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Conscious Recovery

Think of it as journey thinking. The final yet longest layer of recovery is rooted in the time needed to move beyond use related memories, beliefs and thoughts. This chapter's objective is to accelerate conscious recovery.

First, we'll focus on the truth about that pile of old wanting satisfaction memories, the anxiety inviting bars that helped form our prison cell.

Simply put, why invite torment by the lie each memory delivers, that use is the solution to wanting? Also, why be teased by a biological need to feed which no longer exists within 2-3 weeks of ending use?

Next, we'll examine a few additional false use beliefs that our lack of dependency understanding may have forced us to invent.

Simply put, why allow use lies invented by a mind that knew almost nothing about chemical dependency to combine with thousands of old wanting satisfaction memories and fuel irrational fears, anxiety or even panic?

Imagine what would happen if willing to totally let go of all use justifications.

Why not give truth a chance? While freedom begins the moment we say "no" to more, truth offers potential to accelerate transforming "no" into calm.

The Final Truth

Although I have no idea where you are in recovery, or if you've even started yet, let's assume for a moment that you're almost home.

You adopted a protective "one day at a time" recovery outlook that has kept you rooted and grounded in here and now. You learned to remain patient during a less than 3 minutes crave episode clamoring for

compliance. You stuck with it for the full 72 hours needed to empty your body of nicotine. At last you were clean!

Your healing and glory continued for the two to three weeks needed to re-sensitize and down-regulate receptor counts, allowing your brain to fully adjust to functioning without nicotine.

You confronted and extinguished all but remote, infrequent or seasonal subconscious use cues, and are now less than two weeks away from that first full day of total and complete mental quiet and calm, where you never once think about wanting to use.

Still, now, you find moments each day where your mind continues to be occupied with thoughts of using. The waning tease of years old "aaah" wanting satisfaction memories continue to call, each proclaiming that the way to end wanting is to use.

It normally happens something like this. Your eyes, nose or hearing sense some aspect of use, or a fleeting thought turns your attention to the subject of using.

Before you know it, old use memories begin suggesting that use can end wanting. An internal debate commences, as an old use justification enters your mind and bumps heads with the reality that you've already stopped.

Before considering the use rationalization that surfaced, let's reflect on a few truths about the pile of old use memories that awakened it. Why? Because while we cannot erase them, honest light can diminish or even eliminate their pester and tease.

Recall the 1990 Brandon study reviewed in Chapter 2. It followed and examined lapse and relapse in smokers who'd successfully completed a two-week cessation program.[1] It also documented the primary emotion felt immediately after relapse.

Assume that many of them were close to where I've asked you to pretend you are now, a couple of weeks away from that first full day without wanting.

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1 Brandon, TH et al, Postcessation cigarette use: the process of relapse, Addictive Behaviors, 1990; 15(2), pages 105-114.

You've already succeeded in fully navigating physical withdrawal. There is no chemical missing and no chemical in need of replenishment. Your brain has fully re-sensitized and down-regulated. The biological need for nicotine in order to maintain the addict's sense of "nicotine normal" no longer exists. Your brain's sense of normal (homeostasis) has been restored. Background dopamine levels (tonic levels) are elevated, and their decline no longer induces wanting for nicotine.

So, with nothing missing, what would be the primary emotion you'd expect to experience if you lapsed and used nicotine? According to the Brandon study, the vast majority had a negative reaction.

Among them, 13% felt depressed and hopeless, 33% experienced anxiety and tension, 16% were angry and irritated, and 12% felt boredom or fatigue. Only 3.6% reported what most of us would have expected following normal replenishment, which was "feeling relaxed."

Photo by National Cancer Institute

There's no denying that sagging blood nicotine levels reduced background or tonic dopamine, which generated wanting. Each nicotine fix stimulated the release of a burst of dopamine (a phasic release) which elevated tonic levels and satisfied wanting.

Each use also created a new high definition dopamine pathway memory of how wanting was satisfied. Collectively, thousands of old such use memories daily pounded home the message that use satisfies wanting. Together, they helped form our prison cell, a thick wall preventing us from seeing truth.

More easily seen during this final layer of recovery, their collective influence invites and fosters use anxieties. While still using, those anxieties motivated us to invent use compliance rationalizations.

Now during recovery, if allowed, debating and struggling with our use

rationalizations can foster anxiety.

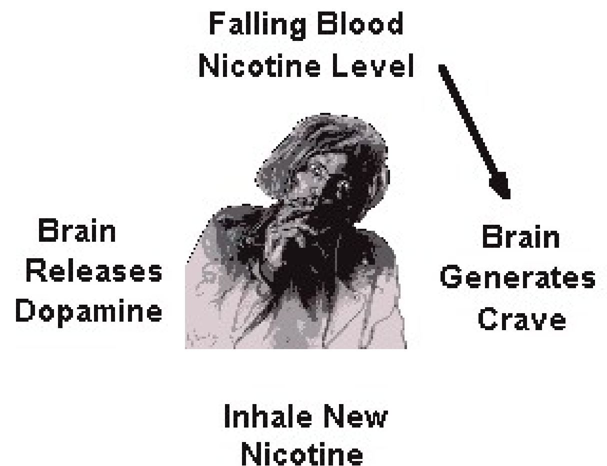
Yes, although temporary, each fix brought the addict a true sense of relief. And yes, wanting satisfaction memories were valid when made. However, one critical factor has changed. The brain has now fully adjusted to functioning without nicotine. There is nothing missing.

If we visit online recovery forums and dig back through messages describing relapses that occurred beyond week 2-3 weeks, those describing the sensations they experienced have a common ring.

They read like this, "I had a mouth full of smoke, I was dizzy and I coughed, but I didn't get the sense of satisfaction I expected. It just didn't come!"

Lizzy, a member of WhyQuit's Freedom support site wrote:

> "The first cigarette after four years tasted like Luther's Boot. It was horrible. I smoked the whole thing wondering why I was smoking it (answer: tequila and complacency). I woke up the next morning feeling worse than any hangover could possibly feel, because I wasn't hungover."
>
> "I'd inhaled poison the night before. My head was killing me, I felt nauseous and my lung felt as though I'd sucked up broken glass. There was no 'aaah' feeling. It was more like 'aauugghh!!!' What had I done to myself?"[2]



Thousands of enticing old use memories stored in the prefrontal cortex tell the relapsing person to expect a sense of relief and satisfaction, that use will satisfy wanting.

2 LizzyB, The Final Truth, Response #11, Freedom from Nicotine, June 26, 2006.

But in that their brain had already fully adjusted to functioning without nicotine, their wanting itself was memory based, and the expected "aaah" wasn't there. Unlike when those old "aaah" sensations were recorded, there was nothing missing and nothing in need of replenishment.

Photo by National Cancer Institute

Memories suggested a physical need that no longer existed. We blamed the absence of nicotine for each memory's tease, thus, in our minds, transforming the culprit into a cure. So, with great expectations they took that first hit of nicotine and it failed to measure up.

Photo by National Institute on Drug Abuse

What happens next? Sadly, the uneducated user is likely clueless as to why lapse didn't match expectations. They'll find the absence of an "aaah" wanting relief sensation hard to believe.

They know that the satisfaction message being shouted by thousands of old replenishment memories was true when made. Although relapse has already occurred and full blown wanting and begging will soon return, they'll likely keep digging inside the pack, pouch, tin, packet, tube or box, trying to get use to match expectations.

Eventually they'll succeed. Active dependency is soon restored, often with an increase in level of use (a tolerance increase possibly due to

nicotine binge gorging following relapse).

Now, they can look in the mirror and say to themselves, "See, I was right." "Smoking did bring me a relaxed "aaah" feeling and sense of relief!"

Still, the basic wanting satisfaction message suggested by each old use memory was a lie even when made. Use cannot and does not end wanting. To the contrary, it's the only way to ensure its survival. The only way to end wanting is to navigate this temporary period of re-adjustment called recovery.

Realize that all memories of that "perfect" fix were created inside the mind of an actively feeding drug addict riding an endless cycle of nicotine/dopamine highs and lows. While thousands of old replenishment memories document use giving us a brief pause in wanting, they belong to who we once were.

While who we once were demanded explanation, our dignity needed to survive.

Dignity's Denial

As teenagers, what most of us thought would be a brief rebellious experiment was quickly transformed into a powerful permanent chemical addiction, as occasional nicotine use became regular, and optional use mandatory.

Studies confirm that for some of us it only took coughing and hacking our way through a couple of cigarettes before slavery's shackles began to tighten.[3]

Five, ten, fifteen nicotine fixes a day - when would enough be enough? "Tomorrow, tomorrow" became the lifetime cry of millions. Welcome to the realities of chemical servitude, a world built upon lies.

Science calls our lies denial. Denial is an unconscious defense mechanism, just below the surface, for resolving the emotional conflict and anxieties that naturally arise from living in a permanent state of self-destructive

3 DiFranza JR, Hooked from the first cigarette, Scientific American, May 2008, Volume 298(5), Pages 82-87.

bondage.

The three primary areas of denial relied upon by nicotine addicts are dependency denial, cost denial and recovery denial. In each, truth is sacrificed for piece of mind or to justify relapse.

Nearly every nicotine addict we'll see today is insulated from the pain of captivity by a thick blanket of denial rationalizations, minimizations, fault projections, escapes, intellectualizations and delusions.

Together, they create the illusion that a problem either doesn't exist or is somehow being solved.

The average addict musters the confidence to challenge their addiction once every two to three years. Not knowing the Law of Addiction and fighting in total darkness, each year, only about 1 in 20 attempts will succeed in breaking free for an entire year.

With respect to smoking, by far the most destructive and deadliest form of nicotine delivery, eventually roughly half successfully commit slow suicide via smoke's toxins.

There are more than five million senseless self-destructions annually. They stand as irrefutable evidence of denial's depth in insulating us from the extreme price paid with each puff, a bit more of life itself.

Once we've accepted that the basic message delivered by thousands of old replenishment memories is false, this final layer of recovery offers opportunity to laugh at use explanations once deeply believed.

First, let's be clear. One need not do anything to succeed except to fully end use. It's how the vast majority of "real-world" ex-users did it.

They simply waited and allowed sufficient time to pass until both the tease

of their pile of old wanting satisfaction memories and their use justifications faded into calm.

Can we accelerate the process by seeing the truth about both? Absolutely!

Imagine having a brain wanting disorder, a mental illness as real and permanent as alcoholism and not knowing it. Imagine residing inside a chemically dependent mind yet not realizing that it had de-sensitized itself by growing millions of extra receptors in multiple brain regions. Imagine no awareness that nicotine controls the flow of more than 100 chemicals inside our body.

But we didn't need such details to know we were hooked. We'd already experienced increased anxieties after having waited too long between feedings. Deep down, we knew we'd lost the ability to simply turn and walk away.

And even though we'd tried to tune it out, we also couldn't help but hear the dull roar of the endless stream of new medical studies. They reminded us how each and every puff destroys more of our body's ability to receive and transport life-giving oxygen.

They warned of the deadly consequences of continuing to inhale the 81 cancer causing chemicals so far identified in cigarette smoke, or the 28 found in smokeless tobacco juices. We knew we were slowly building cancer time bombs throughout our body. What we didn't know was how to stop building and start diffusing.

So how did our conscious mind cope with the sobering reality that our brain was slave to its own self-destruction? How did we look in the mirror each morning and maintain any sense of dignity, self-worth or self-respect while constantly being reminded that we were prisoners to dependency, decay, disease and death?

As smokers, how did we cope with each day bringing ourselves a bit closer to completing the act of committing chemical suicide? It was easy. We learned to lie.

We called upon our intelligence and conscious mind to help build a thick

protective wall of denial that would insulate us from our dependency's hard, cold realities. Our basic wall building tools were conscious rationalizations, minimizations and blame transference.

We could then hide when those on the outside felt the need to remind us of who we really were, and what we were doing. It was also a place to hide when craves and urges reminded us that nicotine use was no longer optional, a home to explanations for our involuntary obedience to them.

Although nicotine's two-hour half-life was the basic clock governing mandatory feeding times, we became creative in inventing alternative justifications and explanations.

While most of us admitted to being hooked, we minimized the situation by pretending that all we really had was some "nasty little habit."

In our pre-dependency days (if there were any, as some of us were born hooked), there was no dopamine pathway wanting motivating use. But once feedings became mandatory, it didn't matter how we felt about them. Choice was no longer an issue.

Even if we didn't fully appreciate our new state of permanent chemical captivity, we rationalized the situation based upon what we found ourselves doing.

Tearing Down the Wall

In Chapter 4 we reviewed common use rationalizations. We learned that Nicodemon does not exist. Nor are there any other internal monsters. Repeated use fathered dopamine pathway chemical dependency. Dependency combined use patterns, conditioning, sensations and rationalizations to father a full-blown addiction.

Nicotine is not a friend and using isn't about love, flavor, pleasure, boredom, concentration, making coffee taste better or stress reduction.

Such rationalizations insulated us from a harsh world that was often in our face and just wouldn't let up. They were bricks in a wall made thicker by each empty pack, tin, pouch, tube, box or cartridge. Our only wall building

limitation in adding new bricks was our imagination.

Have you ever noticed just how challenging it is to coax a smoker or oral user out from behind their wall? Give it a try. It's one of life's greatest challenges.

After years and hundreds of additions, like a turtle drawing into its shell, it's a solid and secure place to hide from those seeking to impose their will upon us.

Dependency's protectors, during recovery the wall's bricks, the lies we invented, become the enemy. Unchallenged, they provide super fuel for relapse. Especially here, during recovery's final phase, once no longer clouded or obscured by physical, emotional or subconscious challenge.

Here, a simple sight, sound or smell can awaken our use memory bank's collective influence. Its tease invites remaining use rationalizations to surface. Combining old use memories with a use justification can leave the new ex-user feeling overwhelmed and debating whether it's all worth it.

Rest assured, take heart. The peace and tranquility once addiction's chatter ends is worth thousands of times more than the price of admission.

Again, it's not necessary that any of us set out to intentionally dismantle our wall of denial. Time will eventually wear it down so long as, just one hour, challenge and day at a time, we keep our dependency under arrest.

But in that our wall simply reflects rationalizations that we ourselves created, we have it within us to rethink each, thus diminishing or even destroying their influence upon us.

Still, that's easier said than done. Why? Because each use justifications is rooted in truth avoidance, the exact opposite of what's needed to let go of it.

"**Just think about something else**"**?** - Our natural instinct is to try to ignore or suppress "junkie thinking" when it attempts to take root and play inside our mind. "Just try to think about something else."

Research shows that attempts at thought suppression may actually have the reverse effect of causing the thought to-be-suppressed to intrude with greater frequency into our consciousness.[4]

Photo by National Cancer Institute

Trying to think about something else often backfires making things worse. As Joel notes, the core of most internal debates likely involves fixation on the thought of having "just one," "one puff," "one cigarette" or "one fix."

"It's hard to think about something else because one puff seems like such a wonderful concept. They are often reminiscing about one of the best cigarettes, or more accurately, about the sensation around one of the best fixes they ever had. It may be one they smoked 20 years earlier but that is the one they are focused on," notes Joel.

"So what about thinking about something else? Well, it's hard to think of something else that can deliver such pleasure as this magic memory," suggests Joel. "Even if they successfully think of something else and overcome that urge, they walk away from the moment with a sense of longing or sadness with what they have just been deprived of again."

Keep in mind that their "pleasure" and "magic memory" is likely associated with ending one of the most intense moments of wanting their addiction ever mustered.

So, what works instead? "Change the tactic," advises Joel. "Instead of trying (often unsuccessfully) to think of something else, acknowledge the desire. Don't tell yourself you don't want one, you do and you know it."

"But remember there is a catch. To take the one you have to have all the others with it. And with the others, you have to take all the problems that go with 'them.' The smell, the expense, the embarrassment, social

4 Rassin E, et al, Paradoxical and less paradoxical effects of thought suppression: a critical review, Clinical Psychology Review, Nov. 2000, Volume 20(8), Pages 973-995.

ostracization, the total loss of control, and the health implications."

Joel encourages us to see "just one" for the falsehood it reflects. By thinking about the entire spectrum of dependency that comes with "just one" we can walk away from the encounter feeling good about breaking free. We won't feel deprived but grateful.

The more vividly and accurately we are able to recall full-blown dependency, the less we'll think about it. "In a sense forcing yourself to remember will help you forget," Joel notes. "Not forget using, but the fantasy, the appeal of a nicotine fix."[5]

As with "just one," "just once," instead of trying to run or hide from use rationalizations that enter your mind, grab each by the horns. And don't let go until you've turned it inside out.

Think about the enslaved mind that created it. How much did any of us then know about nicotine dependency? Examine each use rationalization in honest light. Do you recall where it came from? Is that how you felt the very first time you used nicotine? Does tobacco industry store marketing play to it?

Would relapse somehow make the rationalization permanently go away, or instead guarantee its survival? Can you say with certainty that it's true and honest, or was it invented by a mind that needed justification for answering nicotine's next dinner bell?

Whether we choose to attempt to destroy rationalizations with honesty or wait for new non-use memories to suppress them, the day is approaching when you'll awaken to an expectation of going your entire day without once wanting to use.

Oh, you'll still have thoughts now and then, but with decreasing frequency, shorter duration and declining intensity. They'll become the exception, not the rule.

They say that "truth shall set us free" but there's an even better guarantee. It's impossible to lose our freedom so long as we refuse to allow nicotine

5 Spitzer, J, "Just think about smoking else," August 31, 2002, http://www.ffn.yuku.com/topic/12581

back into our body.

The next few minutes are all that matter and each is entirely do-able. Thoughts or no thoughts, there was always only one rule ... no nicotine today, NONE (**NO N**icotine **E**ver)!

More Lies

In Chapter 4 we examined the primary, common, and most threatening use rationalizations. That's why they were placed in the front of FFN-TJH. If just getting started, they posed the greatest threat.
Let's look at a few more. But why? Because use justifications invaded nearly every aspect of our thinking. Unless willing to let go, we not only risk becoming a reluctant ex-user, down the road they become complacency's seeds for relapse.

Letting go requires awareness that something is being retained. While we each invented our own unique list of use excuses, between Chapter 4 and here we'll hopefully touch on most. It's my hope that the following additional examples provoke awareness of additional areas of use thinking in need of honest reflection.

As mentioned earlier, conscious rationalizations usually fall into one of three categories: dependency, cost or recovery.

Dependency Rationalizations

Dependency rationalizations seek to deny or minimize being hooked, or suggest reasons for continuing use. Let's look at a few examples.

- **"I don't even know if I'm hooked. I've never tried stopping"** - Some have never made a serious recovery attempt. But why? What better way of never having to admit chemical dependency or experience defeat than by avoiding evidence that a problem exists?

- **"I only use once daily!" -** Some rationalize that their use level is too little to be addicted, lie about how much they use, or if addicted, believe that they are somehow better than other users because they used less frequently. The need for such minimization is evidence

itself of dependency denial. Being a little bit addicted is like being a little bit dead.

- **"I don't use!"** - Even worse are the closet smokers like my grandma Polito who constantly tried to convince us that the thick cloud of smoke rolling out of the bathroom behind her simply wasn't there. How much more visible could denial be?

- **"I only smoke because it gives me something to do with my hands"** - Whittling wood, knitting and juggling are also things to do with our hands and they don't come with a 50 percent chance of life ending 13-14 years early.

  Such weak dependency denial rationalizations ignore that doodling with a pen, playing with coins, squeezing a ball or using strength grippers may be habit forming but are non-addictive. While we might get ink on ourselves, become rich or develop massive forearms, our chance of serious injury, disease or death is near zero.

- **"It's my right to blow smoke!" -** Truth is, we were chemically obligated to blow smoke. And as far as smoking rights, they continue to evaporate. Social controls to protect the rights of non-smokers continue sweeping the globe.

  If smoking nicotine truly is as addictive as heroin, should we be surprised as society continues its march toward banning smoking within view of children? It's already happening in parks, on beaches, on hospital grounds, and on entire college campuses. It's increasingly an issue in determining child custody and visitation obligations in divorce actions.

  And where permitted by law, employers are beginning to refuse to hire those testing positive for nicotine or cotinine.

- **"These new flavors are fantastic!" -** Pina colada, pumpkin pie, watermelon, pralines n' cream, marshmallow, raspberry cheesecake, peach schnapps, maple, sugar cookie, key lime, chocolate mint, bubble gum, pineapple, electronic cigarette e-liquid nicotine is today available in every flavor imaginable.

The nicotine addiction industry is providing those hooked on replacement nicotine or e-cigarettes plenty of reasons to explain continued use.

But how many chew expensive cinnamon or fruit flavored nicotine gum 5, 10 or 15 times daily because of great tasting fruit, mint or cinnamon? How many suck or vape cappuccino flavored nicotine because of a deep love for the taste of coffee?

And where does the e-cigarette user turn when their last atomizer breaks? A straw maybe? Slow deep breaths? I don't think so.

- **"I'll cut down or smoke just one now and then" -** Such rationalizations pretend that chemical dependency is some nasty little habit capable of manipulation, modification and control. We are drug addicts. Although accompanied by alertness, the dopamine pathway wanting we feel for nicotine is no different from the dopamine pathway wanting felt by the crack, heroin or meth addict.

  Using less than our level of tolerance demands will likely leave us in a perpetual state of withdrawal. While we may use less often, we can compensate by smoking, chewing or sucking harder, or if a smoker by sucking deeper and holding it longer.

Cost Rationalizations

Cost rationalizations either deny or minimize use harms or costs. Here are a few of the more common ones.

- **"I vape e-cigs and it's vastly safer." -** While likely and hopefully true, we have little current appreciation for what "safer" really means. Long overdue research into health risks associated cleaner forms of delivery is finally receiving attention. It's being motivated by an increasing percentage of users transferring their dependency to oral tobacco, replacement nicotine or electronic cigarettes.

  But results will arrive slowly. A glaring defect in most current harm reduction risk analysis is that risk calculations are being created by

studying oral tobacco or snus users, most of whom had little or no prior smoking history. For example, it may be decades before we have a firm grasp on the health risks of inhaling vaporized nicotine into lung already damages by years or decades of smoking.

A 2008 study found that the odds of a smokeless tobacco user experiencing a fatal ischemic stroke were 72% greater than for non-users.[6] How many more years before e-cig users know their stroke risks?

Does it make sense to suggest to a smoker with 20 pack-years of damage to their body that if they transfer to smokeless tobacco that they'll suddenly have the same risks as a smokeless user who never smoked?

- **"I smoke lights and they're not as bad" -** Lights and ultra-lights are fully capable of delivering the same amount of tar and nicotine as most regular brands, depending on how they're smoked.

  They do not reduce most health risks including risk of heart disease or cancer. In fact, those who smoke them often compensate by covering the holes with their lips or by taking longer or deeper drags, thus introducing more tar not less.

- **"I'm only hurting me!"** - Reflect upon the emotional pain and financial loss your needless dying and death would inflict upon loved ones. How should they explain your death? Was it an accident? Were you murdered? Was it stupidity? Was it suicide? Did you intentionally kill yourself?

- **"Cessation causes weight gain and that's just as dangerous" -** This intellectual denial pre-assumes a large weight gain and then makes an erroneous judgment regarding relative risks. Recovery does not increase body weight, eating does.

  Metabolic changes may account for a pound or two. But you'd have to gain an additional 75 pounds in order to equal the health risks associated with smoking one pack-a-day (Whelan, A Smoking Gun,

6 Hergens MP, et al, Smokeless tobacco and the risk of stroke, Epidemiology, November 2008, Volume 19(6), Pages 794-799.

1984).

- **"It's too painful to stop!" -** Compared to what? Imagine a diagnosis of lung cancer and having your left lung ripped out, followed by chemotherapy. Imagine years spent trying to recover from a serious stroke or massive heart attack, or fighting for every breath through emphysema-riddled lungs as the twelve steps to the bathroom totally exhaust you, as you drag your oxygen along too.

- **"There's still plenty of time left to stop" -** Keep in mind that one-quarter of all adult smokers are being claimed in middle-age, each an average of 22.5 years early. Also keep in mind that such figures are just averages, that many die sooner. We've been sharing stories of young victims at WhyQuit since 1999. The common thread among most claimed in their 30s or 40s is that they started using while still children or in their early teens.

- **"A cure for cancer is coming soon" -** Between Europe and North America, tobacco will claim more than one million victims this year. How many of them thought that a cure was on the way? Sadly, it was false hope.

  Which type of lung cancer are you hoping they'll cure: squamous cell, oat cell, adenocarcinoma, or one of the less common forms?

  Even if the right cure arrives, what will be left of your lungs by the time it gets here? If gambling on "how" tobacco will kill you, don't forget to consider heart attack, stroke and emphysema.

- **"Lots of smokers live until ripe old age" -** Look around. Old vibrant smokers are rare. If you do find old smokers almost all are in poor health or in advanced stages of smoking related diseases, with many on oxygen. Smokers tend to think only in terms of dying from lung cancer when tobacco kills in many ways.

  For example, circulatory disease caused by smoking kills more smokers each year than lung cancer. Some point to actor George Burns who smoked cigars and lived to age 100. But how long would George have lived and how healthy would he have been if he hadn't

smoked cigars? What's wrong with living a long and healthy life?

- **"It's too late now to heal these lungs" -** Nonsense! Tissues not damaged beyond repair will heal and may provide a substantial increase in overall lung function.[7] Even with emphysema, although destroyed air sacs will never again function, recovery will halt the needless destruction of additional tissues.

- **"We have to die of something" -** This rationalization all but admits our own intentional slow-suicide. But I challenge you to locate even one terminal lung cancer patient who wasn't horrified upon learning that they'd actually succeeded.

  Some apply the cup half-full rationalization to smoking's 50% adult kill rate,[8] suggesting that what it really means is that there's a 50% chance that "smoking won't kill me." Try to name any other activity in which we'd willingly participate if there were a 50% chance of death.

Recovery Rationalizations

Here are a few recovery rationalizations, each designed to postpone or delay cessation.

- **"I'll stop after the next pack, next carton, next month, my next birthday or New Years' day" -** I hate to think about how many times I lied to myself with such nonsense. And which pack, carton, month or birthday offers the best chance for success?

  Why did I limit myself to always purchasing only a one-day's supply? Because tomorrow was always the day I'd stop and I couldn't see throwing extra packs away.

- **"I'll stop next week" -** For some of us it was always next week, next month or next year. Others go so far as to actually set a date. Doing so always made today's use more tolerable, as we pretended

7 Buist AS, The effect of smoking cessation and modification on lung function, The American Review of Respiratory Disease, July 1976, Volume 114(1), Pages 115-122.

8 Wald NJ and Hackshaw AK, Cigarette smoking: an epidemiological overview, British Medical Bulletin, January 1996, Volume 52(1), Pages 3-11.

that our problem would soon be solved.

- **"I'm waiting on a painless cure" -** Don't hold your breath. The day science can make our mother's death painless -- so as to avoid any emotional loss -- is the day it will be capable of erasing the emotional loss associated with ending the most dependable chemical relationship we've likely ever known.

- **"The 3rd generation vaccine is coming!"** - NRT, Zyban, Chantix or Champix, and failure of two generations of vaccines, nicotine addicts have been teased for decades with promises that new magic cures were on the way.

  Most recently, the promise was that four to five vaccine shots over six months would cause the body's immune system to create large antibodies, that would quickly bond with nicotine molecules, making them too large to cross through the blood-brain protective filtering barrier and stimulate dopamine pathways.

  It was wishful thinking. It didn't work. Vaccine users found ways to relapse even with all those expensive injections and antibodies everywhere.[9]

  Wall Street Journal headlines declared in June 2012 that "Vaccine Shows Promise for Nicotine Addiction."[10] Instead of injecting antibodies, the new vaccine tricks the liver into constantly producing them, at least in mice.

  And as the WSJ article notes, therein lies the problem, "making the leap from [mice] to people will be a challenge. Other recent attempts failed to prove effective in people after initially encouraging animal studies."

- **"My family can't handle recovery" -** Blame transference seeks to place the cause for defeat upon others. It's easy to intentionally exaggerate withdrawal via anger or other antics, to the point of making life a living hell for friends, loved ones or co-workers.

9 Cornuz J, et al, A vaccine against nicotine for smoking cessation: a randomized controlled trial, Plos One. 2008 Jun 25;3(6):e2547.
10 Winslow, Ron, Vaccine Shows Promise for Nicotine Addiction, Wall Street Journal, June 27, 2012

Transference can blame relapse on a lack of support, a relationship, stressful times, financial hardship, other smokers, alcohol or even our job.

- **"I won't be able to stop unless someone stops with me" -** Many pretend that they cannot succeed because their husband, wife or friend won't stop too. This procrastination brick allows use to continue until someone else takes action. What if they never stop?

  Sadly, millions ride this waiting rationalization all the way to an early grave. It's nice when friends or loved ones make this journey with us. But if not happening, someone needs to be brave and go first. Then, it's simply a matter of being patient and teaching by example, allowing them to observe freedom's full glory.

- **"Mom just died. Now just isn't the time" -** Smoking won't bring back mom or dad, nor cure any other ill in life. As Joel teaches, success during a period of high stress insures that future high stress situations won't serve as justification for relapse.

- **"I'd stop but withdrawal never ends!" -** Hogwash! Why not disprove this one by living the truth? Give it a go!

- **"If I stop, I'll just start back again. I always do"** - Truth is, we do not have to relapse. Relapse occurs because we fail to respect the Law of Addiction. We violate the Law because we allow ourselves to forget why we stopped or invent some lame excuse such as those above.

  In fact, this recovery is absolutely guaranteed to be our last ever, so long as nicotine never again finds its way into our bloodstream, so long as we continue to live on the right side of the "Law."

Conscious Fixation

As mentioned, we do our thinking inside our prefrontal cortex, the large lobe behind our forehead. Conscious fixation is the ability of the rational thinking mind to become completely engrossed, absorbed and preoccupied with a single subject, issue or train of thought.

As you'll recall, while subconscious conditioning somehow limits the duration of a cue triggered crave episode to three-minutes or less, conscious fixation can last as long as our ability to concentrate, remain focused and stay absorbed.

How will you react when thoughts of "wanting" to use begin bantering about inside your mind? Will you fixate upon them or instead seize the moment as an opportunity for conscious healing?

Photo by National Cancer Institute

Wanting's arrival presents a chance to reflect upon both wanting's source or foundation, and the thinking or debate that follows.

Don't worry. Neither fixation nor analyzing it can harm us. In fact, as Joel often reminds us, it's impossible to relapse by thinking. Only action can destroy our healing and glory.

Clearly, we cannot erase thousands of old wanting satisfaction memories, or the use justifications we invented to explain creating another. What we can do is use honesty and insights to destroy their influence upon us.

Instead of an addict's use memories becoming fuel for fixation and relapse, truth and understanding can transform them into laughable reminders of the prison we once called home.

While still using, how many times did we reach for and rely upon each of our use excuses? During recovery, how many times will each use excuse pop into our mind? The arrival of each is a golden opportunity for a mind no longer under nicotine's influence to analyze a drug addict's use justifications in honest light.

It's a chance to use insight and understanding to recast hundreds or even thousands of similar dependency memories all at once. Such repainting or recasting of use thinking can accelerate recovery.

Still, there may be one or more elements of junkie thinking that seem difficult to let go. There may be one or more attractions to nicotine use that truth and insight fail to impact. If so, accept them, for now, and move on. But in doing so, try to fit any such remaining attractions into the bigger dependency picture.

If willing to be brutally honest about the prison cell we once called home, little will remain to embrace. Like eyes on a potato, any lingering romantic use rationalizations will be surrounded by tasty and edible truths.

The concern is that once home and residing here on Easy Street that, like fertilizer, complacency can cause those remaining eyes to begin to sprout, grow and eventually destroy the tastiness surrounding them.

Staying focused on dependency's bigger picture -- that one equals all -- can help keep their influence in perspective.

Photo by National Cancer Institute

We sometimes encounter long-term ex-users whose remaining use rationalizations are beginning to combine with complacency to elevate risk of relapse. Some will disclose that they still think about using and have recently found themselves doing so more frequently. A few questions may aid in helping them regain perspective.

- When was the last time you experienced an urge to use?
- What thoughts went through your mind?
- How long did it last? How intense was it?
- How long before that urge did you experience your previous urge?
- If you don't mind sharing, what did you like most about using?
- What did you dislike most?
- Do you understand that for ex-users that there's no such thing as just one?

Those in the first few days of recovery would laugh at what the long-term

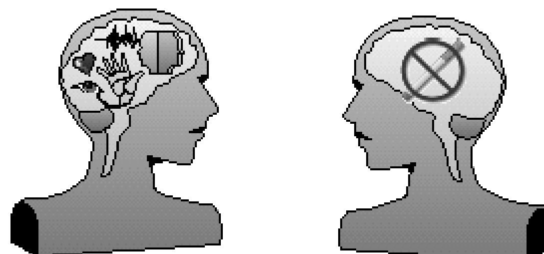
ex-user considered an "urge." Normally it's a brief passing thought that lasts seconds and is quickly abandoned.

Digging deeper may allow identification of the particular rationalization that was likely never directly confronted during recovery. Unchallenged, like a cancer, its significance now grows.

So called "experts" claim that nicotine dependency is a chronic relapsing condition. But it doesn't have to be. Still, you'll sometimes meet current smokers who'll tell you that they once stopped for 5, 10 or even 20 years and then smoked one, and soon found themselves smoking more than ever.

Many can recall the use rationalization they fixated upon in the seconds before relapse. Amazingly, some still believe in it even though it cost them their freedom.

Imagine for a moment that once here on Easy Street that you've brought one or two remaining romantic use notions with you. If so, consider wrapping them in this often quoted recovery mantra:



"I'd
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The Joy of Smoking?

Out on the town, you watch as your good friend Bill lights-up and sucks down a deliciously deep puff, and then lays the pack on the table between you.

Cindy, your talkative co-worker, blows smoke your way while gloriously waving her cigarette like a conductor's baton.
Arthur and Denise, two smoking strangers, gravitate toward one another and engage in light-hearted conversation while guarding a store's entrance.

While stopped at a light, Ellen inhales a deep and relaxing puff in the car beside you.

"Oh but to again share in the joys of smoking," you think to yourself, "to puff, to taste, to blow, then relax."

The joys of smoking? Joy?

Yesterday, Bill stepped in a pile of dog dung but failed to notice until he turned and was puzzled by the strange brown tracks across his sky blue carpet that lead to his right shoe. Bill's sniffer has been almost useless for more than 20 years.

A pack and a half a day smoker, he's experienced two cases of pneumonia over the past 3 winters, with the last one putting him in bed for 6 days. Struggling for each breath, Bill still managed to smoke a couple each day. His doctor has pleaded with him for years to stop. But, having already tired and failed using every new product his doctor recommended, he feels like a total and complete failure.

Cindy's two teenage sons harass her almost daily about her smoking. They can't walk anywhere as a family without her cigarette smoke finding the boys. When it does, they make her want to crawl into a hole, as they both start coughing and gagging as if dying. When smoking, they never walk together. It's either ahead or behind for mom.

Her parents are non-smokers. She dreads the seven hour drive to their home next week but can no longer make excuses for visiting only once in 3 years. Cindy knows that they'll pass three rest areas along the interstate, but it will be difficult to fib about having to go to the bathroom at all three. Two will have to do.

The date for the trip arrives. She skips making breakfast to ensure that the boys will demand that they stop to eat along the way. Cindy shakes her head after coming back in from loading up the car. Not only does she have a cigarette in her hand, the ashtray on the table is smoking one too. Before leaving town, she stops to fill up with gas. She feels far more secure after stuffing two new packs into her purse, while sneaking two quick puffs on the way back to the car.

Arthur, a 54-year-old pack-a-day smoker, has small cell lung cancer in the right lobe. His fast growing tumor is now almost three months old and a little bigger than an orange. As he sits rolling coins to purchase the 20 milligrams of mandatory daily nicotine needed to stay within his comfort zone, he does not yet know he has cancer.

Although he has twice coughed up a small bit of bloody mucus, he quickly dismissed it both times.

Frankly, he just doesn't want to know. There is a bit of chest pain but that's nothing new, as chest tightness has occurred on and off for the past couple of years.

Additional thick bloody mucus will soon scare Arthur into a doctor visit and a chest x-ray. The delay will cost him a lung. During the 4 months that follow, he'll battle hard to save his life. In the end Arthur will lose. His fate is the same as 92% diagnosed with stage III small cell lung cancer, death within five years.

A workaholic, Ellen has done very well financially. Her life seems to have everything except companionship. A three pack-a-day smoker, she constantly smells like a walking tobacco factory and often turns heads and noses when entering a room. A serious chain-smoker, she tells those around her that she enjoys her cigarettes.

Deep down, she knows that she is a drug addict and believes that she just can't quit. Her car windows, house blinds and forehead continually share a common guest, a thin oily film of tobacco tar. Ellen has a date next Friday, a two pack-a-day smoker named Ed. They'll find comfort in sharing their addictions.

Denise started smoking at age 13 while her lungs were still developing. Constantly clearing her throat, month by month her breathing capacity continues to slowly deteriorate. Smoking lines and wrinkles above and below her lips have aged a once attractive face far quicker than its 32 years.

Considered "cool" when she became hooked, the government recently banned smoking in all public buildings. The headline in the local paper she's holding is about the city proposing a ban on smoking in the park across the street.

About to lose her smoking park bench and feeling like a hopelessly addicted social outcast, a single tear works its way down her cheek.

Why? Because 15 pounds overweight to begin with, a year ago Denise successfully broke free for almost 2 months by exchanging cigarettes for a new crutch called food. She threw in the towel after outgrowing her entire wardrobe. Three months following relapse and still depressed over her defeat, all the new weight remains with her.

Already on high-blood pressure medication, Denise is about to become a regular user of anti-depressants too.

The joy of smoking? Joy?

Fortunately for Denise, a caring friend will tell her about a free online forum called WhyQuit.com. There, Denise will discover the core principles underlying her almost two decades of chemical dependency upon nicotine.

She'll develop the patience, outlook and understanding needed to navigate this temporary period of re-adjustment called recovery. She'll also develop the mental skills and healthy body needed to successfully tackle her

unwanted pounds. How? Just one ounce at a time.

All that matters are the next few minutes and each is entirely do-able. There will always be only one rule that comes with a 100% guarantee of success for all who follow it ... no nicotine today!

Breathe deep, hug hard, live long,

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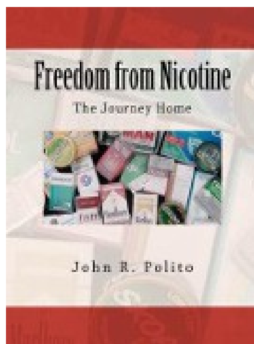

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