# The Non-Smoker's Edge

Strategies for Smokers Who Are Serious About Quitting

Randy A. Gilchrist, Psy.D.



# **Table of Contents**

Introduction	2
Research on Smoking	2
Research on Quitting	3
The Best Approach: Clinical Hypnosis	4
Quitting Strategies	5
Strategy #2: Exercise Regularly	5
Strategy #3: Change Your Diet	5
Strategy #4: Keep Your Mouth and Hands Busy	6
Strategy #5: Dealing with Family and Friends that Smoke	6
Strategy #6: Changing Old Triggers and Cues to Smoke	7
Strategy #7: Confidence Statements	8
Strategy #8: Remembering Reasons to Quit	8
Strategy #9: The Bad Things Smoking Does to Me Statements	9
Strategy #10: Reward Yourself	9
If you are serious about quitting NOW	10
References	11

# Introduction

Yes, quitting smoking can be hard. But you can do it! My job is to help you make it happen as easily and as effectively as possible. Hello, my name is Randy A. Gilchrist, Psy.D. I am a Doctor of Psychology with a specialty in Clinical Hypnosis. As the creator of the Hypnosis Network's comprehensive, multi-session hypnosis program, "The Non-Smoker's Edge", I invite you to use the information and strategies in this ebook to begin the process of quitting. Then, I invite you to make quitting <u>much</u> easier and more effective by ordering my complete 7-CD audio program through the Hypnosis Network (<a href="https://www.hypnosisnetwork.com">www.hypnosisnetwork.com</a>). You've waited long enough to quit. It's time actually to make it happen—NOW!

Randy A. Gilchrist, Psy.D. Licensed Clinical Psychologist #PSY19726 Licensed Marriage and Family Therapist #MFC39159 Certified Clinical Hypnotherapist #H18668

# **Research on Smoking**

Here is some sobering research about smoking that illustrates the need for a strong, comprehensive program to quit:

- \*About 26% of adults in the United States smoke cigarettes (Fisher and Goldfarb, 1998, p. v-vi), totaling well over 60 million users today (DHHS, 2002).
- \*About 90% of active smokers would like to quit and wish they'd never started. (Fisher and Goldfarb, 1998, p. 213)
- \*As many as 90% of smokers are clinically "addicted" to smoking, making it one of the most addictive drugs in existence (Sherman, 1994). Conversely, most people who drink alcohol are not addicted to it and can drink socially in only moderation.
- \*Estimates of those making a serious attempt to quit smoking each year is about 50% (between 33% to 66%) for all active smokers (Psychology Today Online, 2004; Sherman, 1994).
- \*Quitting usually requires complete abstinence. Once a person has a single puff after quitting, they go back to full-time smoking 80-85% of the time (Sherman, 1994).
- \*70% of relapses occur after an upsetting or stressful event triggers a negative mood (Sherman, 1994). Therefore, to be effective, smoking cessation programs should include a component to help smokers better handle the difficult emotions that may arise, such as stress, anxiety, anger, and boredom.

\*Over 50% of relapses occur within the first 5 weeks of stopping, which is how long it takes the body to get through the physical withdrawal symptoms of ending nicotine. Most of the other 50% of relapses occur within the first 6 months when the cravings remain the strongest (Sherman, 1994).

# **Research on Quitting**

\*Of those who attempt to quit on their own (without any additional help or support), only 2-5% are successful after 12 months, with most failing within the first 2-3 weeks (Fiske, 2003; Sherman, 1994).

\*Of the 2-5% who *do* successfully quit on their own, it takes an average of <u>3-6</u> attempts over an extended period of time before finally being successful (Sherman, 1994). Fortunately, research-based approaches to quitting dramatically increase success rates.

\*Those attempting to quit through behavior modification (like the strategies in this ebook), nicotine replacement (like "the patch"), or "Zyban" (an anti-depressant medication) all average about a 25% success rate. These success rates can increase to as high as 50% when these approaches are used in some combination with each other after a 12-month period (Fisher & Goldfarb, 1998; Fiske, 2003; Psychology Today Online, 2004; Sherman, 1994).

\*Research studies show that having a <u>single</u> session of hypnosis to stop smoking also produces about a <u>25</u>% success rate like the other approaches. However, this success rate increases dramatically when additional, complimentary hypnosis sessions are added. The success rates of using hypnosis to quit smoking jump all the way up to <u>66</u>% when at least <u>4-5</u> sessions of hypnosis are used after a 6-12 month period. (Hammond, 1990, p. 407).

\*Note: Beware of stop smoking programs that claim huge success rates like 85-95%--whether or not they include hypnosis. These figures are rarely (if ever) based on legitimate research. In fact, most of these claims are based on no research whatsoever and are simply "made up".

The most trustworthy research is objective, statistical, and shows the results over a period of time (as necessary). Furthermore, quality, reliable research is published through a major university and/or appears in a legitimate, peer-reviewed scientific journal. (The research cited in this ebook is based on legitimate research as outlined above).

# The Best Approach: Clinical Hypnosis

### **About Hypnosis:**

Because multiple hypnosis sessions are the most effective way to stop smoking, it can be helpful to understand more about this approach—especially if you choose to order my "Non-Smoker's Edge" program (described below). "Clinical hypnosis" is a highly focused state of attention that is induced by the direction of a qualified therapist to reduce resistance and promote change. Clinical hypnosis is as a two-way collaboration between the therapist and subject. The therapist's job is to help the subject focus, relax, and then offer suggestions for change. The subject's job is to simply relax, focus, and go with the suggestions and directions that are given.

During hypnosis, subjects are aware of their surroundings and fluctuate in and out of attention with what is said. Although the hypnotic trance state is similar to deep relaxation, the primary characteristic of hypnosis is actually "dissociation": feeling disconnected and separated from one's conscious and physical surroundings.

The process of clinical hypnosis generally consists of 1) getting into a relaxed and focused state to absorb conscious awareness and resistance, and then 2) focusing on and receiving the suggestions that follow. As the subject becomes absorbed, they become more receptive to suggestions for change. Hypnosis isn't magic, but the results often seem that way.

### The Non-Smoker's Edge (available at www.hypnosisnetwork.com):

My comprehensive hypnosis program, "The Non-Smoker's Edge", combines the best of the research-supported approaches to stop smoking for the most comprehensive, effective approach available today. This program includes 9 complimentary hypnosis sessions, 20 behavior modification strategies, a review of the main products available today for nicotine withdrawal symptoms (such as "the patch"), and other relevant and useful smoking-related information.

"The Non-Smoker's Edge" offers the strongest, most comprehensive stop smoking program available today in a user-friendly self-help format. The goal of this program is to achieve the highest success rate possible through a combination of the best approaches. The main emphasis of the program centers on hypnosis and the multiple hypnosis sessions.

# **Quitting Strategies**

To help you begin the process of quitting, I've given you 10 of the 20 behavior modification techniques and ideas from my "Non-Smoker's Edge" program. After reviewing these ideas, I highly recommend ordering the full program to help make quitting as easy and effective as possible—especially through the <u>9</u> hypnosis sessions it contains.

<u>Note</u>: The strategies given below are only meant to compliment—rather than replace—the services of a licensed and qualified psychotherapist or medical doctor. Always seek out the services of these licensed professionals as necessary. Consult with your primary care physician before utilizing any nutritional or exercise recommendations contained here. Only use these ideas with moderation and common sense. Use at your own risk.

### **Strategy #1: Visit Your Primary Care Physician**

I strongly recommend that you visit your primary care physician for a full physical at the beginning of your stop smoking effort. He or she can identify what physical health problems may have already begun within you, along with personalized changes needed to begin correcting them. These changes may include proper diet, exercise, medication, and other lifestyle changes for your particular situation. Your primary care physician should also let you know which, if any, food, activity, or medications you should avoid taking or engage in moderation.

### Strategy #2: Exercise Regularly

Under the direction of your medical doctor, I recommend meeting with a personal trainer and getting set up with a regular exercise program to help improve your heart rate, pulse rate, blood pressure, and overall cardiovascular health—some of the main casualties from smoking that will probably require improvement. Other benefits of regular exercise include managing your weight and dealing better with difficult feelings, such as depression, anxiety, stress, and boredom.

### **Strategy #3: Change Your Diet**

It makes sense to eat more of the healthy foods that will lessen your smoking cravings. It also make sense to avoid those foods and substances that will only increase your cravings. Foods that have been shown to both increase your health and help to lessen cravings include: fruits (especially apples), vegetables (especially carrot and celery sticks), unbuttered popcorn, lean meats, fish, and drinking large amounts of water, tomato juice or tea.

It is also recommended that you eat moderate portions spread out through the day across 3 or more meals for the best digestion. Also, choose foods that take a long time to chew

to keep your mouth occupied. Finally, commit to only eating when you are hungry, not when you are bored, upset, or want a reward (known as "emotional eating").

Unhealthy substances that will aggravate your cravings and will need to be minimized include foods or drinks high in sugar or fat, alcoholic beverages, and all illicit drugs—especially drugs that involve smoking like marijuana.

### Strategy #4: Keep Your Mouth and Hands Busy

In the past, smoking cigarettes kept your hands and mouth very busy a lot of the time. Now, as you are stopping smoking, it may be helpful to keep your hands and mouth busy in other ways—at least for the first 6 months or so until your cravings lessen considerably.

*Ideas for keeping your mouth busy include*: eating foods that take a long time to chew (like apples, celery, carrots, etc.), drinking water (or another low calorie beverage), chewing gum, brushing, flossing, whitening your teeth, gargling with mouthwash, whistling, singing, experimenting with different styles of lipstick or lip gloss, or anything else that will keep your mouth busy. Note: do not use chewing tobacco. It is just another form of nicotine addiction.

*Ideas for keeping your hands busy include*: holding a pen or pencil, writing letters or notes, drawing or painting, playing a piano (or other musical instrument), squeezing a wrist exerciser or stress ball, sewing or knitting, working on a puzzle, trimming your finger nails, washing your hands or face, playing with a yo-yo, playing cards (like solitaire), learning sign language, doing push-ups or pull-ups, putting on hand weights, carrying a cane, or engaging in anything else that will keep your hands busy.

### Strategy #5: Dealing with Family and Friends that Smoke

For many people, smoking served as a way to socialize and bond with other family members or friends who also smoked. Now that you are quitting, they may feel awkward around you or even betrayed. Some light friendships and associations will be easy to end. Do it. Your health requires it. With your more important relationships, you may need to reassure them that you still care about them and want to keep the relationship, but that you'd like them to please refrain from smoking around you because of your changes. If they forget and "light up", politely remove yourself until they are finished. Then, reengage with them. They should "get the hint" soon enough to stop smoking around you.

Most people should respect this approach. However, if, by chance, they are negative or even hostile about your quitting smoking and even try to sabotage your efforts, you may need to confront them respectfully and ask them to change their behavior. If they still refuse, you may need to limit your contact around them until they can respect and support your needs to be smoke free. A true friend or close family member should respect and support your efforts to change.

Remember, 90% of smokers would like to quit and know it is unhealthy. However, with some people, your quitting might just remind them of what they aren't yet strong enough to make happen. However, remember, that is not your fault and that is not your problem. Therefore, you shouldn't have to be the one to suffer for it. Commit to being healthy and smoke-free irregardless of the support—or sabotage—of other people. You *can* do this because you *have* to do this.

### Strategy #6: Changing Old Triggers and Cues to Smoke

In the past, smoking very much had become a regular habit and routine within your days and nights. You became used to smoking at certain times, places, circumstances, or mood states. Now, because you are quitting smoking, it can be helpful to identify these old triggers and cues to smoke, and then come up with alternative plans of what you can do in these instances.

Take out a piece of paper and write out all of the main situations that used to be followed by smoking: including times of day, places you'd go, circumstances that may arise, and moods you might feel. Now, write out at least 3 different alternate behaviors that you can do during each of these times to replace how smoking played to help you cope with these circumstances.

Then, commit strongly to yourself for each situation, "I will NEVER again smoke when\_\_\_\_ happens. Repeat this several times. Finally, in the future, track on a piece of paper whenever these situations arise and which alternate behavior you actually ended up substituting for the situation. Be consistent and write down all of your efforts. Self-awareness, planning, and experimentation will soon make you very good this.

Eventually, after these better alternative behaviors become natural and automatic, smoking will cease to be triggered when these situations arise. Keep in mind, there are some old unhealthy smoke-triggering situations that are best just avoided altogether, such as designated "smoking sections" of any sort, casinos, bars, bowling alleys, or any other place highly populated by smoke and smokers. Also, minimize contact with certain smoking individuals that you aren't that close to.

In short, you are retraining yourself to respond differently than by smoking. For instance, if you used to smoke just before arriving to work or school, plan several other activities that you could do then, such as calling a friend on your cell phone, eating a healthy snack, or reading a favorite book.

### **Strategy #7: Confidence Statements**

In order to stay confident and to reinforce the positive messages you will hear in your hypnosis sessions in the "Smoker's Edge" program, it can be helpful to write out and repeat a number of "confidence statements" about yourself and your goal to stop smoking. Confidence statements are positive, true statements that you can repeat to yourself daily to stay focused, motivated, and in control.

To do this exercise, take out a piece of paper and list out at least 20 positive, true statements concerning how and why you will stop smoking. After making your list, it can be helpful to post your list somewhere convenient where you can read it once a day to stay sharp. Examples of confidence statements you may wish to use include:

I can stop smoking
I will stop smoking
I love myself too much to smoke
I want to get healthier and live longer
I will enjoy breathing easier
I will be so proud of myself
Other will look up to me
Millions before me have quit and I can too
I can handle this
This will get easier over time
I can always get support and help from others when I need it
I've dealt with harder things than this
I can do whatever I put my mind to

### **Strategy #8: Remembering Reasons to Quit**

In order to stay focused on why you are quitting to remain strong, it can be helpful to write out and repeat a number of "why I am quitting statements" about yourself and your goal to stop smoking. These statements are reminders of what you want to change, avoid, and move away from by quitting smoking. You can repeat these statements to yourself as often as needed to stay focused, motivated, and in control.

To do this exercise, take out a piece of paper and list out at least 10 reasons you want to quit smoking by starting off your sentences with "I am quitting smoking because I want \_\_\_\_\_." After making your list, review it from time to time if you find you are forgetting why you wanted to quit in the first place. Examples of "reasons to quit" statements you may wish to use include:

I am quitting smoking because I want:

healthier lungs to save money my family and friends to respect me to smell better to taste my food again to live longer
to be healthier
to be happier
to feel good about myself
to conquer my addiction and bad habit

### Strategy #9: The Bad Things Smoking Does to Me Statements

To stay motivated to stop smoking, you can also list and review the bad things smoking does to you. Like the last few exercises, take out a piece of paper and list out at least 10 bad things that smoking does to you by starting off your sentences with smoking \_\_\_\_\_\_. After making your list, review it from time to time if you find you are starting to forget why you wanted to quit in the first place. Examples of "bad things smoking does to me" statements may include:

### Smoking—

Makes my lungs turn black
Gives me cancer
Takes years off of my life
Takes 7 minutes off of my life for each cigarette
Is embarrassing
Offends other people
Makes my hands and teeth yellow
Costs a lot of money
Is a deadly addiction
Isn't accepted in most of society today

### **Strategy #10: Reward Yourself**

After several days, weeks, and months of being smoke free, it can be very helpful to reward yourself along the way. Write out a number of rewards that you can periodically give yourself for not smoking, and then give them to yourself as you reach each milestone. Different categories of rewards come in 3 forms: mental rewards, treats, and gifts. Plan your personal rewards on a calendar and rotate which rewards you'll give yourself after certain stretches of being smoke-free.

*Mental rewards* involve taking the time to think about your gains from not smoking. This includes giving yourself praise for your accomplishments, reflecting on how much healthier you are becoming, or reminding yourself how you are being a good role model to others.

*Treats* don't cost much and involve doing something nice for yourself and/or taking the time to do something that you enjoy. Examples include engaging in your hobbies, visiting with a favorite friend, or taking some time off from work to relax.

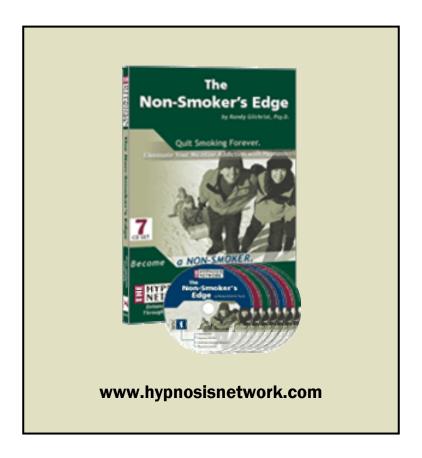
Gifts to yourself cost money, and may be as little or big as you wish. This involves periodically buying something for yourself that you really enjoy as a reward for your accomplishment of being smoke-free. Examples may include taking a vacation, buying a DVD, or going on a shopping spree at the mall.

# If you are serious about quitting NOW...

I invite you to make quitting much easier and more effective by ordering my complete 7-CD audio program through the Hypnosis Network (<u>www.hypnosisnetwork.com</u>). You've waited long enough to quit. It's time actually to make it happen—NOW!

For less than the cost of one package of nicotine replacement gum, you can finally rid yourself of this dangerous habit for good. If you were to come to my office, the cost of these same sessions (over 8 in all) would be over \$1,500.

If this program doesn't work for you, The Hypnosis Network will buy it back from you – NO QUESTIONS ASKED.



## References

- Department of Health and Human Services (DHHS). (2002). Results from the 2002 National Survey on Drug Use and Health: National Findings. Retrieved December 21, 2004 from http://www.drugabusestatistics.samhsa.gov/nhsda/2k2nsduh/Results/2k2results.ht m#chap4.
- Fisher, E.B., & Goldfarb, T.L. (1998). 7 steps to a smoke-free life. New York: John Wiley.
- Fiske, S. (2003). Butt out: Quit smoking. [Electronic Version]. *Psychology Today*, Mar/Apr, 1-2.
- Hammond, D.C. (1990). *Handbook of hypnotic suggestions and metaphors*. New York: W. W. Norton.
- Psychology Today Online. (2004). Nicotine. Retrieved December 21, 2004 from http://cms.psychologytoday.com/conditions/nicotine.html.
- Sherman, C. (1994). Kicking butts. [Electronic Version]. *Psychology Today*, Sep/Oct, 1-8.