have lost its punch. Instead of full-blow cravings, remote, infrequent or seasonal cues may by then feel more like a few seconds of stiff breeze.

Eventually, the time and distance between remote un-extinguished use cues will become so great that any breeze is barely noticeable or even laughable. They'll become a long overdue reminder of the amazing journey you once made.

Events - There were some events that served as cues for most of us. Research has found that seeing and smelling a burning cigarette will cause a cue induced craving during early recovery.²³ Would watching another oral tobacco user put tobacco into their mouth trigger a craving in most oral users? Probably.

Weddings, funerals, the birth of a baby and offer of a cigar, holidays, birthdays, New Year's, recovery is about silencing conditioning and taking back life, just one piece at a time.

The smell of morning coffee, seeing a smoking friend, hearing laughter, tasting your favorite drink, touching your nicotine delivery device, wouldn't it be fascinating to have full and accurate awareness of all nicotine use conditioning while navigating recovery?

Although conventional wisdom suggests that we attempt to discover our cues beforehand, frankly, even when we think we've identified the exact cue adopted by our subconscious, we'll often miss the mark. Instead of frustrations associated with being unable to accurately predict subconscious cues, it's probably best to remain calm yet fully prepared to react on a moment's notice.

Emotions - As reviewed in [Chapter 10](#), the range of human emotion provides our subconscious with a vast spectrum to pick from. Laughter, sorrow, a sense of accomplishment or defeat, worry or calmness, each has potential to generate a craving if the mind created a use association.

Extended emotions such as those associated with financial strain, serious illness, injury, or the death of a loved one, were ripe for cue establishment.

Withdrawal cues - Overlaying operant conditioning expectations atop craves associated with classical conditioning, atop physical withdrawal and emotional recovery, brings potential to foster a somewhat intense initial 72 hours.

23 Niaura R, et al, [Individual differences in cue reactivity among smokers trying to quit: effects of gender and cue type](#), Addictive Behavior. Addictive Behaviors, March-April 1998, Volume 23(2), Pages 209-224.

The good news is that we move beyond peak withdrawal within three days. That time period also offers tremendous potential for extinguishing our most basic daily use cues, cues associated with waking, dressing, walking, talking, eating, working and sleeping.

It's why watching pharmaceutical companies sell expensive products which drag withdrawal out for weeks or months is so disturbing. And how does popping a piece of nicotine gum or a nicotine lozenge into our mouth when a use cue is encountered extinguish conditioning? Add in products like Chantix/Champix, which has been linked to suicide and it makes you wonder whose interests are being protected.

We are each unique when it comes to the number and types of use cues we established. Although natural to want to run and hide from conditioning, extinguishing each is a stepping-stone to freedom.

Are Crave Episodes Really Less Than 3 Minutes?

Yes, generally. Although we don't yet know why, within three minutes it is normal for crave episode anxieties, anxiousness and/or panic to peak and begin easing off. Although amazingly little research in this area, it's a basic recovery lesson widely shared across the Internet.

While possible that more than one un-extinguished subconscious cue may be encountered within minutes of each other, years of online cessation group discussions suggest that it isn't as common as we might think.

What is often seen are periods of conscious thought fixation being confused with a subconsciously triggered crave episode.

Think about your favorite food. How long can you continue to stay focused and fixated upon it? Can you do so for 10, 20 or even 30 minutes? The only limit upon the duration of fixation is our ability to maintain conscious concentration and focus.



Photo by National Cancer Institute

The primary distinction between a subconscious crave episode and conscious fixation is control.

While we have substantial direct control over the duration of fixation, and significant control over how the conscious mind reacts when a subconscious cue is encountered, our subconscious controls the timing and duration of cue-triggered episodes.

The importance of the distinction is the recovery confidence provided in knowing that subconscious challenge will pass within 3 minutes. But if cue triggered crave episodes peak and begin to subside in less than three minutes, why do the minutes sometimes feel like hours?

Time Distortion

A 2003 study found that distortion of time perception is one of the most common nicotine dependency recovery symptoms.²⁴

Smokers were asked to estimate the passing of 45 seconds both while still smoking nicotine and during a second session after which they had not smoked any nicotine for 24 hours. Their time estimates were also compared to a control group of non-smokers.

While at a loss to explain why, researchers found that time estimation accuracy was significantly impaired (300%) in smokers who had not smoked or used nicotine for 24 hours, as compared to estimates made while smoking.

The ability of smokers who had not smoked for 24 hours to estimate the passing of 45 seconds was also impaired when compared to estimates made by non-smokers. But timing estimates were found to be similar between non-smokers and smokers while smokers were allowed to continue smoking.

Keep a watch or clock handy - What the study didn't assess was the estimation of time during occurrence of a crave episode.

Whether cessation time distortion is ultimately found to be physiological, psychological or some combination, knowing that it exists suggests the need to look at a clock or watch during an episode, in order to bring honest perspective to time.

When a crave arrives, immediately look at your watch or a clock and note the time. The episode's false message that the only way to make the crave end is to bring more nicotine into your body will soon peak and then pass. Not only will your recovery remain alive and well, you are highly likely to receive a reward, the return of yet another aspect of nicotine-free life.

It's important to note that for the 1.7% of adults diagnosed with panic disorder under diagnostic standards such as the American Psychiatric Association's DSM-IV manual, that DSM-IV criteria indicates that panic attacks may not peak for up to 10 minutes.²⁵

Focus your panic attack coping skills training on handling nicotine cessation panic attacks. Already highly skilled, hopefully you'll find this aspect of nicotine dependency recovery the least challenging of all.

24 Klein LC, Smoking Abstinence Impairs Time Estimation Accuracy in Cigarette Smokers, Psychopharmacology Bulletin, May 2003, Volume 37(1), Pages 90-95.

25 American Psychiatric Association, Panic Disorder, Diagnostic and statistical manual of mental disorders, fourth edition, 1994

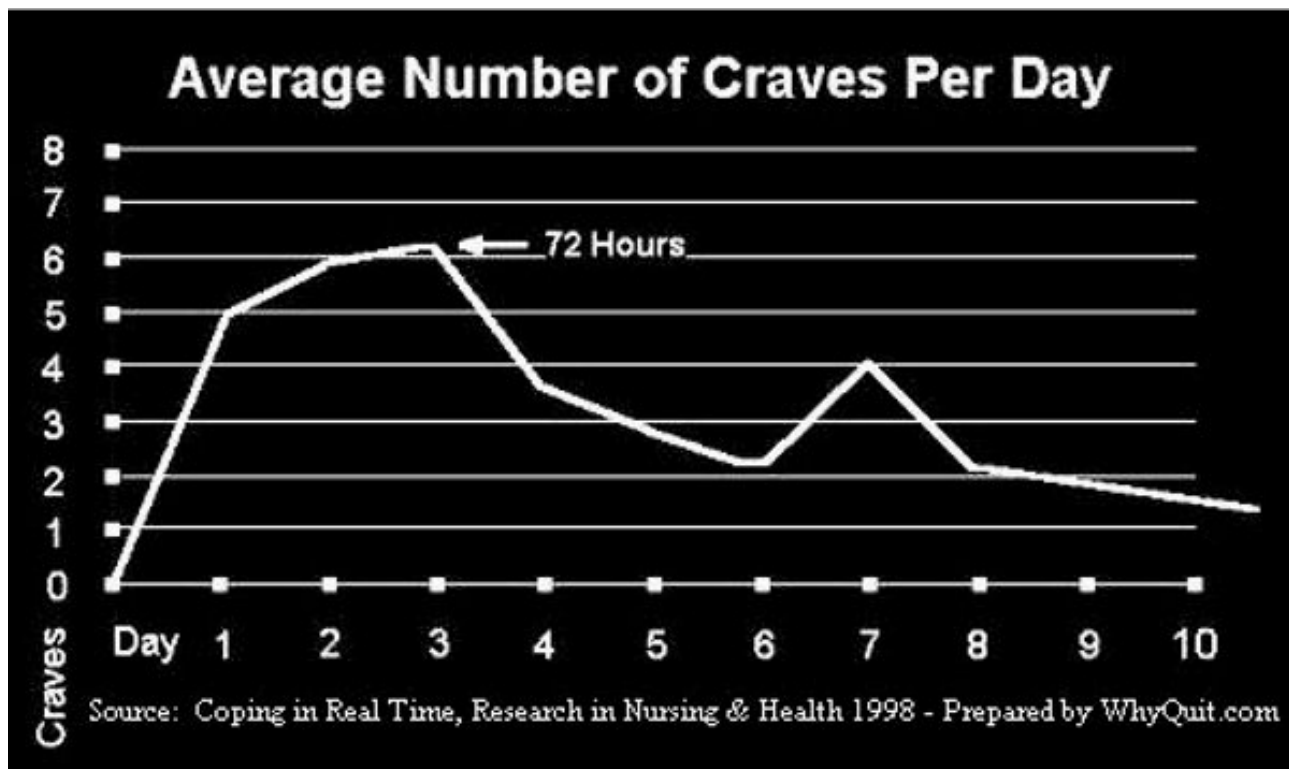
We're each fully capable of handling a few brief moments of anxiety. All of us can. Accurately measuring the episode's duration will prevent time distortion from making it appear 300 percent longer than reality.

Don't let time distortion deprive you of your dream of again comfortably engaging life as "you."

Crave Episode Frequency

How often do crave episodes occur? The best we can do in answering this question is to share study averages. The obvious problem with averages is that we may not be average.

A 1998 real-time crave coping study followed smokers for two 2 weeks and collected fascinating data.²⁶



It found that the day on which the most crave episodes were encountered was the third day of recovery, with an average of 6.1 craves. Day four's average dropped to 3.5, with day five generating just 3 craves per day. By day ten the average fell to just 1.4 episodes per day.

If each crave episode is less than 3 minutes, and the average on the most challenging day is 6.1, that's a total of 18.3 minutes of crave anxiety on your most challenging day of recovery.

²⁶ O'Connell KA, et al. Coping in real time: using Ecological Momentary Assessment techniques to assess coping with the urge to smoke, Research in Nursing and Health, December 1998, Volume 21(6), Pages 487-497.

Can you handle 18.3 minutes of serious challenge in order to reclaim your mind and life? Absolutely! We all can.

But what if you're not average? What if you conditioned your subconscious to have twice as many cues as the average user? That would mean that you could experience a maximum of 37 minutes of total crave episode anxiety on your most challenging day, dropping to just 8 minutes by day ten.

Is there any doubt whatsoever that you handle 37 minutes of challenge in order to permanently reclaim the driver's seat of your mind? And you won't be asked to do it all at once. Just up to three minutes at a time, and then take a break.

You should also prepare for the possibility of a small spike on day seven. While the average study participant was down to just over 2 episodes per day by day six, day seven brought an average of 4 cravings, before returning to 2 on day eight. We can only guess as to why.

And there are lots of theories. One is that life is measured in weeks and a full week of freedom provided the first significant reason for celebration. Did your subconscious associate use with celebration? If so, what about the celebration that turns sour, like when everyone but mom forgets our birthday? Could that generate a second episode?

Again, we can only guess. What we do know is that every new ex-user is fully capable of handling 12 minutes of challenge on day seven, followed by 6 minutes on day eight.

Looking at the study's chart, reflect on how the average newbie both moves beyond peak physical withdrawal within 72 hours and navigates the peak number of use cues. Coincidence? Not necessarily.

While we have little control over nicotine's half-life, the recovery day on which we decide to fully engage life and confront the bulk of our normal daily use cues is very much within our control.

Joel always started his clinics on a Tuesday night. Historically, many programs encouraged users to start on the weekend, thinking that it will help avoid work pressures. If so, Monday brings day three, work, and the first full engagement of life.

Extinguishing Use Cues

Real-world evidence (empirical) suggests that most subconscious use cues are extinguished after a single encounter, during which the conscious mind tells the subconscious mind "no."

This does not mean that encountering the same nicotine use reminders day after day won't cause the conscious mind to focus or fixate upon "thoughts" of wanting.

It means that the first encounter, where the subconscious learns that our consciousness will no

longer respond to the cue is normally sufficient to break the use association and extinguish the urge, crave or mini-panic-attack which would have followed.

Recovery is about re-learning to engage in every activity we did as users, but without nicotine. As Joel notes, ending all nicotine use almost immediately compels us to confront and extinguish all nicotine-use conditioning related to survival activities such as breathing, eating, sleeping and using the bathroom.²⁷

While essential to feed the children and get them off to school, early fears of encountering another crave trigger can motivate postponement of non-essential activities such as housework or proper personal hygiene, at least briefly.

Some try to hide from life. But, not without a price. A dirty house or tall grass may breed their own escalating internal anxieties or cause needless family frictions.

Joel cautions that aside from threatening our livelihood and making us look like a slob, if we attempt to hide and avoid confronting use cues associated with non-survival activities for too long, we may begin to feel intimidated that we will never be able to engage in one or more of these activities ever again.

Then, there are non-mandatory activities such as partying, dating, nurturing relationships, television, the Internet, sports, hobbies and games. The only way to extinguish use cues associated with an activity is to engage in the activity, confront the cue and reclaim that aspect of life.

Again, holding off too long can intimidate us into feeling that we can never do it again. Recovery anxieties generated by delay in reclaiming any aspect of life are totally within our ability to eliminate.

At worst, the activity is just three minutes of challenge away from again being yours. Then again, there may not even be a challenge.

Last night I walked into a convenience store to pay for gas while wearing my "Hug me I stopped smoking" tee shirt. The clerk behind the counter asked if it were true.

While literally surrounded by cigarette packs, cartons, oral tobacco products and cigars he asked, "Did you really quit?" "Yes," I said. "After thirty years and being up to three packs-a-day!"

"I haven't had a cigarette for a week," he said. You could feel his pride. While heading out the door I heard the lady who had been behind me say, "Two packs of Marlboro Lights, please." Think about his first day on the job after his last nicotine fix. Imagine your livelihood requiring you to repeatedly reach for and handle cigarettes, a conditioned use cue for nearly all.

Yes, his first time may have triggered a cue induced mini anxiety attack. If so, what are the

27 Spitzer, J., Alcohol and Quitting, June 9, 2001, <http://www.ffn.yuku.com/topic/11776>

chances he was so busy that it peaked and passed before he had an opportunity to take a break and quiet it by relapse?

While subsequent sales may have caused urges associated with conscious thoughts of wanting, the difference was the absence of an uncontrollable anxiety episode. This time, the intensity and duration of the experience was almost totally within his ability to control.

But be careful here. Some conditioned use cues are so similar to others that we fail to grasp their distinction. For example, the Monday through Saturday newspaper may have only been associated with smoking one cigarette, while Sunday's paper is much thicker and may have required replenishment two or more times to read.

Cue exposure therapy - Cue exposure therapy or CET is intentional exposure to drug-related use cues in order to more quickly extinguish learned associations.²⁸ A tool of modern drug treatment programs, it can be our tool too. We can either wait for time and life to bring nicotine use cues to us, or seek out and extinguish them as quickly as we desire.

For example, it's likely that nicotine use cues are associated with our daily work schedule or chores. We can fear and delay encountering these work related cues or intentionally target them for extinction. Our problem in using CET is the same problem confronting researchers and drug treatment programs. We can't possibly know all the use cues adopted by the subconscious mind.

Even if we did, some situations, such as changing seasons or holidays, would be beyond our ability to reproduce. CET is, at best, only a partial tool. Although we have the ability to boldly and quickly reclaim most aspects of life, we need to accept that some cues will survive and arrive when presented by time or circumstances.

Still, intentionally confronting as many as possible will foster confidence and help prepare us to eventually extinguish all of them. Also, when encountering what appears to be a use cue, how do we distinguish between true subconscious classical conditioning (an uncontrollable response) and conscious thought fixation (a controllable situation)?

It isn't always easy. Even after nearly all of our subconscious use cues have been extinguished, it's normal and natural for our senses to notice old use situations. The difference is that now we're in full control of our mind's response.

Try to imagine and picture a high quality photograph of your favorite food. Picture the best photo of it that you've ever seen. It oozes and drips with flavor. Can you smell it? Imagine that first bite. Savor the flavor and sense the "aaah" wanting relief sensation that follows.

While I controlled the imagery cues, you controlled the intensity and duration of any desire or urge felt. You were totally free to stop at any time.

28 Lee J, [Nicotine craving and cue exposure therapy by using virtual environments](#), Cyberpsychology & Behavior, December 2004, Volume 7(6), Pages 705-13.

Researchers have discovered that young smokers respond to CET better than long-term smokers.²⁹ Younger users often have established fewer nicotine use associations and their memories house significantly less dependency baggage.

CET and intentionally trying to rapidly meet, greet and extinguish use conditioning is contrary to historic cessation lessons, the remnants of which can still be found at some Internet sites.

For example, the U.S. government's leading cessation booklet is 37 pages and called "Clearing the Air." Page 9 tells readers to stay away from places smoking is allowed, and stay away from people who smoke. The title of page 24 reads, "Stay away from what tempts you."

Readers are then told to "Stay away from things that you connect with smoking," like not sitting in their favorite chair or watching their favorite TV show. They're told to drive a different route to work or not drive at all and take the train or bus for a while.³⁰

How can we reclaim driving or our favorite TV program if taught to fear and avoid it? Unfortunately, my government's primary cessation booklet is loaded with serious conflicts.

The title of page 9 reads, "Meet those triggers head on." Sounds great, right! But then the first two sentences on page 9 state, "Knowing your triggers is very important. It can help you stay away from things that tempt you to smoke."

Well, which is it, "meet those triggers head on" or "stay away" from them? Clearly, it's wise to stay away from nonsense booklets such as "Clearing the Air," as they will only cloud it further.

Let me share one more glaring "Clearing the Air" conflict. Page 17 is entitled, "Medicines that help with withdrawal."

The page tells readers, "You may feel dull, tense, and not yourself. These are signs that your body is getting used to life without nicotine. It usually only lasts a few weeks." There are medicines that can help with feelings of withdrawal: ... "nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray, nicotine patch."

The obvious question becomes, how does the body get "used to life without nicotine" by feeding it "nicotine?" Obviously, it can't.

Back to extinguishing use cues. What if you could extinguish some of your conditioned cues without experiencing any cravings? Research suggests that through conscious thought and its subconscious influence that we have the ability to create new expectations conditioning that overpowers old use conditioning, thus creating a possible avenue by which you can avoid a particular crave episode altogether.³¹

29 Traylor AC, et al, Assessing craving in young adult smokers using virtual reality, The American Journal on Addictions, Sep-Oct 2008, Volume 17(5), Pages 436-440.

30 National Institutes of Health, Clearing the Air, April 2003, NIH Publication No. 03-1647.

31 Dols M, et al, Smokers can learn to influence their urge to smoke, Addictive Behavior, Jan-Feb 2000, Volume 25(1), Pages

Again, think about how the single-session traveling hypnotist is able to briefly interrupt use urges and craves. It isn't magic. They relax our consciousness and then create new expectations. Again, reflect on the subconscious impact of the title to Allen Carr's book "The Easy Way to Stop Smoking."

Our conditioning patterns mirrored how we lived life. We cannot reclaim life by avoiding it.

A 2002 study found that 97% of inmates forced to stop smoking while in prison had relapsed within 6 months of release.³² When arrested, each was still an actively feeding nicotine addict. Once released, imagine their first time driving a car, walking into a bar, running into an old smoking buddy, or the moments following romance.

They were hit head-on by conditioned nicotine use cues associated with a host of situations that their arrest and imprisonment had prevented from being extinguished.

As the correct portion of "Clearing the Air" states, "meet those triggers head on." They mark the path home. Yes, you may find that there are some aspects of life that you no longer desire, but that will be your choice.

The Bigger the Better

Although the crave episode chart reflects averages of data from a specific study of a unique population, it shows two factors common to every recovery.

It evidences that the number of daily crave episodes quickly peaks. It also shows that the number of episodes then begins to gradually decline.

Let's focus upon what happens once the number of daily crave episodes experienced, if any, begins to decline. I say "if any" because knowledge and understanding have potential to make recovery a cakewalk.

Unless hiding in a closet in order to avoid temptation, locked up in prison or laid up in the hospital, we have no choice but to meet, greet and extinguish the bulk of our subconscious feeding cues within the first week.

The number and frequency of early challenges helps keep us alert, prepared and ready to deploy our crave coping defenses on a moment's notice.

As shown by the crave episode chart, by day 10 the average study participant was experiencing just 1.4 crave episodes per day. That translates to less than five minutes of significant challenge. But what about the days that follow?

103-108.

32 Tuthill RW et al, "Does involuntary cigarette smoking abstinence among inmates during correctional incarceration result in continued abstinence post release?" (poster). 26th National Conference on Correctional Health Care, Nashville, Tennessee, October 21, 2002.

What would be the natural and expected consequences of beginning to go entire days without challenge? What will happen to your battle plans, defenses, to your preparedness and anticipation once you experience a day or two without encountering a cue driven crave episode?

For purposes of discussion only, let's pretend that during recovery days 14, 15 and 16, although you remained occupied in dealing with conscious thinking about wanting to use, that you did not once encounter any un-extinguished subconscious feeding cue or experience any full-blown crave episode.

Although unlikely you would have noticed, wouldn't it be normal to begin to relax a bit and slowly lower your defenses and guard?

And then it happens. On day 17 you encounter a still active use cue.

Surprised, it catches you totally off-guard and unprepared. You scramble to muster your defenses but it's as if you can't find them. It's as if they too are being swallowed by a fast moving tsunami of rising anxieties.

You feel as if you've been sucker-punched hard by the most intense crave ever. It feels endless. Your conscious thinking mind begins suggesting that things are getting worse, not better. The thought of throwing in the towel and giving-up suddenly begins sloshing about inside a horrified mind.



Photo by National Cancer Institute

It's then, when things seem worst, that you need to briefly pause and reflect upon what you're really seeing. Things are not getting worse, but better.

Think about how long it had been since your last significant challenge and how relaxed you allowed yourself to become. It's likely that this episode is no more intense than prior ones. It's just that you had taken off your life jacket and you couldn't quickly locate and put it on. You panicked.

If such an event should ever happen to you, I encourage you to stop, reflect and then celebrate! You've reclaimed so many once conditioned aspects of a nicotine dependent life that serious challenges are beginning to grow rare.

Oh, you may still encounter remote or even seasonal triggers. But with the passing of time they'll grow further apart, shorter in duration and generally less intense.

Remember to keep a clock handy so as to defend against time distortion.

None of us will ever be stronger than nicotine but then we don't need to be as it's simply a chemical with an IQ of zero. Trust your dreams to your vastly superior intelligence, your greatest weapon of all.

No matter how far we travel or how comfortable we become, there's still just one guiding principle allowing us to remain here on the free side of the bars, while keeping our dependency under arrest on the other ... no nicotine today.

Rewards

Consider reversing your mind-set.
Recovery isn't about punishment but rewards.

Our chemically enslaved survival instincts teacher was compromised by an external chemical and fooled. Its job was to make dopamine pathway activating events nearly impossible in the short term (the time needed for recovery) to forget or ignore.

Except for responding to the wrong input, it functioned as designed. It did its job and did it well. But now it's time for a mind schooled in nicotine dependency and recovery to save the day.

Extinguishing each conditioned use cue rewards us with the return of another aspect of a nicotine-free life. Why fear being able to finish work, a meal, exit a store or drive without experiencing an urge or crave commanding replenishment?

When a crave arrives, think about the prize at the end. Reflect on wanting for more nicotine being permanently evicted from the yard, bathroom, porch, car, work and play, and no longer associated with our relationships, activities or emotions.

Crave episodes reflect evidence of where we've many times been, and what we were forced to do once there. But not anymore! The moments can again be ours.

Moments of subconscious healing are good not bad.



Photo by National Cancer Institute



Photo by National Cancer Institute

Soon, you will have reclaimed so many aspects of life that, like putting together a puzzle, it will reflect a life reclaimed.

Crave Coping Techniques

How do we successfully navigate a less than three minute crave episode? We've already reviewed a few ways, including reaching for your list of reasons for commencing recovery.

Let's take a look at additional coping techniques.

Embracing crave episodes - Upon sensing danger, our survival instincts tell us to either prepare to stand and fight or get ready to run. What approach will you use? Upon encountering a crave episode will you duck and run, or turn and fight?

While the objective is clear - to not use nicotine - our natural instincts on how best to achieve that objective may not be the easiest path to travel.

Can we hide from cravings or will they find us? Can we runaway or will they catch us? It's the same with going toe to toe in battle, isn't it? Can we beat-up craves and make them surrender or cry uncle? Can we scare them away?



Encountering and extinguishing use cues is how we mend, heal, repair and reclaim a nicotine dependent subconscious mind. It's how we destroy use expectations and take back life.

While nicotine is a natural poison, what about craves? Can a crave that lasts a couple of minutes destroy tissues, clog arteries and cause a heart attack or stroke, promote cancer, or contribute to early dementia?

Will a crave cut us, make us bleed or send us to the emergency room? Can it physically harm us? If not, then why fear it, why run, why hide?

How much of the anxiety associated with recovery is self-induced? Nearly all.

So, why agonize over the anticipated arrival of that next crave? Once it does arrive, why immediately begin feeding our mind additional anxieties that only fuel the fire?

Let's not kid ourselves. The anxiety associated with a craving for nicotine is as real as the eyes reading these words. And fear of anxiety hides solutions.

While fully capable of mentally embracing a crave episode's anxiety energy, few have ever done so. Instead, what we feel is a tremendously inflated experience fueled by anticipation, driven by fear, and possibly tense due to a history of prior relapse.

Try this, just once. Instead of inviting your body's fight or flight response to inflame the situation, when the next crave arrives, stop, be brave, drop your guard, take slow deep deliberate breaths and in your mind imagine reaching out and wrapping your arms around the crave's anxiety energy.

It won't harm or hurt you. It's normal to be afraid but be brave for just one moment.

Continue wrapping yourself around the episode while fully embracing it. Continue taking slow deep breaths as you clear your mind of all chatter, worries, fears and thoughts so that you can sense and appreciate the episode's level of raw anxiety.

Touch it, sense it, hug it hard. Doing so will not make it any more intense than it otherwise would have been. You're witnessing a moment of beauty, the most profound subconscious healing you've ever allowed your conscious mind to touch.

Yes, there is anxiety. But possibly for the first time ever, it's not being fed and fueled by you.

Now, feel as the crave episode's energy peak and then begin to gradually subside. You've won! You've reclaimed another aspect of life. And you did so by way of courage not dread, by a hug, not hiding.

You've seen that the greatest challenge presented by natural recovery cannot hurt you. Only we can do that. Embrace recovery don't fear it. There's a special person waiting down the road. Your birthright, it's a long lost friend you'll come to know, savor, enjoy and love.

Distraction coping - Far less courageous, distraction is any mental exercise or physical activity that occupies the conscious mind long enough to allow challenge to pass.

Alphabet or counting association schemes demand some degree of focus and concentration. They provide an instant means of occupying the mind. An alphabet association scheme can be as simple as going through the alphabet while trying to associate each letter with a person, place, animal or food.



Photo by National Cancer Institute

Take food for example. The letter "A" is for grandma's hot apple pie. "B" is for a nice crispy piece of bacon. "C" is for a rich and moist chocolate cake. I challenge you to try and get to the challenging letter "Q" before three minutes

pass and challenge subsides.

Physical distraction possibilities include turning to your favorite non-nicotine activity, a brief period of physical exercise or something as simple as brushing your teeth.

Activities such as screaming into a pillow, squeezing a tree or biting your lip are available should you ever feel a need to vent. The pillow won't scream back, I doubt you'll hurt the tree and your lip will heal.

Relaxation coping - Embracing crave episodes is one means of increasing relaxation by preventing the addition of self-induced anxieties. Meditation is another tool for navigating a cue induced crave episode.

Most forms of meditation use breathing and focus as a means to foster inner peace and tranquility. Research confirms their ability to calm anxieties.³³

Try this. Comfortably sit in a chair or on the floor. Straighten yet relax your spine. Near the level of your naval, lay one hand in the palm of the other with thumbs slightly touching. Gently close your eyes.



Photo by National Cancer Institute

Now allow your breathing to slow and deepen. Calm and settle your mind by focusing exclusively upon the feelings and sensations of breathing.

Focus entirely upon that next breath. Feel the cool air entering your nostrils, and its warmth as you slowly exhale.

When a thought arises don't chase it but instead breathe it away. Continue focusing upon each breath. As challenge subsides, allow yourself to become increasingly aware of your surroundings as you slowly open your eyes.

Instead of focusing upon breathing, other forms of meditation, such as panic attack coping or mindfulness based stress reduction, encourage exclusive focus upon your favorite color, person or that "special place."

We also should mention laughter. Research shows that laughter activates various muscle groups for a few seconds each, which immediately after the laugh leads to general muscle relaxation, which can last up to 45 minutes.³⁴

33 Agency for Healthcare Research and Quality, Meditation Practices for Health: State of the Research, Evidence Report/Technology Assessment Number 155, AHRQ Publication No. 07-E010, June 2007.

34 Paskind J, Effects of laughter on muscle tone, Archives of Neurology & Psychiatry, 1932, Volume 28, Pages 623-628; as

Laughter also induces sporadic deep breathing.³⁵ There's also evidence suggesting that among those with a sense of humor, that laughter and smiling may result in diminished anxiety and stress.³⁶

Remember, this is conditioning that you created. It's now commanding relapse, the introduction of nicotine back into your body. Why not give laughter's calming effects a try. What's there to lose?

Analytical coping - Here, moments of challenge are spent focusing upon and analyzing the situation. Embracing a crave episode fits nicely here too.

So does pulling out and reviewing your list of reasons for commencing recovery. Also consider reviewing them when not feeling challenged, so as to help keep your motivational batteries fully charged.

What cue triggered the episode? While we can't know for certain, what's your best guess? What activity, emotion, person, place or time will you likely be awarded once this episode passes?

Look at a clock and time the episode. How long did it take before its anxieties peaked? Is that shorter or longer than your last challenge? How long had it been since your last significant challenge?



Consider keeping a crave episode log. They make interesting reading. Like medical records, they allow us to quickly look back and see how far we've come. A log can prove valuable while waiting for the final recovery layer to pass, conscious recovery. It's here that the pace of noticeable change will naturally begin to slow.

Oral coping - Oral coping is a form of crutch substitution. It is capable of itself fostering use conditioning which results in continuing crutch use long after all challenge has ended. Using food as an oral crutch can obviously add extra pounds.

All oral coping strategies should be avoided, especially any that imitates use or the handling of any object that imitates your nicotine delivery device.

Imitating any addiction related behavior helps maintain that behavior, delays suppression of old

cited in Bennett MP, et al, Humor and Laughter May Influence Health: III. Laughter and Health Outcomes, Evidence-Based Complementary and Alternative Medicine, March 2008, Volume 5(1), Pages 37-40.

35 Fry W, The respiratory components of mirthful laughter, Journal of Biological Psychology, 1977, Volume 19, Pages 39-50; as cited in Bennett MP, et al, Humor and Laughter May Influence Health: III. Laughter and Health Outcomes, Evidence-Based Complementary and Alternative Medicine, March 2008, Volume 5(1), Pages 37-40.

36 Yovetich NA, et al, Benefits of humor in reduction of threat-induced anxiety, Psychological Reports, February 1990, Volume 66(1), Pages 51-58.

use memories, invites use fixation, prolongs recovery and thus elevates risk of relapse.

If you find yourself reaching for something more substantial than a toothpick or toothbrush, make sure it isn't fattening, that will always be available within seconds, and something you'd be able to do anywhere and anytime for years to come. As Joel suggest, about the only thing that meets that definition is slow deep breathing, which passes air through the mouth.

Consider eating healthy if having difficulty avoiding reaching for extra food. Can you eat an entire apple in 3 minutes? If so, that's 80 calories and 4 grams of fiber.

Five asparagus spears are 20 calories, one medium sized stalk of broccoli is 50, a seven inch carrot is 40 calories, one-sixth of a medium head of cauliflower or two medium stalks of celery total 25 calories, a medium cucumber is 45 calories, a medium orange 80, one medium peach is 40 calories, seven radishes total 20, eight medium strawberries are 70, and one medium tomato is 35 calories.



Pre-cut veggies

Photo by National Cancer Institute

Seasonal, Holiday and Infrequent Cues

Expect to arrive home with a few seasonal, holiday and infrequent use cues not yet encountered and extinguished.

Infrequent cues can be associated with a vacation, a wedding, death, funeral, meeting an old friend or illness. Many infrequent cues have their own histories.

For example, when a cold or flu struck while still using it likely diminished use, thus possibly adding early withdrawal to the illness. When your cold or flu symptoms started to improve you likely quickly increased nicotine use in an effort to catch up and avoid withdrawal.

Thus, you may have trained your subconscious to expect a sudden increase in use following an illness.

The good news is that any remaining subconscious use associations after arriving on Easy Street were likely weak to begin with, as death and illness have hopefully been rare.

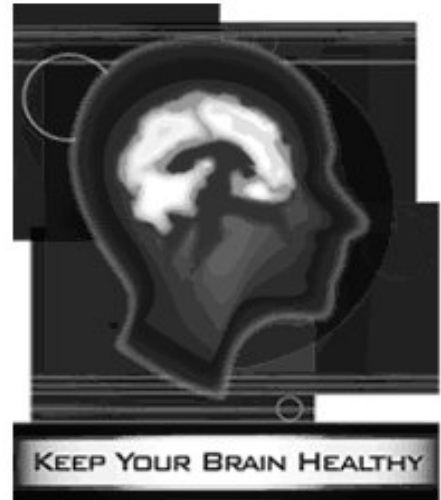
Also, like any relationship, the mind's crave anxiety generator depends heavily upon vibrant and reinforced new use memories for its punch. No new use memories are serving as memory bank infusion reminders for thousands of old use memories. Thus, your crave generator may become so weak over time that future episodes become laughable reminders of your journey home, and an aid to fending off complacency.

During your second nicotine-free lap around the sun, with few exceptions, nearly all nicotine use cues will have been extinguished. Oh, you'll still have conscious use thoughts now and then ([Chapter 12](#)). But if you have let go of your junkie use thinking, they too will grow rare, harmless and laughable.

Now that you know more about subconscious recovery than most physicians (as few medical schools devote any class time to studying cessation), what if it were possible to minimize or eliminate crave episodes altogether? What if use cue extinction could occur without crisis?

The next chapter, [Chapter 12](#), reviews the primary source of crave episode anxieties, our thousands of old nicotine replenishment memories documenting use having satisfied wanting, and the scores of explanations we invented to explain why we would soon use again.

There's still just one rule. It's that one equals all, that lapse equals relapse, that just one puff and nicotine will activate the same brain dopamine circuitry that makes going without eating seem nearly impossible. Why pretend or expect a different result? Still only one rule ... none today!



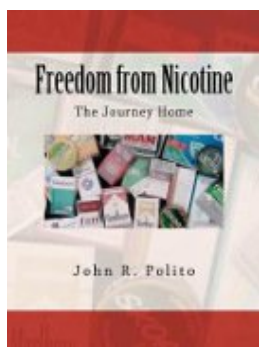
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