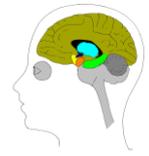




11. Anti-Smoking Therapy



"the Skilful Use of Science"

11a. Overview

Overall you will want to build rapport, gather information for hypnotic suggestions and triggers, increase their desire to give up, explain why they may have found it difficult in the past, and make them expect and believe that it will be easy to do. Important things that could be covered:

- The Brain
- Why the primitive emotional mind (PEM) encourages such a dangerous habit, describing the action of Serotonin versus 'alternatives' in the subconscious promotion of a comfort response.
- Explain that reliance on chemical substitutes for serotonin substantially increases the risks of depression and anxiety.
- Establish the benefits of giving up – in their terms.
- How the resultant increased levels of control will benefit other areas of their life.
- Examples of similar clients who were successful.
- How their level of intent is critical to their success e.g. why they can give up for hours during the night or during long plane rides, and how every child knows that there is only one point in having a tantrum and that is if they are going to get their own way.
- That by the time the suggestions wear out their will be 90% free of their habit – their intent carries them the rest of the way.
- How smoking is dangerous and undesirable and reduces their capacity to enjoy life – emotionally as well as physically.
- Research that demonstrates that professionals earn 22% less if they smoke.
- Stopping is easy – the statistics on the number of people who stop each day and the reducing proportion of adults who smoke – and the physical addiction to nicotine is insignificant – you don't need to wake up for a cigarette (or step off an aeroplane).
- Quote stories of success with similar clients including the reasons behind your own success, if relevant.
- The need to move into a positive mode to rectify the negative impacts on their serotonin levels and how they can do that.
- Why Hypnosis is perhaps *the* most effective method.
- The health improvements after quitting over different time periods.

b. Suggested Adaptation of Initial Consultation for Anti-Smoking

Overview (for additional information read 11a Overview)

There are 3 parts to this process. The 1st part is where we talk about why and how you smoke, and critically, how the mind works in relation to smoking. In many ways this is the most important part of the process, as it is this that will stay with you long after this process is over. We're not just interested in you being free of smoking tomorrow, next week or next month. We are interested in 5 years time when you have had a really tough day at work, a blazing row with x, and you're settling down to your 5th alcoholic drink when a close friend offers you a cigarette! - it is this understanding that stays with you.

The 2nd part of the process is where you lie on the couch and we do hypnosis. It isn't magic but it does help you to use your mind in a fundamentally different way in relation to what you want to change.

The 3rd part is the CD that I'll give you to take away that reinforces this process for reasons I'll explain later.

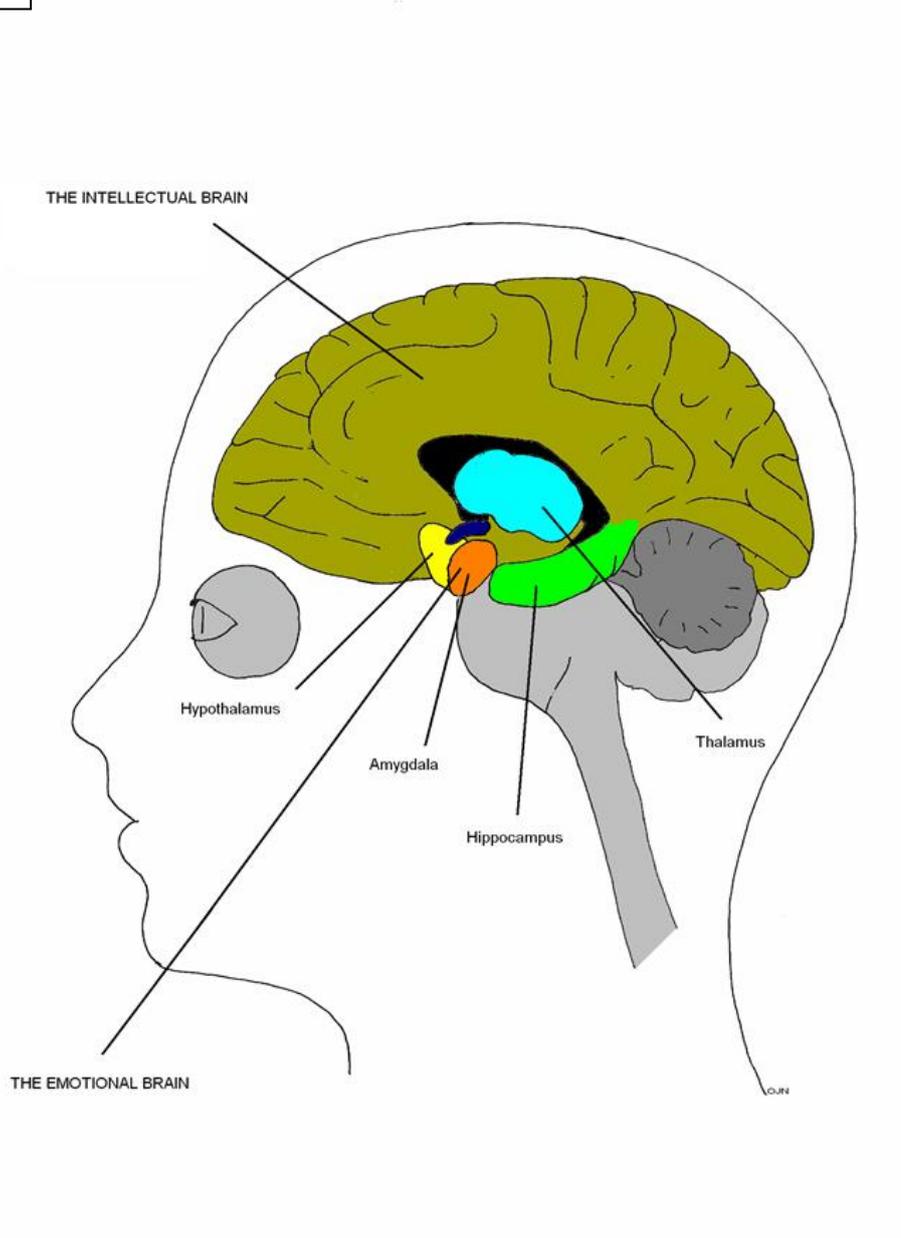
So, let's understand how the brain works, why some of us smoke and why we find it difficult to stop.

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Let's have a look at the diagram (Fig. 1) - this is to the bit you know as you. It is your conscious part. The part that interacts with the world. The part we are using to be aware of our interactions together. At the moment it is attached to a vast intellectual resource, the intellectual mind. This part we don't share with other animals.

"Now, when we operate from this part of the brain we generally get things right in life. It will always come up with answers based on a proper assessment of the situation and is generally very positive.

Fig. 1



When we operate from this part of the brain we do not have to smoke. 'Nobody in their right mind would smoke. You know this and that of course is why you are here'.

Note: Use something that is ideally relating to your own experience or what you know about other people's experiences.

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"When I gave up cigarettes 40 years ago there were a lot more excuses than there are today – not least about 70% of men smoked (in those days about 38% of women smoked). Experts tell us today that in Great Britain 19% of the population smoke. They also tell us that middle age to death only about 8 or 9% of the country smokes.

Now the inference we have to draw from that is for the most part, whatever they say, the majority of smokers do not find it difficult to stop!

Obviously that appears a slightly facetious thing to say – if it was easy for you, you would not be sitting there. So why is it so difficult for some of us to give up?

So, there is another part of the brain. This part is the original primitive part. The centre and influential bit of this brain is the amygdala. This is generally referred to as the fight/flight/depression area of the brain. It is associated with two other very primitive parts. The hippocampus, which holds all our primitive and sometimes inappropriate behavioural experiences and patterns, and the hypothalamus which regulates chemical responses in the body and mind.

So, let us imagine that when you leave here today you run into a polar bear. What would happen? Your anxiety would go up. You would lose intellectual control and move from this part of the brain (the intellectual brain) to this part of the brain (the primitive emotional brain) go 'sweaty' increase the heartbeat, churn the stomach and you would be off like a shot.

In the circumstances this response would be entirely appropriate. You would be pleased.

Unfortunately it is the same in life. When our anxiety goes up, and it can be a gradual process, we lose intellectual control and to a greater or lesser extent the primitive mind takes over.

If our primitive mind thinks that, for one reason or another, we need some help it will step in generally to help.

If the primitive mind decides that smoking is helpful it can be a very powerful advocate for arguments that 'smoking is good for stress', 'it helps you cope with the day', 'it helps you enjoy life a bit more'.

Sadly, the primitive emotional mind (PEM) has got it completely wrong – smoking is one of the major causes of stress and anxiety. A smoker will progressively become more stressed and anxious as they grow older to the extent that it is now recognised that someone who has smoked throughout their life will stand an 80% more chance of suffering from severe depression or severe clinical anxiety in middle to old age than a non-smoker.

Perhaps an even more powerful illusion is that nicotine is a major physical addiction. Of course older generations could be forgiven for believing this because in the past tobacco companies were happy to promote the idea. If you believe you are addicted then you continue to be a good customer. Today the pharmaceutical companies continue to promote the myth in order to sell patches, chewing gums etc.

Most independent scientists would agree that actually the physical addictive aspect constitutes about 10% - 90% is in the mind. Now, of course this does not make it any easier but it does explain why:

- people can go to bed at night and give up smoking
- almost everybody these days gives up smoking when they go into hospital
- smokers travel on non-smoking aeroplanes
- smokers go to non-smoking cinemas and theatres etc. etc.
and generally they do not find it difficult.

So how do we explain all this?

Let us remind ourselves how the brain works.

We have said that when we operate from this part of the brain (*diagram*) we have the ability to take control, aeroplanes, concerts, places where smoking is forbidden etc. We have also said that when our anxiety goes up we lose intellectual control. We saw clearly how this can happen when we run into a polar bear but said it can be the same in life.

11. Anti-Smoking Therapy

So, how do we create anxiety which causes us to move from our intellectual 'in control' mind to our primitive 'cigarette promoting' emotional mind?

Anxiety is caused by negative thinking. We can negatively forecast the future; we can negatively introspect about the past. It can be big things. It can be smaller things.

Every negative thought that is converted into anxiety is stored. While our level of anxiety reaches a certain level then the influence of our primitive emotional mind increases.

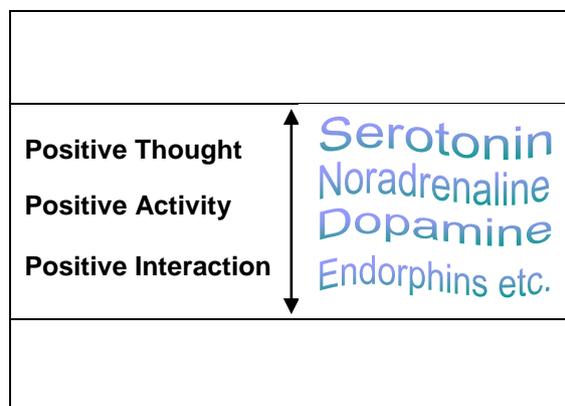
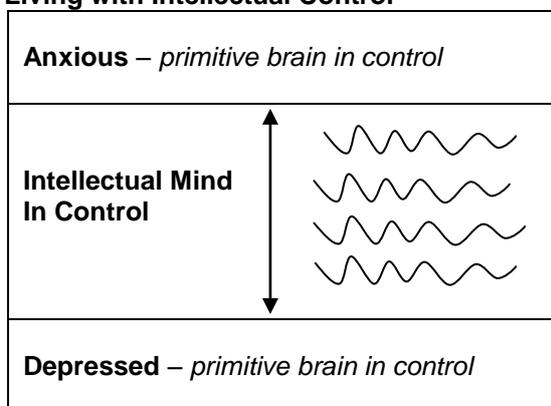
But there is more:

Early man and early women were given quite definite rewards for carrying out certain evolutionary processes. They got a reward when they hunted and gathered, and successfully supported themselves and their families. We are better as a tribe rather than individuals, so they got rewarded when they interacted with others. The reward they got they quite definitely recognised and scientists are adamant about this. They felt motivated. But most of all was a coping mechanism, it helped them cope with day to day activities...helped them cope better with physical fear...made them braver, it even helped them cope with physical pain. No doubt they were pleased. Now we know what that reward is. It's a chemical response in the brain that produces various neurotransmitters that act as catalysts for that sort of mentally healthy behaviour. And you know, the neurotransmitter we talk about most, simply because it is the most important, is serotonin.

When we produce a constant flow of serotonin we are happy and in control.

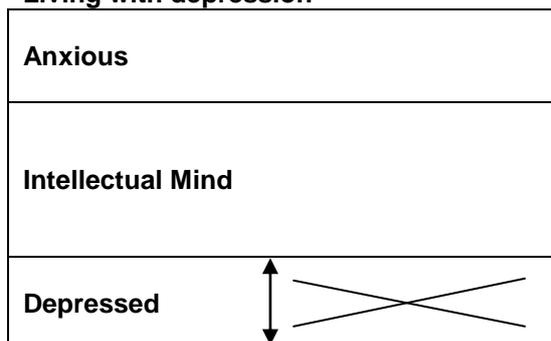
So we need to operate within these positive parameters like early man (referring to diagram), and although we do not have to go out to hunt, we do have to interact in a positive way, be active in a positive way, and think in a positive way. Because when we do, we produce patterns in the brain that give us that constant flow of serotonin.

Living with Intellectual Control

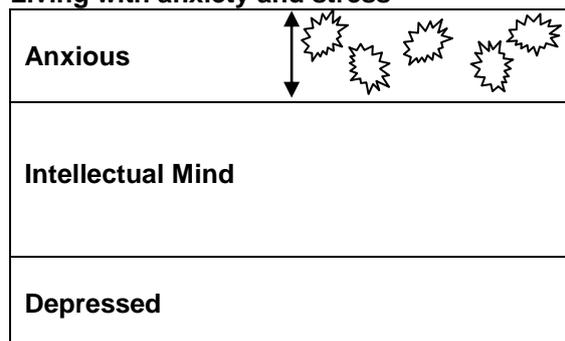


What stops the flow of serotonin? Well, you know that when we're down the miserable end, the depressed end, we don't produce any chemicals at all. When we're up the anxious end, we produce an overload of adrenalin, stress hormones. Great for when we run into polar bears but not so good for running our daily lives in and around Bristol.

Living with depression



Living with anxiety and stress



11. Anti-Smoking Therapy

But, as usual, there is more.

It is unlikely that someone will take up smoking because they are short of the proper chemicals in the brain, but once they do start smoking they get themselves in a bit of a vicious circle. Smoking will affect our production of serotonin and the PEM will accept the chemicals in cigarettes as a substitute on the basis that any chemical response is better than nothing. Sadly, the similarity by any stretch of the imagination is tenuous and the result disastrous. A smoker will become more and more depressed and/or anxious as they get older as they become less and less able to produce the proper responses to the brain and they rely more and more on the substitute. In effect, the more we smoke the more the PEM will want to promote smoking.

So, you can take control by understanding how your mind works, spotting the propaganda and coming up with an absolutely clear, 'NO'.

What makes the process so much easier is when you are producing the right amount of the right chemicals. Hypnosis is a nice way to ensure this happens.

Trance is a relaxation response and reduces the unnecessary or negative stress so that you're much better able to do what you want to do with this part of your mind (*point to the Intellectual Brain*). It also opens up the mind and provides a context in which you can rethink some of the misguided patterns of thought and behaviour from the past, in line with what you want to do for your best interests in the future.

It's also a very positive process. In terms of the survival-happy activities and interactions it's relatively straightforward to go to the gym or meet up with a friend but thinking positively is more difficult (unless you're an American!). Trance engages the deeper parts of your mind to focus more positively on what's good, what you want, and what you're looking forward to. This is also why I will give you this CD that reinforces this process and which you will need to do every day (provide them with your normal relaxation CD). It doesn't mention smoking because that's irrelevant now, but it does help you to relax and focus on what you want to move towards. If things do get stressful in the future, it also provides a natural resource for coping more easily in the longer term.

Great, hop on the couch...

[Use smoking trance language pattern]

Well done. The last thing I want to give you is some details of what will happen physiologically as your body reverts to a healthy state [provide 'Benefits of Stopping Smoking' sheet]. The good news is that the clean-up act is very effective. You're stopping at just the right time, because by the time you are x (*calculate based on current age and number of cigarettes*) it will be as though you've never smoked.

Enjoy the CD and take good care of yourself!

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c. Benefits of Stopping Smoking (Cancer Society USA)

(American Cancer Society Research Document)

Time stopped		Effects
+Low Risk	High Risk	
20 minutes	20 minutes	<ul style="list-style-type: none"> Blood pressure drops to normal Pulse rate drops to normal Temperature of hands and feet return to normal
8 hours	8 hours	<ul style="list-style-type: none"> Carbon monoxide level in blood drops to normal Oxygen level in blood increases to normal
24 hours	24 hours	<ul style="list-style-type: none"> Chance of heart attack decreased
48 hours	48 hours	<ul style="list-style-type: none"> Nerve endings start to regrow Smell and taste improve
2 weeks	3 months	<ul style="list-style-type: none"> Circulation improves Exercise, including walking, becomes easier Lung function increased by up to one-third
1 month	9 months	<ul style="list-style-type: none"> Cilia regrow in lungs and airways, increasing lung's self-maintenance Energy levels increase overall Coughing, sinus problems, tiredness, shortness of breath all decrease
1 year	1-1½ years	<ul style="list-style-type: none"> Excess risk of heart disease is halved Recovery rate from heart/bypass surgery almost doubled
2½ years	5 years	<ul style="list-style-type: none"> Lung cancer death rate for average former smoker almost halved Risk of mouth and throat cancer halved
5 years	10 years	<ul style="list-style-type: none"> Risk of stroke similar to non-smoker
10 years	10 years	<ul style="list-style-type: none"> Lung cancer death rate the same as for a non-smoker Pre-cancerous cells have been replaced Risk of cancer of mouth, throat, bladder, kidneys, pancreas decreases
10 years	15 years	<ul style="list-style-type: none"> Risk of heart disease is that of a non-smoker

Low risk indicators: Under 35 years old; smoking 15 a day or less; good level of fitness; regular exercise taken; no persistent cough; low total consumption since starting.

High risk indicators: Over 50 years old; smoking 30 a day or more; poor fitness level; no regular exercise taken; persistent cough; high total consumption since starting.

These figures are based on research by more than one cancer society and do not represent guaranteed clinical or physical improvements to any one particular individual. It is widely accepted that non-smokers, even those who have smoked at some time in their lives, live longer and with a higher quality of life than those who smoke or continue to smoke