

Joel's Reinforcement Library

NEVER TAKE ANOTHER PUFF!

"I Liked My Other Smoking Clinic More!"

Almost 20 years ago when I was conducting one of my first Stop Smoking Clinics, one of the successful participants, a lady named Barbara, told me that she had once attended another clinic and liked it more than ours. I asked her how long she had quit for in that program and she said, "Oh, I didn't quit at all." I then asked her how many of the other people quit. She replied, "I don't know if anybody quit." I then asked, if nobody quit, why did she like the program more? She answered, "When I completed the program, I didn't feel bad about smoking!"

The task of any smoking clinic should be to help the participant break free from the powerful grip of nicotine addiction. To do this, each participant needs to have a thorough understanding of both why he or she smokes and the consequences associated with maintaining use of cigarettes. Cigarettes are addictive, expensive, socially unacceptable and deadly. How in the world can any individual or clinic realize these effects and minimize the significance to the point where a smoker doesn't feel bad smoking?

The natural impulse of most smokers is to deny the health and social implications of smoking. When he picks up a newspaper and sees a headline with "Surgeon General," he will read no further. When he hears a broadcast on the radio or television about the dangers, he either totally disregards the message or maintains the false belief that the problem doesn't apply to him. But eventually, even his own body complains. He may experience physical symptoms such as coughing, wheezing, pains in chest, numbness in extremities, headaches, stomachaches, hoarseness and a variety of other complaints. He will generally pass the blame to the weather, his diet, to his stress, to a cold or flu, to allergies or any other excuse he can muster up to protect his cigarettes.

Our clinic was designed to permanently destroy all rationalizations of smoking by the smoker. He may make up lots of excuses for smoking, but he knows that they all are

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lies. Our clinic will accomplish one of two goals. Either the smoker will quit smoking, or the clinic will screw up his smoking for the rest of his life. No longer will he be able to sit back at the end of a day and think to himself in ignorant bliss how much he enjoyed his cigarettes. To the contrary, if any thought of smoking is allowed to creep into consciousness, it will be anger over how stupid it was to inhale 20, 40, 60 or even more cigarettes that day, and how sad it is that he is probably going to do the same again tomorrow.

Why do we want to make the smoker miserable about smoking? Because maybe if he gets mad enough about smoking he will stop it. Sooner or later logic may motivate him to stop. Maybe he will do it on his own, or maybe he will come back to us for help. How he does it is not important; what is important is that he does quit. For, while the concepts we instill in him may make him miserable, not understanding them can cause more significant long-term suffering.

If our clinic did what Barbara's first clinic accomplished - alleviating negative feelings toward smoking - it could result in the ammunition necessary to maintain smoking. Since cigarettes are responsible for over 300,000 premature deaths per year and the crippling of literally millions of others, alleviating the anxiety of smoking is not in the best interest of the smoker. Consider the physical, psychological, social, economic and any other personal consequences of smoking. Consider them all and - NEVER TAKE ANOTHER PUFF!

Joel

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