

Becoming an Ex-Smoker Can Be Painless

by Wayne W. Topping, Ph.D., LMT

Abstract. Experts estimate that up to 38 percent of the population smoke cigarettes. For these people, quitting smoking is the single best thing they could do for their health. With our knowledge of Touch for Health and related kinesiology, we have some wonderful tools to make it easier for people to become ex-smokers. This paper explores some of these tools.

The Challenge

Cigarettes are probably the number one cause of cancer in the United States. Much of this is lung cancer and throat cancer, but smoking also appears to be a powerful factor in bladder cancer. Smoking is a major cause of emphysema and chronic bronchitis and it greatly increases your chances of heart disease, especially heart attack and sudden cardiac death. The pregnant woman who smokes is risking spontaneous abortion, stillbirth, premature birth, and infant mortality. I could go on, but you get the idea. In fact, in their book, *Is It Worth Dying For*, Robert Eliot, M.D. and Dennis Breo state that of the tens of millions of Americans who smoke, "one-third to one-half will die simply because they smoke."

If cigarettes are clearly so detrimental to our health, why do so many people still smoke? Primarily, because once you've become a regular smoker, it is very difficult to break the addiction. Nine out of ten smokers say they would like to quit, and most have tried without success. Dr. Jackie Schwartz, author of *Letting go of Stress*, describes giving up smoking as "one of the hardest things for anyone to accomplish, harder than giving up alcohol or heroin."

Why Does Your Client Smoke?

People smoke for the rewards it brings. For some it is a way to "unwind". For others under stress, smoking can provide a distraction, a temporary reprieve from the stress. It may allow for increased concentration. It may allow one to feel sophisticated, "grown up". It causes an increase in blood sugar levels and resultant

increase in energy levels. Some smoke to help them deal with their anger, and others, because of peer pressure. Some find smoking to be very pleasurable. Many smoke primarily out of habit; they have smoked for so long that it has become automatic to smoke in certain circumstances such as while driving or after meals.

Work with your client to identify as many of the conscious and unconscious rewards for continuing to smoke. Why did he/she begin to smoke? Are those reasons still valid today? For example, Tom began smoking in his early teens, partly as a result of peer pressure but primarily because his parents were strongly opposed to him smoking or drinking. Now he is married, his parents have moved to the same town where he lives, and they are telling him how he should treat his wife, raise his two daughters, etc. He is smoking more than ever. Why? The major reason he began to smoke was to prove "he was boss", to rebel against his parents. Now as he sees them trying to reassert control over him, at a subconscious level, he has a powerful reason to smoke - to show he's boss, to rebel once again.

It is important for clients to increase their awareness of why, when and how often they smoke. If the client's awareness is very poor, it might be a good idea for them to number every cigarette upon purchase, and smoke them in order, recording accurately when, with whom, and in what situation each is smoked. (This method, pioneered by Dr. Alan Best, is described fully in *Stop Smoking For Good* by Zalman Amit, Ann Sutherland and Andrew Weiner.)

Why Does Your Client Want to Stop Smoking?

The major factor someone can have working for them is a strong desire to quit smoking for their own internal reasons.

Jim's major reason to quit smoking is "to stop the missus from nagging!" What chance does he have of being successful? Next to none! What is he going to do next time they have a marital conflict? Probably light up a cigarette to punish her, to get back at her, right? Incidentally, this example illustrates how vital it is that our clients are taught stress management tools such as the emotional stress release techniques (ESR) to handle stressful situations. It is at such times that people are most likely to revert back to past programming and habit patterns such as smoking.

Help the client to build up a list of all the advantages of becoming an ex-smoker - financial savings, fresh-smelling clothing, better sense of well-being, ability to taste and smell food again, no ashtrays to clean out, setting a better example for their children, decreases odds of developing cancer or dying from heart disease, no longer being a slave to a habit, etc. Does your client have more reasons to quit smoking than to continue?

What Will Your Client Substitute for Smoking

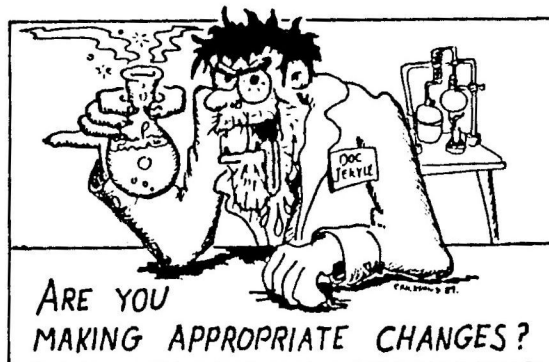
If your client uses cigarettes to block emotional pain, what do you think they are likely to do on future occasions once they no longer smoke? You guessed it! They could use alcohol and illicit drugs to accomplish the same purpose. They will have switched one vice for another.

In stressful situations, they can be taught how to use ESR (with and without eye rotations), anchoring, diaphragmatic breath-



ing, progressive relaxation and exercise. If anger is a problem for them, they can learn to apply Emotional Tapping (Marge Murray, 1989), or counting to ten, deep breathing, doing some cross crawls, or walking to the restroom, etc.

Chewing on a piece of licorice twig or taking a few deep breaths as soon as one feels the craving for a cigarette will usually eliminate the craving. If your client smokes cigarettes to wake up, perk up or increase their energy level, you might suggest that they begin an exercise program. Without nicotine's stimulating effect, there is a strong likelihood that sweets will be used to "kick start" the adrenal, pancreas and liver functions. Those empty calories often lead to weight gain. To avoid weight gain, address the hypoglycemia that has been created by the elimination of tobacco.



Jerusalem artichokes, sunflower seeds, sesame seeds, cashews, brazil nuts, unsalted peanuts, fresh fruits and vegetables, and licorice twigs make better alternatives. Why don't you check to see which ones balance the meridians involved with digestion and blood sugar chemistry? Acupressure points can be used to stimulate liver function and other digestive functions.

Why do Clients Fail to Become Ex-Smokers?

Maybe their commitment to change is not as strong as it could be. Check to see if left and right brains are in conflict regarding their goals. We may have underestimated the strength of the smoking habit. The temporal tap and eye rotation techniques are very powerful in helping to break the habit. The client could not cope with day-to-day stress that was being "handled" by smoking. Use ESR, anchoring, diaphragmatic breathing, progressive relaxation, and exercise as stress reducers. Smoking "friends" sabotaged your client's efforts. Muscle Test - and stress release, if necessary as your client visualizes himself/herself turning down an offered cigarette. Fear of failure and fear of expected withdrawal symptoms can create stress and help create a self-fulfilling prophecy. Work with statements as outlined in *Success Over Distress* or *Stress Release*.

Balancing the Whole Person

The more out of balance a person is, the more difficult it is for them to make a major shift such as becoming an ex-smoker. Conversely, the more in balance they are, the easier the transformation. Therefore, even if you did little else, doing 14 or 42 muscle balances for an individual as they are going from smoker to ex-smoker should be a powerful assist.

Finally, those of you who know how to do the Educational Kinesiology Wonder, X-Span and Advanced balances can balance your client for being an ex-smoker.

Yes, attempting to become an ex-smoker can be a real challenge, but there is a lot we can do as Touch for Health Instructors to make it a successful attempt!

References

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