

An Important Message From the Publishers

“Hi! and congratulations on joining the *Quit Smoking-Be Happy!*[™] Program, by Dr. David Thomas and Clay Daniel. My name is Betty Johnson. I’m honored that Dr. Thomas and Mr. Daniel have chosen to tell you my story.

Most likely, you’ll find that my life is a lot like yours: parent, spouse, employed full time, and sometimes just stressed out to the max trying to keep up with it all. My cigarettes have been my solace, my friend, my place to turn to for many years to help deal with the hassles.

But Dr. Thomas has truly changed all that for me. And you’re about to hear how. There’s a reason that they call their program ‘*Your Guide to Quitting For Life.*’ **It’s my pleasure and privilege to now introduce Dr. David Thomas to tell you why.”**

Welcome to *Quit Smoking-Be Happy!*[™]-the audio book and eBook that shows you how to stop smoking permanently, AND live an even happier, more content life. This is Dr. David Thomas inviting you to sit back and listen as we take you through **all** the steps of quitting, and most importantly, **how to deal with whatever situations arise in your life, and remain smoke-free.**

But first, congratulations are in order! You’ve chosen to quit smoking, and you’re about to introduce yourself to a wonderful new process on how to conquer your smoking habit.

As promised it’s not magic or voodoo and doesn’t come in a pill or a bottle.

What you are about to experience are tried and true self-help methods that will work for you. *You need only to practice and apply them.* Before I share with you my session with Betty, I want to give you some assurances.

First, you've come to the right place if you want to stop smoking now, and for life, with as little discomfort and distress as possible. How can you be assured of that? Well, most likely you've done some "homework" already. Chances are you've been surfing around the Web looking at the abundance of sites offering an assortment of products to help smokers quit. You may have talked to co-workers who've been successful, or family members, friends or your doctor. Point is, you've probably been preparing yourself for some time and researching your options.

So have we. We created *Quit Smoking-Be Happy!*[™] because of an enormous gap in the marketplace of smoking cessation products and services. In my 20+ years as a practicing mental health counselor and psychotherapist I've helped thousands of people to quit smoking and overcome various life-threatening addictions. In fact it was the clients who come to me and my colleagues at our practice who gave birth to this audio book. *How?* The #1 question when it comes to starting the process: **"Is there somewhere I can go online to get help in quitting?"**

So we've taken on the enormous task of researching and indexing literally thousands of stop smoking websites. Our team has not only scoured the Internet for sites, but also reviewed and taken note of the various products, programs and services being offered to smokers, and yes, there are a lot!

That's how we discovered the immense gap in offerings. And *Quit Smoking-Be Happy!* was borne specifically to fill that gap so that you the smoker have the best chance of stopping and moreover, staying stopped for life.

Why is there such a gap on the Web? **Because most of the websites out there are devoted to selling you a product, versus a *lifestyle change*.** Of course these websites have good intentions. But ultimately they are devoted to selling you their product, so **most of their literature and such is devoted to that effort.** They don't do a good enough

job of teaching you how to think differently about your smoking and how to truly deal with the lifestyle changes involved. And without that education, statistics show that your chances of failure are much, much greater.

The drug companies that manufacture products such as Nicorette™ gum, NicoDerm CQ™ patches as well as Zyban™ *recommend and strongly urge the users of their products to get some sort of cognitive-behavioral counseling or advice*, which is what *Quit Smoking-Be Happy!* is. They in fact offer some helpful cognitive-behavioral advice to those who purchase their products. But, quite bluntly, we would submit they are not helpful enough. Why? Because they give you the pointers but don't give you the reasons. **They don't teach you how to arrive there yourself.**

We fill the void in cessation programs by going way beyond giving you tips. *If all you know are tips, but not how to arrive at them, the effects will be short term at best.* Back in grade school when they told us that $2+2=4$, *we at first simply accepted that for the fact our teacher told us it was.* If they had not told us how $2+2$ **arrives** at 4, then we would walk around the rest of our lives knowing that $2+2=4$, but NOT knowing that $2+3=5$, or any other simple arithmetic! But if we're *taught the thought process* at how to arrive at 4, then, with some practice, we carry that knowledge into further grades, learning more involved equations, and ultimately that knowledge becomes second hand to our *thinking patterns for the rest of our lives.*

We would not begin to suggest that the large drug companies have anything less than honorable intentions. **But the facts are that the relapse rate for smokers trying to quit each year in the U.S. is over 80%.** This is a frightening statistic. But it is true and has not changed significantly for over 30 years. *Just as frightening, 60% of quitters relapse in 3 months, 75% in 6 months.* **Less than 5% of smokers who quit without the help of programs or therapies maintain continuous abstinence for one year or more.**

These numbers are indeed shocking, but they are statistical facts available for all to see. **But a further scientific fact is that nicotine is completely flushed from the system in 3 to 5 days.** Does this mean that you're over any cravings and urges in that time? **Absolutely not.** But contrary to what some data would lead you to believe, even as strong

and addictive of a substance that nicotine is, your cravings after the initial few days are **NOT from nicotine.**

They are cognitive *-thinking-* and behavioral *-doing-* issues. To put another way, **your emotions, feelings, actions and thinking are what drives urges and difficulties from there on out. These are also the facts.**

This audio book is a comprehensive guide to quitting smoking. Does this mean you should exclude nicotine substitutes or other types of programs? Absolutely not! *Quit Smoking-Be Happy!* is the supplemental guide to use with all cessation programs, should you choose to use one. A behavior change system, just like ours, is recommended by the *American Heart Association*, the *American Cancer Society*, the *American Lung Association*, and many others. They state specifically that such a program will greatly improve your chances of stopping smoking permanently.

That is the heart and soul of Quit Smoking-Be Happy! We teach you how to arrive at the thinking patterns of NOT smoking, *instead of the thought processes you've ingrained as a smoker*. This not only gives you the information you need to successfully work through quitting now and for life, but also HOW TO APPLY this information specifically to your life *so that you can be happy about being a non-smoker for life.*

You'll find our one-one-one format will put you right here with me as I take you through all of the steps of quitting and how to handle all of your emotions and remain smoke-free.

So, sit back and relax. You are about to discover some wonderful ways of thinking! These ways are not radical, but they may be new to you. *You will find them refreshing, eye-opening and incredibly helpful.* And you will easily begin to see how thinking more rationally will benefit you greatly throughout your everyday life, for the rest of your life.

Welcome to our program! *We applaud your decision to quit.* We look forward to being at your service. We're here to help, and look forward to celebrating your success as a non-smoker with you!

With our sincere wishes,
Dr. David Thomas & Clay Daniel
Publishers and Co-Authors

Introduction by Dr. David Thomas

When my co-author, Clay Daniel, first approached me with his idea of producing an eBook and audio book on quitting smoking, I thought his idea was sound. When I came to the full realization of how many people we could truly help through the use of the Internet, I jumped right in with both feet.

I mean, look at how the public attitude towards smoking has undergone a remarkable change over the past 20 years. I wouldn't want to be a smoker in the new century. In many states in the U.S. don't expect to have a nice dinner out followed by a relaxing cigarette. Citizens' rights to smoke in restaurants have been abolished. Smokers have been banished outdoors by law and I am sure it's only a matter of time before the last bastion of lighting up will be only in the privacy of your own home.

Is this OK? I believe people have the right to live their lives however they want. But the facts are that there are not enough smokers left to launch a majority fight and tobacco companies have lost favor with the public and Congress. So it is not for me to say.

But the health research is another matter and is quite conclusive. Smoke, and smoke long enough, and you will have health problems and die prematurely. We all have our personal choices to make. For those who choose to stop smoking, this audio book will help them to Quit Smoking and Be Happy!

But it will do more. It will not only help you to quit smoking with ease but it will also help you *to live your life to the fullest*. To work vigorously at ridding yourself of the self-defeating thinking that continues to rob you of a full, self-satisfying existence. **Life is short, why make much of it miserable?** We all have the ability to change how we feel, by changing how we think. No pills, no drugs, no magic.

Ever since I was a little boy, I knew I was different. Not smarter, not better looking, not more athletic, but I cared about people. I cared a lot about people. I didn't know how much I cared until I entered the field of counseling. I have helped thousands of people over the years, cope with trauma, abuse, addiction, death, and the hassles of living. It is

here, where my talent lies. I care, and what I care about is that this audio book helps you, helps you to achieve your goal to be a non-smoker. Helps you to direct your life and enjoy every waking minute you exist. Helps you now and forever to be your own therapist, to be your own teacher of life.

Now, let me tell you how to use this audio book. First, listen to it from start to finish. Don't skip ahead. After that, read the short bonus books we emailed to you and pay close attention to the tips that we'll be emailing you.

Don't worry right now when or how you're going to quit. I'm going to share our 10 steps to quitting momentarily.

And now it's time. Time for you to learn new things and experience new pleasures. I applaud your decision and I wish you well. And remember that most of us only have 78 years, plus or minus a few, to live on planet Earth; *take time to enjoy them.*

Rationally yours,

Dr. David Thomas, LMHC
Co-Author

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Section 1A I'm Ready to Quit - Where Do I Start?

DR. THOMAS: Hello Betty. So you're here because you want to quit smoking?

BETTY: Yes I am Dr. Thomas. I'm really ready to quit.

DR. THOMAS: Well that's good Betty, and a good attitude, because ultimately you don't want to do this for anyone else, you want to do this for you.

Now, what are your reasons for quitting?

BETTY: Hmm...well...you know...for my health.

DR. THOMAS: Okay, that's the obvious answer but what I want to do is have you better define your reasons to quit. This is the very important first step to quitting. Sound all right to you?

BETTY: Sounds great to me. I'm ready.

DR. THOMAS: So let's pick up what I was discussing in our introductory pages. We'll be focusing on understanding more about how the mind ticks for a smoker and why it's so difficult to quit, and then how to use that understanding to make quitting much easier.

BETTY: So why *is it* so hard to quit?

DR. THOMAS: Well, if I could sum that up in a sentence, there would be no need for books, gums, patches, herbs and all the other smoking cessation products on the market. Hang with me. It will become clear to you as we go along.

You said you're ready to quit because of health reasons. Are you feeling the effects of smoking all these years??

BETTY: Oh yeah. I tire much more easily and get winded more easily too. Lots of things.

DR. THOMAS: Sure...if you smoke long enough it's inevitable it will affect how you feel.

Are there other reasons you want to quit? Is it just because of your health?

BETTY: More than anything else. But for "social" reasons too I guess. I mean we smokers are such a minority anymore!

DR. THOMAS: (slight chuckle) Very true. What stops you from quitting? Have you tried before?

BETTY: Yes I have and always ended up smoking again. It's just really hard.

DR. THOMAS: All right. What makes quitting hard Betty?

BETTY: Well, I guess it seems like not quitting is the easier thing to do. And, quite frankly, I guess I'm a little afraid I'm going to fail.

DR. THOMAS: Trust me I've heard that many times before. Tell me why you think continuing to smoke is the easier thing to do.

BETTY: Well, it just seems like there is a lot of difficulty and effort and...I don't know...pain associated with quitting.

- DR. THOMAS: So when you tried to quit in the past you experienced pain... emotional or physical?
- BETTY: Both. First morning I wake up, when I've decided I'm going to quit, I open my eyes and think, "Oh man, this is going to be hard." So, it starts immediately.
- DR. THOMAS: Alright, when you say to yourself "It is going to be hard," you feel uncomfortable. Can you better describe the feeling?
- BETTY: Well, it's kind of all over my body. Nervousness, anxious, uptight...it feels funny, hard to describe...
I get kind of jittery, I suppose. I'm kind of used to the physical action of smoking and, I don't know, I guess physically I do kind of get sweaty palms. And I just feel like I'm going to go nuts.
- DR. THOMAS: Any other physical stuff, like trouble concentrating, queasy in the stomach?
- BETTY: Yeah those too, for sure. Kind of a general antsiness.
- DR. THOMAS: So when you've tried to quit before your hands get sweaty, you feel kind of antsy and queasy and have some trouble concentrating.
- BETTY: And I just don't want to do anything. I don't want to go out, I get sort of depressed I guess. It's difficult to get through each day without smoking.
- DR. THOMAS: But you do get through your days?
- BETTY: Oh yeah, but sometimes it feels like I won't. You know? This is the worst thing in the world to break! And I've been a failure every time I've tried.

DR. THOMAS: ***Aha!*** I assure you that by the time we are finished with this program, you will also have an **AHA!**

What you just said has profound effects on your emotions. By the time you're halfway through this program I'll have taught you to recognize the actual physical feelings of anxiety, stress, fear and guilt, recognize what you said to yourself to create those feelings and calm yourself right down.

I will show you soon how the statement you just made is greatly interfering with your ability to quit, and moreover your ability to quit without a lot of stress and strain. Okay???

BETTY: **heh...You bet!!**

DR. THOMAS: Now, it feels so miserable because you have defined the body sensations you experience as just that, *unbearable*.

BETTY: **I guess, because I certainly hate the feeling.**

DR. THOMAS: Here is a definition that for the moment may be hard to fully agree with, but I want you to go along, and remember this definition as we proceed.

StopTip

It is *difficult* to quit, but not impossible, that *you don't like the feeling* you get when you're trying to quit, but you can damn well stand what you don't like! Your world will *not* end, you *will* get through it.

Okay?

BETTY: **I'll go with it.**

DR. THOMAS: Good; it's going to really click for you as we go so just remember it for now. Now let me ask you this: when you think about not smoking, do you get excited about that?

BETTY: Well when I think about the process of quitting it scares me. When I think about not smoking, yeah, because well, it would feel good feel to not be hooked on something and, you know, it is more and more difficult to smoke anymore, and I would be very excited about improving my health for sure.

DR. THOMAS: Okay that's good. Because you want to get yourself excited about stopping smoking. You want to prepare yourself by not thinking of quitting as a pain in the butt but thinking about all the GOOD things that will happen to you when you've quit!

BETTY: So when do we get to the part of hating my father and loving my mother?

DR. THOMAS: (laughing) Damned if I know.

BETTY: I thought that's what you guys do, you know, talking about my childhood and all that and...how will all that help me stop smoking?

DR. THOMAS: (Laughing harder) It won't, and that's not what we do. That's psychoanalysis. Which basically does little to help someone in the short run and nothing to help them in the long run. What I do is education. "Psychotherapy" is simply identifying things that bother you and giving you helpful information so they don't.

BETTY: So I can get over this feeling of wondering if you're like Bob Newhart or Sigmund Freud. And I don't have to feel like Mr. Carlin or Mr. Peterson or tell you all about my father huh??

DR. THOMAS: No. (chuckling) You *could*. But it would be a big waste of both our time. Now, if something with your father, or mother, or childhood is giving you cause to *perceive* they contribute to your smoking, then yes, we'll talk about that.

But ol' Siggy had his own problems. And we know a lot more today about the cognitive (thinking) and behavioral (doing) patterns of the human condition *and it does no good to simply analyze them*. Today we teach people, just like yourself, **how to not get overly upset or emotional by addressing where the upset is coming from and how to easily think your way down.**

When anxiety, panic, fears, anger, depression, guilt, stress and other emotions common to us all become inhibiting in our lives, or inhibiting us from improving our lives (such as quitting smoking), that's when it's best to seek out some education so that you can work through them.

BETTY: This sounds as though it's going to take some work. Do I have to learn new things?

DR. THOMAS: Well, that's really up to you. You can put as much or as little time into this as you want. But here are the facts, Betty. The reason why you've had such a difficult time quitting, and the reason why you've gone months, even years without smoking and started again is because you haven't put *enough* work into it.

BETTY: What do you mean? I really want to quit!!

DR. THOMAS: Now, that attitude is better because indeed you WANT to quit instead of *needing* to. But it takes more than just desire. You wanted to get your college degree. You wanted to get the “perfect” job. You wanted that promotion. You wanted to start your own business. You wanted that new SUV. *But hell, just because you wanted them didn’t mean they just happened.*

No matter what you want to achieve, do, get, etc means that you have to put some level of work into it.

Whatever you have achieved in career, family, hobbies, relationships...virtually everything has to do with the varying levels of effort that you put into it.

Stopping smoking with little stress, strain and frustration is no different. **You will do better at it the more you learn and practice.**

StopTip

Quitting smoking is a big head game. Smokers not only have a chemical dependence on smoking, there is an emotional and behavioral aspect and reactions to life that contribute greatly to the desire of smoking, and the act of smoking.

It takes some work, some education if you will, to quit ANY addictive substance. That’s a fact of life. How much work is up to you.

BETTY: Okay, this “rational thinking” you’re talking about, why aren’t we all born to think this way?

DR. THOMAS: Basically we are. We're all born with the same basic abilities to emotionally react to situations in all the same way. Genetics alters our decision making but also, and even more importantly, as a human being develops differently, the outside influences come into play.

Everyone from our parents, teachers, clergy, friends, even media, then has effect on our thinking and how we tend to upset ourselves, or not. So our thought patterns become conditioned and comfortable to us as we develop and mature.

As we go on this will become very evident to you. Let me sum it up for now by saying that what we teach is very normal and natural. It may not feel that way to you at first because you most likely haven't been very exposed to it before. But it will all make sense and come together for you as we go along. It may be new to you, but it is not hard.

BETTY: **How *come* it's new to me?**

DR. THOMAS: Well that too will become more evident. But the short answer to that is that cognitive behavioral therapy (CBT) has not been around that long. About 50 years. In the past 20 years it has become the most widely used and recognized form of psychotherapy and self-help education in the world.

At your age you weren't exposed to it in school or by teachers or by your parents. The most likely place you would have been exposed to CBT would have been through maybe a work sponsored stress-type seminar or an anger management class or something like that. Nearly ALL of these are CBT based or based on Rational Emotive Behavioral Therapy (REBT) and REBT is the "grandfather" of CBT.

And the reason it is so widely used and recognized is because it is simply talk-thru educational type help...nothing weird.

BETTY: Whew! You just covered a lot of ground there. I think I'm going to be learning a new alphabet with all these acronyms. Let me see if I can summarize what all you just said.

-No couch

-No hate my mother/love my father crap

-No Primal Scream or Rolfing

-No you saying... "I see..." a lot

-No "Hi Bob!"

-No envying of the other sexes reproductive organs

-No drugs

-Nothing radical

-The more I put into it, the more I get out of it

-You're just going to teach me how to deal with the emotional triggers that contribute to my smoking thoughts and behavior but it's up to me to learn it and use it?

DR. THOMAS: You got it!

In a moment, I'm going to tell you why we smoke and why we find it so *difficult to quit*, but first I'll take you through the steps leading up to quitting.

Let's lay it all out so you know what's ahead of you. Okay?

BETTY: Okay! I'm certainly ready for that!

DR. THOMAS: Good. These are what we call our **Ten StopSteps**. Here I show how you will go about stopping smoking, **step by step**. I've also indexed what Sections from throughout the eBook that may pertain to a certain topic so you can easily refer back to this StopStep list as a reference guide when you want clarification or a refresher.

If you will follow these steps and use the information in this audio book, our eBook and our Bonus Books, you will achieve your goal of stopping smoking with as little stress and discomfort as possible.

The Ten StopSteps to Quitting

StopStep #1

Set a date to quit. Today, tomorrow morning, the next few days. But quit putting it off. You will get a great deal more benefit from our program by quitting.

You cannot effectively practice our methods while you continue to smoke. You cannot effectively use ANY program to quit...if you don't QUIT!

If you continue to make excuses you won't quit and you know why? Because there is never going to be the "perfect moment" in your life to quit. So stop putting it off and pick a date.

See Section 2 and learn how to change your thinking about smoking, and how to use this very effectively to quit.

StopStep #2

Prepare for the date by making your Good/Bad List. See Sections 3 and 4 for complete explanations of the List. Examples that you can print out are in our ebook.

StopStep #3

Prepare yourself in the last days that it is going to be challenging, but not painful. Continually remind yourself that at times it will be uncomfortable, but you'll be able to stand it and get through it.

Go to Section 2 to see how to sit down and think through the process of quitting and how you will adjust your thoughts to amazingly help you quit.

StopStep #4

Pick a project to do. Seriously, this is important. It will be both beneficial and serve as a distraction for the first few days. Organize a closet or the cupboards, get your taxes done early, create something...make it productive and make it something you can do with your down time for the first 5 days.

*Go to **Section 13** and read up on our various Relaxation and Breathing Techniques as well as a number of Distraction Methods to also help you cope early on.*

StopStep #5

Decide if you want to use any nicotine substitutes. Nicotine Replacement Therapy is an appropriate course of action for some people.

Or decide if you want to use an herbal quit smoking program. There are many quality herbal products on the market. Just be sure to deal with a reputable company.

Drink lots of extra water and fruit juice in the first few days to help cleanse your system.

See Sections 14 and 15 for our thorough discussion of NRT's as well as everything you can expect from nicotine withdrawal and other physical reactions from quitting.

StopStep #6

Quit at night, wake up the next morning a non-smoker. There really isn't a better day to quit because everyone's situations are different. But, as far as time of day is concerned, it's best to start the day fresh as a new and committed non-smoker.

In Section 8, we tell you how to fully prepare for your quit date and how to actually have your brain help you to stop smoking.

StopStep #7

Go to bed that night and say goodbye to your cigarettes. Throw out the ash trays. Wake up the next morning determined to have a good attitude. Start the day knowing that you are determined to be a non-smoker and are happy about your decision. Continually remind yourself of all the GOOD things that will happen because you've quit smoking.

You may feel some anxiety or even a little depression or sadness begin to creep in.

In Section 14, we go into detail on how anxiety is created and how to swat down any anxious or nervous feelings. And in Section 18, we tell you in easy terms how to bring yourself right up out of any feeling down. In our Bonus Book #5, we go into further detail on how to deal with any feelings of anxiety and nervousness.

StopStep #8

Realize that you will have urges and cravings. It's what YOU DO with those cravings and urges that make all the difference. Gum, hard candy and cinnamon sticks can help. But there is a lot more you can do to help yourself.

In Section 11, we give you 16 tips on how to deal with urges and cravings, and have devoted Bonus Book #1 "How Long Does it Take to Get Over the Urge to Smoke?" to overcoming urges and cravings.

StopStep #9

Prepare to do things differently. You know why? Things ARE going to feel different. You're adapting to physical changes and psychological reactions so sure it's going to feel different.

So go with that! Don't be fearful of change or what's different. Run with it, embrace it! Take this time to re-arrange the furniture, clean out the car, sit in a different place!

*In **Section 12** we talk thoroughly about the emotions you'll experience from quitting, but most of all how to remain calm and smoke-free.*

StopStep #10

Prepare yourself before getting into a situation where you know you may be tempted to smoke. Visualize it ahead of time with determination not to smoke.

Be careful though! Don't let that visualizing backfire and turn into anxiety!! We show you how to be prepared for any upcoming smoking situation in **Section 11.**

Lastly, you want to accept the following for the fact that it is.

FACT: You can change your behavior, feelings and emotions by changing the way you think about yourself, others, and life situations.

And throughout *Quit Smoking-Be Happy!* we're going to show you how ***the way you think about something affects how you feel about it.*** We'll show you how changing the way you think about quitting smoking increases greatly your ability to quit successfully.

We'll also teach you that changing your thought process can help you with the stresses and urges that go hand-in-hand with quitting, and ***how the whole process can be accomplished with little to no stress or strain.***

Section 1B: Why You've Failed Before But Won't This Time

DR. THOMAS: Now, when you want to change a habit the most critical place to start is to address why you want to make the change. What are the reasons you give yourself to make this change? With smokers, it's often health related reasons, but there are other reasons as well. People want to quit smoking because it is inconvenient to smoke these days...

BETTY: Yeah or family pressures.

DR. THOMAS: Family pressures, many view it as unsightly, most people can't smoke on the job, so they end up being isolated in some remote part of the property on break, or if you work in the public school system on a street corner off the property grounds.

BETTY: Yes and it's become unprofessional in a lot of circles anymore.

DR. THOMAS: Yes, smoking used to be much more the norm in our society; not the case any more.

Plus over the past 20 years or so, people have become much more aware of health and fitness; they're thinking more about health and about living healthier lives.

Still, when you start looking at all the reasons why you want to quit, and when you begin to think about those reasons, what you notice are the thoughts tend to be negative, am I right?

You know there are positive reasons to quit, **but you allow yourself to overwhelm them with the negative thoughts about quitting.**

So Betty, you've stated that your primary motivation for quitting is for health concerns and you're primary reason for not quitting is to avoid the pain and discomfort you associate with quitting.

And that is where we will truly begin. You want your thoughts associated with not smoking to be encouraging, upbeat, in other words, motivating! You want to get **turned on** to the thought of being a non-smoker. That's how you're going to Quit Smoking and Be Happy because if you're only focused on negative reasons and thoughts then your strategy will be the white-knuckle approach, at best. And that is not at all the right approach to quitting.

BETTY: So that's what you were talking about in the last section... *that our thoughts affect our emotions.* And you're saying that negative thoughts make it tougher for me to quit.

DR. THOMAS: Yes, and let me clarify further about Rational Thinking and Rational Emotive Behavior Therapy (REBT.) We are not talking about just having PMA--a *positive mental attitude*--nor are we talking about so-called *Positive Thinking*. Those are all well and good, but if you do not back up the thinking with reasons as to how you got there, the effects are short-term and weak. And the possibilities of relapse down the road skyrocket.

Do not confuse positive thinking with rational thinking.

Rational Thinking deals with what you say to yourself that creates upset. Your reactions to negative things happening around you and "to you" are what create emotions that lead to your smoking behavior. We teach you how to handle these situations for long term effect.

BETTY: Like what was said at the beginning of the book...if we weren't taught **why** $2+2=4$ then we would've never been able to learn any

other arithmetic or beyond. **Knowing *how* to have positive thoughts and *how you arrive at them* so you can apply the same to most any stressful situation in your life.**

DR. THOMAS: That's exactly right. See? I told you this stuff would be easy to follow and make sense.

In order to understand why you smoke and why it's so hard to quit, I want to take a few moments to talk to you about things common to all human beings.

So let's keep going with a brief look at the human condition and how we as human beings tick. And when we don't tick necessarily the way we want to, what we can do about it.

BETTY: **I've always wondered what made me tick!**

DR. THOMAS: (laughing) Yeah ...Psychologically speaking, we have four basic life processes, **Perception, Thought, Feeling, and Behavior**. These four processes inter-relate.

This means, that you cannot purely experience any one in isolation. For example, you cannot think about smoking, without perceiving what is going on around you, experience feelings; even if they are neutral, and then behave in reference to the thought.

BETTY: **OK, I think I got that...what you're saying is that our inner thoughts, our self-talk, happen at the same time as our brain sees and feels what is happening around us?**

DR. THOMAS: Correct. In making a change, such as breaking a smoking habit, we focus a great deal on **Thought** because research is conclusive that a person can absorb new learning to new situations much quicker if they are **aware of what they are saying to themselves.**

BETTY: **Makes sense!**

DR. THOMAS: Interestingly, we as human beings are unique, in that we cannot only **Think**, but also **Think** about our **Thinking!** Stop for a moment, close your eyes and listen to your thoughts.

BETTY: **Okay...(pause)**

Now isn't this interesting! Seriously, I never thought about our ability to Think about Thinking! Amazing what our minds can do!

DR. THOMAS: **And the more *thoughts you become aware of***, the quicker and more efficient you can become in changing them, or re-educating yourself, to achieve the results you want...which is to not smoke and be happy about it!

BETTY: **Keep talking...**

DR. THOMAS: Let's talk about the brain for a moment. It basically has two functions. The first function is to *move you toward pleasure*. The second function is to *move you away from pain*.

BETTY: **Okay...**

DR. THOMAS: Let's look at this with regard to quitting smoking. You are not alone when it comes to your "fear" of quitting, if you will. It's quite common to associate any thoughts of quitting with how difficult it is to quit.

Most people, actually, have such a thought process to quitting. Maybe because they have tried before and that's what they experienced. Maybe they have seen all the ads which indirectly

promote discomfort and strongly suggest that you must buy their product to be successful or to avoid this agony.

No matter how these associations originated, *the brain begins to link this idea that when I quit smoking I'm going to feel a tremendous amount of pain and discomfort*, and so what does the brain tell you to do at that point?

BETTY: It tells me that it is easier *to not quit than quit*.

DR. THOMAS: Right, and it tells you at that point that if you quit smoking, you are going to experience a lot of discomfort and uneasiness.

BETTY: I know that feeling.

DR. THOMAS: Sure you do. And I'm going to get you over it. The only way the brain knows how to get away from this distress is to smoke. So your brain is *actually helping you*. It is doing naturally what you tell it to do. "I think of quitting, I think of pain and discomfort." The brain says "*that's not going to work... so don't quit, start smoking again.*"

BETTY: Well, that is a revealing look at it, and it makes a whole lot of sense.

DR. THOMAS: Let me give you another example. This isn't a smoking example but it's a great quick story on how the brain works in a pain/pleasure fashion and you can draw a good analogy to quitting smoking from this. A friend of mine *really dislikes* getting up early in the morning when it's still dark.

BETTY: I can relate to that, too.

DR. THOMAS: This friend happens to be my wife. And she has to leave the house about 7:00 every morning, so she has to get up when it's dark out at least 5 days a week. Well, what does she say to herself in the morning when she wakes up and it's dark? She tells herself all of these negative things about getting up when it's dark out.

(whining tone)

"Oh, I gotta get to work."

"I don't like my job right now."

"Oh, it's gonna be so hot and sticky today."

"People shouldn't have to get up so early in the morning."

"People should be able to wake up casually and easily, and during daylight hours."

And probably a variety of other things. So, what does her brain tell her to do? Stay in bed. *Simply stay in bed.*

BETTY: So these negative things she says to herself trigger the brain to go "hey, this is good for me to stay in bed." The brain's doing what it's supposed to do.

DR. THOMAS: Exactly. And here's where it gets real interesting (grinning) about how the brain functions, not my wife... See, we have a cabin up in the mountains, and a few times a year we go up to that cabin, and we usually leave early in the morning, about 4:00.

BETTY: 4:00 o'clock? A.M.?

DR. THOMAS: 4 o'clock in the morning. Yeah, it's about a 10 hour drive.

BETTY: Whew! It's still real dark at 4:00 o'clock in the morning.

DR. THOMAS: Yes it is and do you think she has any trouble getting up on those mornings?

BETTY: **Something tells me that she bounces out of bed quicker than everyone else in the house?**

DR. THOMAS: You bet. And what does she tell herself about getting up on that morning when it's dark? What is she associating the dark with that morning?

BETTY: **Something really fun.**

DR. THOMAS: Yes, fun, pleasurable, rest, relaxation, hiking, white water rafting, quality family time, fireplaces, Jacuzzis, all those things she associates with being very pleasurable for her. Now interestingly the event is the same here, that is, *getting up in the morning when it's dark*.

The difference being that she *associates* a **positive, pleasurable thing** to the mornings that we leave for the mountains, and she associates pleasurable things on those mornings while we're there, but on the other mornings she associates a lot of **negative or undesirable things**.

Now, that is pretty much what all of us do in our daily lives. We associate pleasure to certain events and things that we engage in, and pain to certain events and activities that we engage in.

So, if we are going to change a habit, and we will view smoking as a habit, *when we begin to change a **habit it is extremely important for us to associate pleasurable, positive things to the change in order to get our brain to help.***

- BETTY:** Okay, I get the analogy...that's good. But how do I identify negative thoughts and replace them with positive ones?
- DR. THOMAS:** Great question! *Most people, like yourself, associate negative thoughts to change. Not just habits, but most people view *change* as being difficult and begin to associate a lot of negative things to it. As a result, the brain fights it.*
- BETTY:** So that is perfectly normal?
- DR. THOMAS:** Absolutely...for all human beings.
- BETTY:** Okay, so if this is the normal way our brain reacts, how do we get it to react differently?
- DR. THOMAS:** Another great question! And that is what *Quit Smoking-Be Happy!* is all about.
So, let's get down to it. How much do you smoke on a daily basis?
- BETTY:** Say a pack or so a day.
- DR. THOMAS:** So that's 20+ cigarettes?
- BETTY:** Yeah.
- DR. THOMAS:** So 20 or so times a day you are coupling smoking with other things you do. I suspect that some of the times you smoke are after you eat?
- BETTY:** Yeah.
- DR. THOMAS:** When you drive?

BETTY: Oh, most definitely.

DR. THOMAS: When you get on the telephone?

BETTY: Pretty much.

DR. THOMAS: What are other times that you tend to smoke?

BETTY: Uh, morning coffee. Let's see...Well, of course, there is the old after sex cigarette and the going out to dinner or to a bar or something like that.

DR. THOMAS: What you are doing on a daily, regular basis is not only *reinforcing* smoking by the positive things *you tell yourself* about having a cigarette, but you are also *conditioning* all the triggers for smoking.

When you smoke a cigarette is there a process you go through to light up a cigarette? I mean is there a ritual kind of process, such as how you tap your cigarette package?

BETTY: Yes, there is.

DR. THOMAS: Pull the cigarette out?

BETTY: Yes, I actually tap it on my fingernail. I guess a lot of us smokers have some sort of ritual or something, huh?

DR. THOMAS: Yes. And like them you are exhibiting this behavior 20 plus times a day.

See, those behaviors are preparing you for the pleasure you are about to experience, smoking. *Foreplay* if you will.

- BETTY:** Well that's certainly not what I've called foreplay before, but when you put it that way, I guess yeah, it is! That's quite interesting.
- DR. THOMAS:** The antecedent or *pre-behavior* associated with the actual act of smoking *is there*, but often you are not even aware of what these behaviors are, and you are strengthening their connections with smoking. And each time you engage in this pre-behavior and you follow it by smoking, you have increased the probability that you will also do it in the future. It is called Classical Conditioning.
- BETTY:** I remember that from Psych 101. Something about unconditioned stimuli and conditioned stimuli.
- DR. THOMAS:** That's right. Take smoking after dinner as an example. Your smoking is continuously being paired with finishing a meal. You view smoking as pleasurable and you connect it with finishing a meal. *Completing the meal will eventually trigger thoughts of smoking.*
- BETTY:** Repeat that please.
- DR. THOMAS:** If you consistently pair an activity with a pleasurable experience such as smoking, eventually the activity itself will trigger thoughts of smoking. So each time you complete the activity, it will activate thoughts of smoking which then lead to smoking.
- Let me go back for a moment and look more at the idea of associations. I think we've determined that when you spend any time thinking about smoking that you have positive thoughts about smoking and negative thoughts about quitting, right?
- BETTY:** Yes we have. Quitting scares the hell out of me. And screwing up and failing does too.

DR. THOMAS: Well, those are two separate but equally self-defeating statements and attitudes. A little later we'll deal with "screwing up" and guilt, but for now let's stick with getting you over the scary part and getting you underway as a lifetime non-smoker.

The first thing we want to get you to look at is all the positive benefits associated with stopping smoking and being a non-smoker and all the negative consequences associated with continued smoking. ***Remember, you want your brain to help you, not fight against you!***

BETTY: **No more fighting!**

DR. THOMAS: Your focus right now is on how bad and how Terrible and awful and Horrible it is to quit smoking. You want to re-direct your focus on *how bad it is to continue smoking!*

BETTY: **How bad it is to *continue*...but how do I begin to look at the positive benefits, I don't know where to start?**

DR. THOMAS: Okay, well the first thing you want to do is just to *think about not smoking*. I don't mean think about quitting smoking. **Think about not smoking.**

BETTY: **What's the difference?**

DR. THOMAS: Well quitting smoking is the *process* of getting to not smoking.

BETTY: **Okay, so I actually spend some quiet time with myself and go through the process of thinking about not smoking and being a non-smoker.**

DR. THOMAS: Correct. And usually, up to this point, you have associated a lot of pain with the process of quitting, and not pain associated with continuing to smoke, or the pleasure of being a non smoker.

Some of the so-called blame for this can be put upon the makers of many cessation products and programs. They want you to purchase their product. They know the scientific and psychological data as well. *The advertising agencies put their spin on it to make you perceive the pain and discomfort associated with quitting, except if you buy their product.* They sell to the pleasure side of your brain so you'll associate that pleasure with buying their product. And they spend some big bucks to blast that on TV and radio and everywhere else.

It's hard to not get conditioned to associating a lot of agony with quitting with all that's being thrown at you.

But let's keep all that in its proper perspective and get beyond this pain and discomfort you associate with quitting. *Let's begin to take a look at you being a non-smoker.* Visualize yourself thinking, feeling, behaving as a nonsmoker, what you look like, what you sound like, what you feel like, etcetera.

StopTip

Make a List of what you are all about as a nonsmoker, the *positive benefits of not smoking* AND the *negative consequences of continued smoking*.

Section 2 The Single Most Important Thing You Can Do To Quit Smoking...And It Only Takes 5 Minutes.

BETTY: So, I actually sit down with a piece of paper or in front of my computer and I make out a list of all of those things?

DR. THOMAS: Yes you do, but spend some time thinking about it ahead of time. Then make your list.

BETTY: (whining, lightheartedly) Ohhhh...Doc. That sounds like homework or something. Really?...I gotta do that?

DR. THOMAS: No, you don't have to. I won't force you to. You don't *have to* do anything. But it *would be* a good idea. Like I said before, if you really have decided you're ready to quit, then put effort into it. It won't happen magically.

Plus, all I'm asking is that you make a simple list. If you spend some quiet time thinking about it first, and maybe even jotting a few notes, this won't take but 5 minutes. I'll even give you a good head start.

BETTY: (grinning) Okay, I'll quit whining then;

DR. THOMAS: (slight chuckle) Good. Now first, let me give you further explanation. I want you to recognize that you possess *a universal goal with all other human beings: to enjoy yourself more and to suffer less*. Would you agree with that?

BETTY: Absolutely!

DR. THOMAS: All right! Then it's time to get excited about being a non smoker, and putting this habit behind you once and for all.

Remember I told you I'd give you a head start?

BETTY: You didn't think I'd let you forget, did you?

DR. THOMAS: No. (smiling) *Think about the 5 senses.* You could start with sight. What do you look like as a nonsmoker? I want to know, do you walk differently?

BETTY: Well, if I'm not walking with a cigarette in my hand, yes.

DR. THOMAS: How else might you look different?

BETTY: I might be able to get the yellow stains off my teeth..

DR. THOMAS: Yep. Do you interact with people differently?

BETTY: Yes, I guess I would. I'm always worried about smoker's breath and smelling like smoke.

DR. THOMAS: After dinner, instead of stepping outside the restaurant, which is certainly becoming the case these days, can you see yourself staying inside and not having to go out?

BETTY: Yes, that would be nice.

DR. THOMAS: So, you really want to envision how you look different as a nonsmoker. That means in restaurants, that means at sporting events, that means at clubs, if you go to nightclubs and things like that, driving a car... I mean getting a sense of what you look like as a nonsmoker.

The things in your morning routine, your morning coffee, how do you look then? At lunch, after work, what do you look like not smoking. Begin to *really visualize* that and describe it in sentence form or word form and **write it down.**

BETTY: **Okay.**

DR. THOMAS: You could start with something like “I am more social”. The social part might be hooked into the fact that you don’t go away from everybody to smoke.

BETTY: **That would be great, actually.**

DR. THOMAS: You might visualize yourself engaged in more conversation. Let’s say you go to a dinner party at some friends’ house, and you’re not walking out on the porch with the 1 or 2 other smokers, while the other 10 or 12 people are inside the house interacting...

BETTY: **Right, and that’s about the right ratio anymore!**

DR. THOMAS: ...making sure that you are a far enough distance away that no one is going to irritate themselves with the smoke or make some comment about it.

BETTY: **Yeah, I can relate to that.**

DR. THOMAS: I’m sure. All right, now I’m going to assist you in completing your list and we’re going to give it a name. You ready?

Section 3: The Good/Bad List Will Keep Things From Getting Ugly.

BETTY: Okay, I'm ready. Help me make my list. And you're sure this is important?

DR. THOMAS: Extremely important. DO NOT SKIP THIS. This list is going to be extremely helpful to you and succeeding at your goal as a non-smoker.

BETTY: You got it. I realize this is a very important step in my process of quitting.

DR. THOMAS: So I want you to come up with short phrases, or even just words, that describe what you and your world are all about as a non-smoker. You may be more confident, maybe more social, healthier, more active, breathe easier, live longer, etc.

=>MAKE A LIST OF HOW YOU SEE YOURSELF AS A NON SMOKER.
=>HOW DO YOU SMELL?
=>HOW DO THINGS TASTE?
=>HOW DO YOU LOOK?
=>PUT YOURSELF, VISUALLY, INTO PLACES WHERE YOU NORMALLY SMOKE
=>PICTURE YOURSELF AS A NON-SMOKER.

BETTY: Okay, so I actually make this list of kind of key words or, kind of visualizing myself as a non-smoker and using the five senses as my guide?

DR. THOMAS: Yes, and I'm going to guide you through the list right now.

BETTY: **And you're really sure this is going to help me? Because, like, you know me and you know how impatient I can be about stuff like this...making lists.**

DR. THOMAS: **Yes, just hang in there with me! This isn't hard, it might make you use your brain a little, but it's not hard. And yes, in a moment, I'm going to show you how this is going to get you well on your way to quitting smoking.**

BETTY: **Okay, lay it on me.**

DR. THOMAS: I want you to think about your answers. And write down as many as apply. *There are no right or wrong answers.* You don't need to show them to anyone else...*this is your list.*

Okay, first of all is what we'll call the "Bad" list. These are all of the negative consequences of you continuing to smoke.

Number 1: to start the list, write down any bad things, like pains, shortness of breath, ANY health problems **that have happened to you because of smoking.**

(Rapid fire) Here are some examples: Burn holes in nice shirt, can't go on a hike or ride a bike, chest pains, got thrown out of an expensive hotel, burned my husband's car upholstery, missed an important call because I was outside smoking, offended an important client or customer with my smoking or smell, have chronic cough, sore throat, sinus infections, chronic bronchitis, etc.

Number 2: write down the worst problems you've had as a result of your smoking:

Like heart problems, throat or tongue disease, surgery, lung disease, cancer, divorce, lost a job.

Number 3: I want you to write down this statement:

If I continue to smoke, here are some bad things that will happen to me:

And I'll give you some answers to put down, and then you can add more if you like: (matter of fact/stern) Lung cancer, heart attack, stroke, emphysema, throat cancer, mouth cancer, brain cancer, living on oxygen, living in a nursing home.

Number 4: Write down the goals or pleasures you've given up on because of your smoking:

Examples here might include running, bike riding, jogging, tennis, evening walks, walking upstairs, going anywhere that doesn't have a smoking section, hiking, skiing, swimming.

Okay Betty you're with me so far?

BETTY: Yes sir, I'm with you Doc.

DR. THOMAS: Great. Now we're going to do what we call the "Good List." Here we go:

Number 1: The good things that will happen to you as a result of not smoking are:

Number 2: I want you to write this down:

The best thing that not smoking will do for me is:

Number 3: What immediate pleasant activities can you enjoy that don't involve smoking?:

Number 4: What long term goals can you accomplish as a non- smoker?

BETTY: Question...You didn't give examples on the Good List. How come?

DR. THOMAS: Because those are **your** answers. They need to come from you in order to be helpful to you. They are **your goals**. Most of the answers will come from your Bad List but you'll also want to set new goals and seek out the answers to your own pleasures.

BETTY: And when do I make this list?

DR. THOMAS: Well let's answer that in two ways for our listeners. If you've already quit, then sit down when you finish this Section and make the list. I want you to have the list completed before listening further.

If you haven't quit yet, then I really want you to focus on setting a quit date in the next 72 hours. Then spend some quiet time visualizing yourself as a non-smoker. You can then make your lists and continue on with the next section.

You cannot effectively listen to your self-talk while you continue to smoke so it's imperative to quit to get the most out of what I'm teaching you.

BETTY: You aren't going to give me the lecture on lung disease and heart disease and how many smokers die every year and how smokers contribute to the health insurance problem and all that? Isn't this the point where you club me over the head to quit?

DR. THOMAS: Nope. I give smokers the intelligence for knowing the health effects of smoking. *I didn't promise to make you quit.* I guaranteed that I can help you quit without pain and distress. You decide when it's time to quit.
When you do, then follow the steps I've outlined up to now.

This will accomplish 4 things Betty:

- Help to firmly establish your GOAL
- Help to give you motivation
- Adjust your focus to be successful
- Help you to be **Excited** about being a non smoker

The reason for the lists are because you want to have a *clear picture* of where you're going as a non-smoker, and you want that picture to be very *attractive and seductive*. You want to be turned on by the idea of being a nonsmoker.

BETTY: So let me make sure I understand: list all the negative consequences associated with *continued smoking*. Then list all the reasons, benefits to being a *non-smoker*.

DR. THOMAS: Correct. This is called *referenting* and will help firmly establish not just where you are going, but why. Your brain will not have a choice but to help you be successful in accomplishing your Goal, being a non-smoker.

BETTY: Okay, I can understand. So I've made my Good/Bad List.
Anything else...?

Section 4

How One Slip of Paper Will Keep You from Lighting Up

DR. THOMAS: Use these lists! By looking at these lists you've made, you are now telling yourself the Truth. Keep in mind though, that like any new knowledge, it is easy to forget. So you'll want to continue to strengthen and maintain these ideas because it is these thoughts, *these new beliefs*, which will drive you to be successful.

BETTY: What's the best way for me to do that?

DR. THOMAS: There are several ways:

StopTips

1. Take the Good/Bad List and boil it down to fit on a note card size paper or smaller. This "small list" is of *the benefits you've identified as being associated with not smoking* - The Good List -- (better health, being able to ride a bike, breathe easier, smell better, etc.) List them each on a separate line on (one side of) an index card . On the other side, list all *the negative consequences associated with continued smoking* (a summary of the Bad List).

Carry this list with you! In your wallet, in your car, have a copy in your office desk drawer and on your kitchen refrigerator. Whenever you have a strong urge, **pull out the list and read it!** Do this as many times a day as you need. *It will help.*

2. Work at it! Review the above lists regularly. Set aside a time every day to go over them, say for the first 3 or 4 weeks after you've quit. Even think about how your feelings may be changing as you look at them from time to

time. Add to your answers. Be aware of changes in your thinking and how it will change over time.

3. Make the commitment! Declare it to yourself and others. *Vow that you won't smoke again.* This will set a clear goal for you and help you in quitting.

4. Be persistent, if you smoke, so what...slips do not have to mean relapse and you are not a failure for struggling from time to time. Having a cigarette does not mean you have to continue to smoke. Look at your list and remind yourself why you are becoming a non-smoker. And re-confirm your Goal! **Remember you are in it for the long haul!**

Section 5 How Listening to Your Self-Talk Will Break Your Smoking Habit Now, and for Life.

BETTY: That's a great start for me, Doc. So make the commitment and make it stick. Now, before we go further, I'd like to hear more about what this rational theory stuff is all about and how it works in helping us to quit smoking.

DR. THOMAS: Good idea, I think this is an appropriate time.

BETTY: So tell me again what REBT stands for.

DR. THOMAS: Rational Emotive Behavior Therapy.

BETTY: Why therapy?

DR. THOMAS: REBT was developed in 1955 by psychologist Dr. Albert Ellis. He is the pioneer of Cognitive Behavioral Therapy, also known as CBT.

REBT is used to teach people how to deal with their emotions and move on with their lives. It is also used in self-help groups, seminars, workshops and self-help books such as this one.

BETTY: Therapy for like nut cases?

DR. THOMAS: (laughing) No, no, no. Just ordinary problems that we all face in our daily lives that sometimes are difficult to sort out on our own. We're not talking about mental illness, simply neuroses, self-defeating feelings and behaviors.

REBT is very research based and scientifically oriented but some compare it to more like a philosophy that teaches ordinary people just like you and I a better way of dealing with our emotions.

But we're not talking all emotions here. What REBT deals with are the intense negative emotions, like anger and rage, anxiety or nervousness, depression, feelings of guilt and self-damnation, low self-esteem. We teach people how to work through issues so they can be more productive in their lives and not be held back by their emotional upsets.

Here's an "official" description of REBT and rational thinking.

(As if reading this) "Rational thinking presents a vivid contrast to its illogical opposite:

- It is based on reality - it emphasizes seeing things as they really are, keeping their *badness* in perspective, tolerating frustration and discomfort, *preferring* rather than demanding, and *self-acceptance*;
- It helps you achieve your goals and purposes;
- It helps you to create emotions you can handle; and
- It helps you behave in ways which promote your aims and survival.

We are not talking about so-called 'positive thinking'. Rational thinking is *realistic* thinking. It is concerned with facts - the real world - rather than subjective opinion or wishful thinking."

BETTY: (slight chuckle) **Still I was relieved when I saw you didn't have a couch here...**

DR. THOMAS: (chuckling) No, most REBT therapists just use chairs. The whole couch thing is completely overrated.

BETTY: So, then, REBT, is it a big thing?

DR. THOMAS: Yes. Global. There are thousands of REBT therapists around the world, as well as a hundreds of programs and self-help groups.

Cognitive Behavioral Therapy (CBT) is the most widely practiced form of psychology and psychotherapy in the world. REBT is considered the grandfather of the CBT movement and is a leader in CBT psychotherapy. If you're seeing your M.D. and he or she recommends some sort of counseling for you, the most common recommendation is for you to see someone who practices in some form of CBT.

Most of the major insurance companies recognize CBT, and REBT, as a very accepted form of help. If you have mental health benefits, your insurance may cover at least part of the costs for therapy.

And Physicians know that CBT is simply *talk-through type of counseling* that helps people to address thoughts that create upsets. **That's what REBT is all about.**

BETTY: REBT is psychotherapy, not psychoanalysis, I understand that. I guess what gives some people some apprehension is where you hear about some of the weird stuff out there.

DR. THOMAS: Oh, you mean like Rolfing, Primal Scream, dream analysis, childhood analysis, electric shock, the going back to womb/re-birth thing...all sorts of things that do little to help address the core emotional issues. Some of these methods are very strange and do nothing to help people get better. They often will *feel* better for a while, but then relapse when future hassles come their way, which they will. These types of methods do nothing to teach people how to deal with everyday stress and strain.

BETTY: **So REBT is not for nut cases.**

DR. THOMAS: No, not at all! On a daily basis, between my colleagues and me we have people from all walks of life come to us for counseling. Psychotherapy has a “Hollywood” image that I think people are finally starting to realize is not true.

First of all, it’s not just for the rich and not just for the “crazy.”

As I said, we have literally all ages, races, occupations, etc. that come to our practice.

BETTY: **And they are there for...?**

DR. THOMAS: You pretty much name it: relationship problems, stress, anxiety, depression, substance abuse, anger problems, family problems.

We see troubled teens, kids with attention disorders, older couples whose sex lives have diminished, college students having stress difficulties at school...literally you name it.

And we use these REBT methods to help them successfully work through their issues and problems.

BETTY: **That’s cool. So is there anywhere I can go to learn more about REBT if I want to?**

DR. THOMAS: Absolutely. Visit www.rebt.org to see the official site. The philosophy is summed up right there at the top of the page: “Short Term Therapy - Long Term Results.” You will also see that the terminology, methodology and teachings of REBT are outlined on the site and they are the same as what we are teaching here in an applied smoking cessation program.

On www.rebt.org you'll see that Dr. Ellis is not only still alive and kicking, but still sees clients, and still conducts, after more than 30 continuous years, his now famous Friday Night Workshop on the campus of the Albert Ellis Institute in New York City.

For \$5, anybody can come and participate in this lively session where Dr. Ellis takes volunteers from the audience and helps them with their specific problem by teaching them the ABC method of REBT right there on the spot.

September 2003 was Dr. Ellis' 90th birthday, by the way.

Another good website to visit is www.smartrecovery.org Smart Recovery is a non-profit organization of Self-Management and Recovery Training. Through groups, writings, and a number of different ways Smart Recovery helps those with alcohol and substance abuse.

The Smart Recovery program is totally based upon REBT and originally formed several years ago as an alternative to AA for those who found AA didn't work for them.

Smart Recovery is now world-wide with affiliated offices and groups in all major cities. On their website, you'll find wonderful information and gain much more insight into REBT and how it helps people overcome all sorts of dependencies and habits.

Best of all, read some of the free articles on the site. It's the same info as we teach here, but you'll find it good reinforcement as well as possibly gain a better grasp in some areas when you read it in someone else's style.

BETTY: Wow. Okay, great info, thanks. I feel better knowing I'm dealing with something widely practiced and accepted.

You mentioned the ABC method of REBT. What is that?

DR. THOMAS: It's the method we use to teach you how to work through your emotions in any situation. It's very easy to understand and use and I'm going to unveil it to you in the next section.

Section 6 How You Will Be Happy About Quitting

BETTY: All right, what's next?

DR. THOMAS: Let's continue our explanation, as this will help you to see how your thinking gives you "cause" to smoke, and prevents you from quitting.

REBT teaches us to recognize that many times our thinking is not rational and it affects our everyday lives.

REBT also teaches us to recognize our *irrational* thinking and correct it so we can live more happy and productive lives.

BETTY: Can you give me an example?

DR. THOMAS: Absolutely. But first I want you to understand that we all, us humans, have one thing we share in common.

StopTip

Each of us has thousands of sentences going through our heads each day.

It is these sentences that I speak of when I'm talking about listening to your self-talk and identifying what upsets you.

In order to truly be helped by what I'm teaching you, you'll want to pay attention to your thoughts as much as you can.

Now, I want you to imagine something really bad happening to you. Let's say you imagine losing your job, or your husband losing his. I want you to vividly imagine that. Go ahead, close your eyes and see it.

How do you feel?

Now, what are you telling yourself in order to feel that way?

If you feel anxiety, nervousness or panic, then you're making irrational statements to yourself.

These irrational statements most often come in the form of musts, necessities, awfulizings, I-can't-stand-its, self-downings, and overgeneralizations.

BETTY: Awfulizing?

DR. THOMAS: *Awfulizing, terriblizing, horriblizing, shoulding* on yourself and others. These are terms we use often and we'll talk further about.

BETTY: Ooooh, cool, new words!

DR. THOMAS: (slight chuckle) So if you imagined yourself as losing your job and felt anxiety or nervousness about that, your thoughts might have included: "What if I lost my job? I CAN'T lose my job! I could never get a good job again. I can't deal with that! That would show what a total idiot I am! I'd hate that!"

BETTY: **But don't you admit that losing your job is bad?**

DR. THOMAS: Most definitely! It's very unfortunate, very disappointing. But not the *end of the world* and not the *end of your world*.

The musts, nevers, have tos, I can't stand it and the self-rating statements are what you flag and address. Change these beliefs to more rational or self-helping beliefs and the emotional upset will disappear. Then you can

approach any situation more rationally. I am not saying you *will like* the situation, but you will be in a much better position to cope with it. And that's what we're going to focus on next.

How to react more rationally to what's going on in your life, how it relates to your smoking, and how we can use rational thinking to quit and stay quit.

BETTY: So what would I say to myself instead?

DR. THOMAS: Well let me answer that with a little further explanation on rational thinking because it's important that you're clear on what makes up rational vs. irrational.

Simply stated, rational thoughts are those thoughts which can be (slowly) *Empirically supported, or proven, are Logical or make sense, and have practical value or are Functional.*

You may also write that down: ELF. Empirically supported...Logical...Functional. And you can think of ELF when you are challenging your beliefs. Is the belief **Empirically supported by hard evidence, does it make sense, it is Logical, and does it have Functional value?**

BETTY: Okaaaaaay...

DR. THOMAS: Okay, I'll explain that in easier terms. Here's what you say to yourself instead "*...that losing my job would not be good. But I certainly wouldn't be the first person to lose their job and in a position trying to find a new one!*"

“I have no evidence to support that I would never find another good job, and the fact that I’m alive and talking about it certainly proves I can darn well stand what I don’t like.” Losing a job does not equate with *idiot*hood, only that I lost a job, and that and 49 cents will get me a cheap cup of coffee.

My competency is related to much *more than simply my ability to maintain this employment.*”

BETTY:

StopTip

Good. So I’m beginning to get the picture. You’re saying that as we say things to ourselves all day long, certain things we say contribute to us being upset in a certain way like,...mad...nervous...depressed. Stuff like worrying about losing our jobs...and we don’t really realize we’re saying these things to ourselves?

DR. THOMAS:

Exactly!! And smoking is *largely driven by emotional issues*. So that’s what we’re going to address right now. First, a brief look at how our emotions are created. Then we’ll show how to use this knowledge to apply to stopping smoking.

As we said in Section 1, the following is a scientific fact. You’ll want to ponder it and give it some further thought.

FACT: *You create your own feelings by the way you think about yourself, others, and life situations.*

This is an easy fact for some people to *resist*, because it's such a new way of thinking to them. Still others because it doesn't seem right to think that they create their own emotional pain. Blaming things on others is more comfortable.

But it is empirically and scientifically the norm.

And since we're all normal here, this **Fact** applies to us all.

BETTY: Ah, I think I just made a big connection here. You're saying that at the core of our smoking are emotional issues. And we react to these everyday issues often times by smoking.

DR. THOMAS: That's right. And that's what I've been doing up until now...preparing your head, if you will, so that you can quit smoking more easily and painlessly. Now, here's something that will give you a little further pause for thought. Before you get a new emotion, let's say you get mad, what happened first? You noticed something, didn't you? You perceived some real event, or you imagined one, or you remembered one.

Then what happened? Well, you *thought something*. Every thought is either relatively *positive*, relatively *negative*, relatively *neutral* or *irrelevant*, regarding a particular event.

Your relatively positive, negative, neutral or irrelevant *thoughts* will trigger positive, negative, neutral or irrelevant **emotion** in you.

BETTY: Okaaaay, so what I say to myself affects how I feel. But how do I know when I'm saying something good or bad to myself?

I want to be saying good things to myself so that I can quit and stay quit.

DR. THOMAS: It is not a matter of good or bad, but more a matter of: **does this thought** help you to...

- > **Be Happy**
- > **Feel the Way You Like**
- > **Help You to Achieve your Long and Short Term Goals**
- > **Help to Preserve Your Life, and finally**
- >
- Keep you out of Conflict?**

It's as easy as ABC. I'm going to teach you how to deal with your *irrational thoughts*, thus your *self-defeating emotions*, and how to use this to combat your smoking habit and help you overcome it.

BETTY: Good. But I don't know...it just seems like so many Terrible things are happening in the world today.

DR. THOMAS: Well, it's true that there are many things going on that we don't like, that are very unfortunate, disappointing and it's certainly appropriate to wish they wouldn't be that way.

It's when you *demand* that they be different that the *extreme* emotional state occurs. And it is this feeling that usually blocks us from effectively working on the practical problems of living.

Here is another fact that you want to remember. You can even go to your eBook version and see that we've put these facts in boxes and you can print out this page and post it on your bulletin board.

FACT: The outside world, "it" "they" "them" never does anything to human emotions. YOU do everything to your emotions about "it." "It" CAN NOT cause your emotional feelings.

BETTY: So it's best for me to remember that someone else, or *them or they*, don't cause my emotional feelings. It's how I *think* about *them or it or they*.

DR. THOMAS: You got it. And with that understanding, let me explain the **ABC's** and how we'll use them.

ABC is a model for analyzing your own emotional state as well as your behavior, how you got there, and how to get out. All human emotions can be put into the **ABC model**. It revolves around the **FACT** that all human emotions *are created from within, not the world around you*.

BETTY: So if I accept the fact that I create my own emotions, I can use this same information to make myself feel better.

DR. THOMAS: Yes you can. And you can accept it because it is realistic, rational and true.

And that's why we have it broken down in an ABC format as well. The ABC model has been around since REBT's earliest days. It helps to emphasize the human condition and how we steer ourselves from one emotion to another.

We also use it because at first the notion of creating our own emotional upsets is a very novel thought for a lot of people. So it helps to make the point very simply and logically.

Section 7 Staying Stopped is as Easy as ABC

BETTY: Wow, acronyms bounding in from all directions!...so, what are the ABC's of REBT? And how will this help me with not smoking?

DR. THOMAS: (slight chuckle) I thought you'd never ask. This is very important to learn and understand...pay attention...you look like you're getting a little drowsy. Go get a refreshing beverage and come back because what I'm going to show you next is at the core of how to handle ANY emotional issues without smoking.

And hang with me because I want to continue talking about how you're going to un-learn your smoking behavior and most importantly how to deal with any emotional upsets. I want you to be prepared from the first minute that you put that last cigarette down.

So, here we go with the ABC's:

A=Activating Event These are your *perceptions*, what you notice, what is happening to you and around you.

B=Beliefs These are your *thoughts* about (A) your perceptions.

C=Consequence This is the result of your (B) belief. Your feelings of anger or anxiety or boredom or whatever your emotional state is. Also, this is the subsequent behavior, which in this case would be smoking or that you had a trigger to smoke.

When you master the ABC's, you master emotional control of your life.

BETTY: Whoa! Strong statement!! You just summed up *emotional well-being* versus *emotional upset* in the first 3 letters of the alphabet!

DR. THOMAS: Yes I did, and very confidently I might add. But it is true.
The ABC model has been at the center of REBT since the beginning. For 50 years now, the concept has been tested, improved upon and utilized by thousands of therapists around the world and ultimately is practiced by millions of ordinary people here in the U.S. and around the globe.

BETTY: So it's widely and easily accepted?

DR. THOMAS: Yes and no. Some people have a hard time accepting it at first and understandably so.

Some people want to contend that it's not mind-boggling enough. They want to believe that their emotions are much more complex and uncontrollable.

BETTY: I can see that. I mean, I went to college. I have a degree and even took some Psych classes. If my emotions were as simple as ABC, why couldn't I figure it out for myself?

DR. THOMAS: Because most people miss discovering their own emotional ABC's because their focus is off. When they think about the causes of their emotions, they don't look at their thoughts; they look only at the external world and tend to Blame.

Section 8 How Your Brain Tries to Steer You to Smoke and How to Steer it Back

BETTY: Okay, so what's next? I've made my list and I'm ready to quit. Do I go cold turkey or what do I do?

DR. THOMAS: First of all, I want to be sure you understand the last section. Get a grasp of the concept. Go ahead and listen to the last section again if you want. It is very important for you to feel you have a good feel for REBT and the ABCs. I'll be giving you many examples of how to use your ABCs in few moments.

As far as you being ready and what to do next: Well, in a perfect world you would begin to ease off and cut down your smoking. But as we talked about earlier in the book, your goal is to not smoke. You've made a commitment; set a goal, to quit smoking.

You've written out the benefits of being a non-smoker. You've also envisioned yourself as a non-smoker. And I certainly hope you recognize that this is not a perfect world. So, yes, it's just time to quit. You can call it cold turkey...

BETTY: ...or whatever you want to call it. But just do it?

DR. THOMAS: Yes, just do it.

BETTY: That sounds, like I said before, a bit scary.

DR. THOMAS: So, it's scary...Well it might be but let's say you decide to cut back and whittle down to quitting. What you're reinforcing in your head at that time is *smoking*.

Your *focus* is on *smoking* but your goal is to **Not Smoke**.

BETTY: I hadn't thought of that before. So working down to quitting *actually makes it harder to quit?*

DR. THOMAS: Yes, and you reinforce that by saying:
"This is sooo hard that I must take my time, take it slow."

BETTY: That does make sense...

DR. THOMAS: Your goal is to quit. You want to change your thinking so that you can *reinforce quitting*, not smoking. If you try any "cutting back" methods, *you become fixated even more on the smoking.*
Prepare yourself in the last day(s) that it is going to be challenging, but not painful. At times it will be uncomfortable, but you'll be able to stand it and get through it.

You may want to go over your Good/Bad List with your significant other or a close non-smoking friend. *Enjoy* your decision to quit, *celebrate* it, share it with people you care about.

Have them remind you of your reasons for quitting if you have urges. And remember that you've committed to quit as easily and with no or as little discomfort as possible. **That's what you want to reinforce in your thinking.**

BETTY: So I go through that thought process in my mind.

DR. THOMAS: You have decided that you've smoked long enough. At this point to continue to smoke would be self-defeating for you. It's time. Then you do it.

BETTY: Okay, I'm ready!

And, like we talked about earlier, my Thoughts are Positive and *focused on the Pleasure of quitting, not pain.*

DR. THOMAS: Good! So what are you going to do?

BETTY: Well, let's say today's Wednesday, I mean is there a better day to quit? Do I just, I mean, I am a little anxious about just throwing them out my car window at this point. Is there like this magic moment?

DR. THOMAS: As far as I know, there is no magic in the universe. Remember, NO BIG DEAL, pick the day for whatever reason you give it. Prepare yourself! Be ready to arise that morning as a non-smoker. Put a note on your bathroom mirror: **STARTING TODAY, I AM A NON-SMOKER!**
Herald your decision, be happy for what you are doing for your health and goals, and reinforce that.

It is best to quit in the evening before you go to bed. That way you can start a new day without smoking.

And prepare yourself the night before. Go through your thinking and how you're going to think in the morning when you get up.

BETTY: So I want to strongly tell myself that this time it is different. This time I'm going to wake up and be happy about my decision and ready to take on the challenge.

I'm going to be prepared to tackle my self-talk and my thoughts.

I know the reasons I want to quit and I have a lot of ammunition and courage going into this.

DR. THOMAS: Exactly. And be prepared for things to feel different. You know why?
Because it is different!

That's okay, different never killed anyone. A lot of people have some fear of change.

BETTY: Okay, well I've already made my list and I know the reasons why I want to quit. I've made my list of the bad things and I've made my list of the good things...

DR. THOMAS: Now remember on those bad and good things, the list that we're talking about here is the *positive benefits of being a non-smoker*.

BETTY: Yes...

DR. THOMAS: And the negative things we're talking about are *the negative consequences associated with continued smoking*. So it's not a good and bad list of smoking. It's a negative list of continued smoking and a positive list of not smoking.

BETTY: That's a good clarification for me Doc. So the lists are to reinforce my thinking about the bad things associated with continuing smoking and the good things associated with quitting.

DR. THOMAS: Right, because everything you tell your brain, you want it to help you with. **REMEMBER:** Your brain has two major purposes, one to *move you toward pleasure* and the other one to *move you away from pain*. You want to tell it the things that you find pleasurable.

So, with your goal to be a non-smoker and having committed to the benefits of that, as you tell your brain these things you will steer it away from negative thoughts associated with quitting.

So everything you feed your brain is then *helping you* to quit and *not working against you*.

- BETTY:** Okay, that helps put this into proper perspective and how to use the Good/Bad List to my benefit.
Now, what do I do on the first day?
- DR THOMAS:** By that, I assume you mean how do you handle the feelings on the first day. As I said, it will feel different, but so did the first day of school every year, or starting a new job, or meeting your future in-laws for the first time. You seem to have survived those things...you seem pretty unscathed by it all.
- BETTY:** (Laughing) Yes, I survived all that, although the in-law thing was a little nerve rattling..
- DR. THOMAS:** (laughing) Yeah, me too. But the point is there are new things that happen to you and everyone else each day. Quitting smoking happens to be more challenging than most new things, but just like starting a new job or first day of school, soon it gets to be more and more comfortable and after a while becomes the norm for you.
- BETTY:** Okay, but is there something I can do with my hands?
- DR. THOMAS:** It's okay to use some kind of crutch at first, but you don't want to replace one habit with another. Few things could be as self-defeating as smoking, but still your overall goal is to not need any crutch, instead flag your thoughts and dispute and change them, then you'll feel no need for a crutch.

Now, keeping in mind that you neither want to rot your teeth out or ruin your gums, you can use a straw or cocktail straw, and I just read some great advice recently from the American Lung Association. A spokeswoman

suggested in the early days of quitting to use hard candies or suck on cinnamon sticks. “They’re actually pretty good,” she said.

BETTY: I’ll try it. But I’m also a sweet freak, so I’m buying some Tootsie Roll Pops.

DR. THOMAS: But remember what I said...

BETTY: Yes, yes, just temporarily.

DR. THOMAS: And try to save using little crutches like that for only times of strong urges and as distractions. **Then get to addressing your self-talk to help you through it.**

Section 9 **Do I Tell Other People, and How?**

BETTY: **Can other people really help me through withdrawal?**

DR. THOMAS: No. You don't want to depend on anyone else to help you through this. It would be nice if everyone understands, but you want to be cautious because it's fairly common for people to give you bad and irrational advice. They don't mean to...they have good intentions, but it's still bad advice.

There are withdrawal type symptoms that come with quitting smoking and it will be good for you and those close to you to be aware of what they are. In this regard, it is helpful for those around you to know you are quitting and what your goals are.

In Section 15, we thoroughly cover the physical symptoms of quitting smoking, as well as the effects of nicotine withdrawal.

But it's very important now that we continue working on getting you emotionally and mentally prepared. Smoking is much more emotional and behavioral oriented than it is physical.

BETTY: **Sounds good. Then my next question would be what do I tell people? I mean obviously my friends and people at work know that I smoke. I guess they're going to notice anyway so is it best to go ahead and just tell everybody that I'm quitting smoking?**

DR. THOMAS: Yes. And let me tell you why.

BETTY: **Okay, I'm listening.**

DR. THOMAS: Well, fear of failure is a pretty common emotion that most all of us experience. We think we'll be embarrassed, or worse, if we tell someone we're quitting and then we don't do well, or don't succeed. We think "...but what if I'm not successful...?" How might they view me?

BETTY: Oh yeah, I've had those thoughts before.

DR. THOMAS: Again, we're wanting to make this your choice and NOT a big deal. It's your choice to quit smoking and you have the right to make that choice.

BETTY: Right.

DR. THOMAS: It doesn't matter what anybody else says or thinks. Now, when I say it doesn't matter, that doesn't mean that we're not *concerned* at other people's views but the bottom line is *it doesn't matter that much*.

BETTY: What other people think...

DR. THOMAS: It's your life.

BETTY: So what you're saying is that it's best that we're not over-concerned about what others might think of us if we're quitting or what they might think of us if we fail.

DR. THOMAS: Correct. What they think about you is *not your concern*; what they think about you is about *them*, not you, it is their opinion and *has little to do with you*.

Furthermore, and most importantly, *failing* or *succeeding* is about your behavior and not about you. YOU... are much more complex than simply your *smoking behavior*.

If the conversation comes up, you tell them. I've quit. You're neither avoiding the subject nor are you making a huge public deal out of it.

Bottom line, you have decided to quit, you have your reasons, end of story.

BETTY: **But don't I want to get that reinforcement from others of how good I am for quitting smoking?**

DR. THOMAS: Well you certainly want to be happy and proud of what you've done because you've set a goal and you're accomplishing it.

That's a good thing. But that doesn't mean anything about *you*. Just means that you were successful in achieving that goal. It doesn't mean you're a great gal.

Whether or not you continue to smoke or quit, **you are still a person with the ability to make mistakes and have bad habits just like every other human being. Or to be a fine mother, wife and person.**

And you have the incredible ability to succeed and have value to yourself and to others.

Later in our interview, we'll talk more about *rating only our behaviors and actions and not rating ourselves*.

BETTY: **Good, I look forward to that. So let me see if I can sum this up. Getting support from others is nice, but I don't have to have it.**

Bottom line is that everyone is human, everyone is capable of having bad habits, and I'm choosing to give up one of mine.

I don't need to broadcast it, but it doesn't hurt to tell others. Stick to my goals and reasons for quitting, and remember to not over-concern myself with what others are thinking of me.

But what about my husband...how can he help?

DR. THOMAS: Okay, let's talk about support from those closest to you.

BETTY: What about support from my significant other? I can remember my father years ago, when he quit smoking he was NOT a pleasant person to live with!

And I know in the past when I've tried to quit, I haven't been so nice myself.

I'm sure that quitting smoking has impacted many relationships, has it not?

DR. THOMAS: Absolutely... yes. Certainly having a conversation with your significant other, about what you're doing and what you're going to do is a good thing.

In the past you've had some difficulties and haven't been the most pleasant person to be around. But you don't want to cop out either because not being pleasant does not have to equate with not smoking, *the two do not have to go together*, this is a choice.

BETTY: Meaning that in the past I've had a lot of negative thoughts about quitting like "what a pain this is going to be; how bad do I want a cigarette, I'm miserable without smoking, etc." But this time around I have this great book to learn a new way to approach it!

DR. THOMAS: Right!

Now, I want you to remember this:

Fact: The idea that “if I don’t smoke it automatically causes me to be a difficult person” is false.

BETTY: Based on what we’ve been talking about up ‘til now I have a much better understanding of what you’re saying.

Because in the past, you’re right, without this knowledge of rational thinking, I’ve always thought ahead of time how difficult it was going to be and how much I was going to hate it and how difficult I’d be to everyone around me.

And my husband always thought that, “oh my God, she’s going to quit smoking. She’s gonna be a real &%#@ to live with!”

DR. THOMAS: Yes, and that’s another good reason to go over this with him ahead of time. Your thinking is going to be different this time so you want him to know that and you are **not** going to cop out and blame your not smoking on any poor behavior.

BETTY: So based on what we’ve been talking about, it is not a necessity to be a bitch or a bear, I can actually quit and be happy about it.

DR. THOMAS: Exactly, you can quit smoking without being a DC...a Difficult Customer. That being said, keep in mind that changing a long-time behavior such as smoking takes work and there will be some bumps in the road.

BETTY: Every second of every day ain’t going to be peachy...

DR. THOMAS: (chuckling) No, it won't. You may notice times that you're a more agitated. You might notice that you're a little more short with people. The key is when you notice it, to do something about it.

Don't blame it on not smoking. The creator of that irritation is you and your thinking. Your body may feel uncomfortable but we have an entire section devoted to handling that coming up.

BETTY: **You're saying to listen to my thoughts and figure out what's irritating me. Go through the ABC process of breaking down my thoughts...**

DR. THOMAS: Yes, so that ultimately you *see what thoughts are creating the irritation* so you can fairly easily begin to **challenge the thinking** that's driving it.

Physical sensations do occur with many people be it from the nicotine withdrawing or whatever, but there's almost always a thinking overlay that occurs.

This pattern of thinking/feeling/thinking is part of the daily process for all of us. What happens is... say you notice an uncomfortable physical feeling you have. Now it could be from a bug or virus, muscle fatigue, anxiety about something, blood sugar fluctuation, caffeine, etc.

Your brain says to you to label it, frame it as being caused by something. In this case it's not smoking and if you label the feelings with words such as it's *awful, Terrible, I can't stand it*, hell I shouldn't have to feel this...**and lo and behold what occurs is you start feeling worse!**

BETTY: **I can relate...**

DR. THOMAS: Or you get pissed. You get angry, "I shouldn't have to go through this, this is bulls#@&%!" and others types of things you might say to yourself.

Remember that **you create the irritation with your thinking**. Don't cop out and say smoking, or not smoking, is causing it. Even if you didn't create the initial sensation, *you now have created the aftermath effect*.

BETTY: So even if my thinking didn't create the initial irritation, **my thinking has created the outcome**. There's an in between thought that I'm not addressing, and it's that thought creating the increased irritation and the inappropriate behavior that follows.

DR. THOMAS: Yes, and perhaps your mate can prompt you when you are behaving poorly, which can cue you to work on it...

BETTY: All of this happening in conversational tones, not raised voices, of course.

DR. THOMAS: Sure, there's no reason to raise voices. He could help you by simply pointing out a behavior that's related to some sort of irrational thinking or thought.

BETTY: Okay. So I **listen to my thoughts** to determine what's creating the irritation, shortness, whatever. And then I take it upon myself at that point to do something...

DR. THOMAS: ...about it. *Don't make your mate responsible for helping you feel better.*

BETTY: Why?

DR. THOMAS: It's not *their* problem. It's *your* problem.

BETTY: But they can help to point out to me that if I'm irritated and want to smoke, then go and sit and think through what I'm really irritated about?

They can help to remind me of my goals and that I'm the one in control of my emotions, not cigarettes.

DR. THOMAS: Yes, that would be nice, and that's why it would be a good idea to discuss the contents of this book and the principles you're following. Then they could help you along the way and maybe help themselves not be disturbed about your behavior.

BETTY: **Do they have to?**

DR. THOMAS: No, no, no, but hopefully they'll be interested. Don't make it a have-to that they learn more about it.

BETTY: **Okay.**

DR. THOMAS: Because they may not want to. But certainly teaching them that how thinking drives feelings is a good thing for them to help them deal with their own stress level too.

BETTY: **That makes sense.**

So what else am I going to do to help me in my goal of quitting smoking?

Section 10 How to Stop Thinking Like a Smoker

DR. THOMAS: STOP

BETTY: STOP?

DR. THOMAS: STOP

STOP is our acronym designed to help you when you are having a difficult time with not smoking.

We've already discussed that *thinking plays an important role in our behaviors and in changing any behaviors.*

Keep in mind that for all human beings there is a part of our thinking that is *very hedonistic, very pleasure-g geared.*

We talked about the brain as far as leaning towards pleasure and away from pain. **That's really the human condition: to be pleasure-seekers.** And I think we can all admit that a lot of pleasurable things aren't healthy for us.

BETTY: Like smoking...

DR. THOMAS: Overuse of alcohol or drugs...

BETTY: Eatin' a whole bag of potato chips at one sitting...

DR. THOMAS: Yes, that too...a whole variety of things.

BETTY: The list could go on a long way.

DR. THOMAS: It could indeed. But again, that's the *human condition*. It's that hedonistic tendency of ours that often times gets us into trouble.

BETTY: **And you're saying we're all that way.**

DR. THOMAS: Yes, it's a natural tendency of humans to seek pleasure and avoid pain.

BETTY: **Okay, that makes sense. I'd have to agree...**

DR. THOMAS: So, we have this hedonistic pleasure seeking tendency and when we're denied, either by our own choice or by the world at large, of something we strongly desire, even if it's not good for us, we still go for it.

We've always associated smoking in the past with pleasure.

BETTY: **I most certainly have.**

DR. THOMAS: All right, there is this voice in our head, the same voice that we talked about earlier as far as the *thoughts that go through our head*. This voice is unique to you...it is *your voice, your thoughts*.

But for these hedonistic reasons, *it often tries to convince us* that it's okay to do something pleasurable that we know it not okay.

Smoking is a good example, and this is not a lecture. But cigarette packs have warning signs on them. And the data seems fairly clear, that if you smoke long enough you will have health problems.

BETTY: **And those warnings on the sides of the packs have gotten pretty explicit anymore. They didn't used to be that way. But I think it's pretty hard for anybody that smokes to have their eyes closed to the fact of potential health problems.**

DR. THOMAS: So, given the fact that there's probably not a person alive who doesn't realize the very real risk they take, they take it anyway.

BETTY: I have often wondered about that.

DR. THOMAS: It's part of our hedonistic tendencies. We've associated so much pleasure with it, or we've associated so much pain with not doing it.

BETTY: Again, I can really relate to that.

DR. THOMAS: Now this voice is similar to the irrational voice that we've been talking about, but has a little slight difference to it in that it's more convincing in its style and this voice is something we want to tune in to and hear so we can respond to it and combat it.

BETTY: The hedonistic voice...

DR. THOMAS: Yes. This voice tells you all the excuses for continued smoking *"it's too hard, if I cut down I can continue to smoke, one cigarette won't hurt me, my x-ray was clear, I don't have any hack like other smokers..."*

BETTY: "I'll quit when I'm 40, 45, 50 ..."

DR. THOMAS: Right, and so on. You want to be aware of that voice because I'm going to tell you how to respond to it. Remember, simply stated, the hedonistic voice is any *positive thoughts you have about smoking or ideas designed to convince you that continued smoking is OK.*

And our acronym **STOP** is going to help you battle back that irrational voice and dispute it, and replace it with a rational one.

S = Smoking Opportunity
T = Thoughts toward Smoking
O = The Opponent
P = Prize your Success

Okay, you'll want to write this down too. S-T-O-P;

The S stands for Smoking Opportunity. The T stands for Thoughts toward Smoking. The O is the Opponent, and the P stands for Prize your success.

The **S** stands for any **Smoking Opportunity**. Mentally you're going to want to throw a stop sign up in your head when you recognize a Smoking Opportunity.

Recognize what your smoking opportunities are: they will always be related in some way to anxiety, nervousness, guilt, depression, and anger.

So the **S** stands for *any situation* where you might find yourself wanting to smoke. Other examples may be when you have coffee in the morning, you get in the car to drive, or after dinner.

BETTY: Gee, there are so many situations where I smoke.

DR. THOMAS: That's OK, because once you begin to identify potential triggers for smoking, you can begin to change those environments that have promoted smoking in your past.

Let's move to **T**, these are the **Thoughts** which drive your desire to smoke. Any *positive* thought of smoking would be the thoughts which we are looking at here. Any thoughts which endorse smoking. These will be what you'll work to identify, dispute and **STOP**.

Next, **O**, the **Opponent**. Who do you think is the **Opponent**?

BETTY: **The cigarettes...**

DR. THOMAS: Interestingly, no. The *Thoughts* are the Opponent, not the cigarette.

Dispute and challenge them, tell yourself the Truth!

BETTY: **The truth...I'm in charge of my thoughts and my feelings!**

DR. THOMAS: Right! And finally **P, Prize**, prize your behavior. Celebrate your accomplishment, reaffirm your goal, and honor your decision to not smoke.

So the dialogue might sound something like this, "It sure would be nice to have a cigarette right now, **STOP**, this is a **situation** where I have smoked in the past, yeah, like a lot of situations, a Smoking Opportunity."

"What kind of **Thoughts** am I having right now?...I sure could use a cigarette, dang, I can't stand being deprived, just one cigarette, what harm will it do, no one will know...**STOP!** Bull#@\$, these thoughts are not helping me, they are my **Opponent**."

"I don't need to have a cigarette, I stupidly believed *I did in the past*, but not anymore, and I **certainly can stand** what I don't like and even though I feel deprived right now, *it will pass.*"

"The harm it will cause has already been researched, lots, and I don't care who won't know because the most important person here will, *and that's me!*"

"I choose to not smoke and I will Prize my choice to not smoke. It's my life and I choose to live it not smoking!"

BETTY: **I'm going to print this out and carry it with me!**

DR. THOMAS: Good. Because it's one of our tools that will help you to convince your brain to help you, not fight against you.

BETTY: Okay, what other tools do you have to tell me about right now?

DR. THOMAS: Well, this isn't really a tool, it's more along the lines of words to live by. But if you will remember this next statement as we go along, and work on adapting what we're teaching and what REBT has to offer, these words will make more and more sense and will indeed help you to accept yourself and whatever comes your way. I have it framed and printed and hanging prominently on my office wall. You'll want to write this down to. Here you go:

Everything

that

happens

today

should

happen.

Section 12 Recognizing and Overcoming Urges

DR. THOMAS: In a few more minutes, in what may be the most important section of our book, I'm going to talk about the word "**should**" and how it is the most damaging word in our vocabulary. Moreover, I'm going to show you how to NOT use it and how THAT will have a wonderful impact on your emotions. But first let's talk about urges to smoke once you've stopped. You want to accept the fact that you are going to have urges to smoke.

BETTY: Oh. I was hoping I wouldn't experience any strong urges to smoke.

DR. THOMAS: That would be nice wouldn't it? But, no, the chances are pretty good that you're going to experience urges. Remember, you're working at *un-learning a behavior*; one that you've used when you feel emotionally disturbed in one way or another.

So, no, you're human...you'll have urges.

BETTY: Yeah, I guess I can't expect to wake up one day and say "This is it! I'll quit smoking today and it will be easy!"

DR. THOMAS: As we've discussed up to now. **It can be as easy or as difficult as you make it.** If you're bound and determined that it's going to be hard, *then it will be hard*. If you tell yourself that it's too hard, you'll most likely fail. "**Too hard**" can't really be defined, can it?

StopTip

It can't really be "too hard" because if it was *too hard* you would die. And by telling yourself it's too hard, instead of that it's *simply hard*, then you bring the level of difficulty into perspective.

You want to **FLAG** your thoughts, start more intently listening to what you're saying to yourself. This is at the heart of REBT and what you are learning to quit smoking.

BETTY: Flag my thoughts...listening to my "self-talk." But it is hard to quit, am I supposed to deny that it's hard?

DR. THOMAS: NO...absolutely not! It is hard to quit smoking and there is no harm done whatsoever in telling yourself before you quit, and while you are quitting, that sometimes it is hard.

But there's a big difference in telling yourself that it's hard and telling yourself that it's *too hard*. **Too hard** pretty much means that you can't stand it. And you know that in rational terms, you CAN stand it.

Acknowledge the fact that it's hard, then remind yourself of *all of the "good" reasons to quit*. Pull out your Good/Bad List of the positive benefits of not smoking and the negative consequences of continued smoking.

BETTY: Okay, so I admit that it's hard, say, yeah, so what...lot's of things are hard. Nobody said everything in life should be easy. I'll just remind myself of all the positive results that will come from not smoking and be happy about those results, look forward to those results, and move on.

But what about physical urges, aren't there like, physical urges from the nicotine and all that?

DR. THOMAS: Nicotine is flushed out of the body in about 3 days. Some of the other chemicals in cigarettes linger longer, but they do not cause withdrawal symptoms. At that point, all urges are in your head.

Hang with me here. We have a whole section devoted to nicotine and other physical symptoms related to giving up cigarettes. It's very important for now though that we continue to work on your emotions and preparing you for the mental gymnastics of quitting.

BETTY: Okay, that makes sense...keep preparing my head.

So what do I do when I have a strong urge? I mean, when I really have that urge, I can't seem to stop myself.

DR. THOMAS: You'll want to develop better skills at recognizing and resisting urges. People's beliefs about urges are *very often distorted and unrealistic.*

You want to learn to stop yourself and identify your Irrational Belief your IB. Think it through. Then replace it with a Rational Belief... RB.

We'll be talking much more about IBs and RBs as we go along. **Irrational Beliefs** apply to all of our negative emotions such as fear and anxiety, anger and rage, depression, low self esteem.

We use the ABC model to **Dispute...D...** IBs and turn them into RBs. Here's an example of a Disputing model using the ABC's. The A -Activating Event- in this case would be something that happens that makes you feel an urge to smoke. C - the consequence- is the urge, the feeling itself, the consequence of B. B is the Belief that you need or must have a cigarette to cope with the feeling. The stronger the IB, the worse is the feeling of the urge. The core of the ABC model is to **replace the *Irrational Belief* with a Rational Belief.**

As you do this, and do it with vigor and frequency, you will feel the effects for yourself.

StopTips

So here are some common **Irrational Beliefs** , IBs, that people experience about urges, along with the disputation...the **Rational Beliefs**, RBs.

-Irrational Belief:

Urges are Terrible or intolerable.

+Rational Belief:

They're uncomfortable, but not intolerable.

Urges are time limited. They will pass.

-Irrational Belief:

Urges force me to smoke, even when I don't want to.

+Rational Belief:

*You choose to act on the urge. There are many urges you **do not** act on and you can resist any urge.*

-Irrational Belief:

I'll go crazy if I don t give in.

+Rational Belief:

You haven't gone crazy yet, and the overwhelming odds are that you won't! Actually, you'll be much more emotionally healthy by learning to recognize and resist urges to smoke!

BETTY: Replace the thoughts that are overwhelming me to smoke, *the urge*, with thoughts that *I can handle the urge*. That makes sense.

And don't think that I'm not going to let you just slip more acronyms in there at me, eh? Bet you thought you were just gonna slide those right by us didn't you? Let's see, you added a D to the ABCs, and now we have IBs and RBs. (chuckling) Okay, it's alright, as soon as I go back and listen and study them a little more, I'll pick 'em up.

DR. THOMAS: (laughing) Yes you will! It's not any harder than picking up initials and acronyms at work. You'll get used to them quickly! Also, feel free to visit the official website of REBT at www.rebt.org to learn more about specific areas of REBT and for lots of good REBT tips to help you remember much of what you're learning here.

BETTY: **Good. Next question, how long will I have urges to smoke?**

DR. THOMAS: If you've been a heavy smoker, you may experience very strong urges the first few days or even weeks after quitting. This is pretty normal. But, they will eventually weaken and fade away.

They won't necessarily go away altogether, but your ability to handle them, and the pleasurable thoughts you had about smoking, will begin to fade away.

BETTY: **It seems very logical that over time my urges to smoke will diminish.**

So let's get back to the early stages. What else can you tell me that will help me deal with urges?

DR. THOMAS: First of all, it's very important to learn how to *recognize* and *resist* your urges to smoke. To help you become more aware of your urges and develop specific strategies for resisting them, you'll find it useful to **keep a log or record of your urges.**

Whenever you feel the urge to smoke, write down when it happened.

What was happening, what emotions were you experiencing, how strong was the urge on a 1 to 10 scale, what thoughts were going through your mind when you had the urge? How did you deal with it?

Studying your log can help you identify triggers or risk situations. Triggers can be events *like something happens*, certain times *like, coming home from work*, certain places *like home, a bar*, or particular emotions such as *anger, frustration, stress, depression, etc.*

Most likely, you'll also notice from your log that certain thought patterns prevailed at times you had urges. This is good as it allows you to come up with rational statements to battle the urge.

BETTY: So, do I have to keep a log? That seems like a pain in the ass...

DR. THOMAS: No. First of all, you don't *have to* do anything. If you choose not to keep a log you can still quit smoking. (Wry laugh) Later, Betty, you and I will have a focused session on your impatience issues!

But for those of you who have a little patience and want to keep a log, this is a great technique for handling urges, especially for people who have smoked for a long time. They associate certain events and feelings with smoking. And they may find it helpful to log their feelings in the early stages of quitting. Then, again, they can identify **IBs** and be prepared with **RBs** next time around. We'll talk more about this a little later on.

As said before, urges will diminish over time. A log is just one possible method for dealing with them early on.

BETTY: That makes sense. First of all, becoming more aware of my urges, then identifying what is bringing them on, then dealing with battling them down.
What about social situations; say I'm going out with some friends to grab a bite and there's a couple of other smokers.

DR. THOMAS: Well, lucky for you that many states are banning smoking in eating establishments, and I say that because you don't experience as much discomfort or urges if you aren't around smoking.

As for going out on the town to a drinking establishment, you'd be best to tell your friends ahead of time. Tell them your reasons for quitting. Give them the respect as humans to act and behave as they do. And ask the same of them.

StopTips

Before you go, visualize yourself in the situation. Don't visualize yourself smoking, visualize yourself NOT SMOKING.

Take some quiet time to do this a day or so ahead of time, or the day of when you're going out.

Visualize yourself in the situation, overcoming any urges, being happy for sticking with your goals.

Now, use the list on the next page to get yourself fully prepared. Give yourself rational answers. Go through the ABC's of the situation(s) that you're going to be in. Prepare yourself now. Write them down; study them.

You want to be prepared with your ABC's ahead of time so you're not overcome with racing thoughts (or groggy thoughts) and be fully armed ahead of time.

Then take them in your pocket and go outside or to the rest room and read them if you're having a tough time.

The point is, be prepared to get yourself out of an urge to smoke and be prepared with your **Rational Beliefs** to combat and dispute your **Irrational Beliefs**.

By the way, it's okay if you just want to avoid a situation like this in the first week or two. Alcohol will obviously dull your senses and ability to react to your self-talk as rationally as you'd like to in order to stay with your goal.

So, here is the list. Answer these honestly with yourself and take some time to work through Disputing. It's worth the time so you can still go out and have a good time, albeit maybe uncomfortable at times.

1. What situation do you think will be a problem?
2. What do you think you might tell yourself?
3. What do you think you might feel?
4. What do you think you might do?
5. What are you telling yourself right now?
6. What *could* you tell yourself right now?
7. What could you tell yourself when you're in the situation?
8. What could you try to feel then?
9. What could you tell others?

10. What could you do?

BETTY: Although I'd like to claim that this would seem a big pain in the butt, I see the point of it all. Knowing what to do BEFORE the situation. Good stuff, Doc.

All right, what other methods are there to help knock down urges?

DR. THOMAS: Once you've become more aware of your urges, you can use a number of methods to swat them down. Here are some specific methods:

StopTips

- Just accept the urge. It's okay to have urges -- everybody does. It's what you *do with* the urge that counts.

-Ignore the urge. Keep it at a distance, like a thought going in one ear and out the other.

-Detach yourself from the urge. Think of the urge as "it" and study it. What does it feel like? Remove the urge from your body and see it as a thing instead of as a feeling.

-Rate the urge. How strong is it on a one to ten scale? Are you exaggerating? Compare the discomfort of resisting the urge to other possible discomforts, like being boiled alive in oil or having your fingernails pulled out one at a time.

-Distract yourself. Do something. Go out. Call someone. Get absorbed in a task. Exercise. Take a walk.

-Remind yourself of the benefits of resisting and the long-term costs of giving in. Take out your Good/Bad List and read it over and over.

-Remind yourself that the urge will pass.

-Think about other urges you have that you routinely resist.

-Remember some moment of clarity when you realized that smoking was really having ill effects on you.

-Try relaxing yourself by imagining a peaceful scene.

-Visualize yourself in the near future feeling good about having resisted the urge.

BETTY: That all makes a lot of sense. But sometimes *I just feel like I have no self-control.*

DR. THOMAS: And you're not alone. This is a very normal feeling that people have, whether they're smokers or heavy drinkers or have any type of self-defeating behaviors or habits.

So the first thing to remember is that: ***Self-control is what you build up, develop, create and learn by controlling your behavior repeatedly.***

Self-control is a **skill**. And like *any skill*, it can be **learned and improved upon.**

It is not a *thing* you *have* that lets you control your behavior or a thing that *you don't have* that prevents you from controlling your behavior.

- BETTY:** So let me see if I have this straight. I'm much more practiced at giving in to urges than I am at combating them?
- DR. THOMAS:** Correct. If you say: "*I have no self-control over my smoking,*" I would ask: "How well practiced are you at resisting urges or opportunities to smoke?"
- BETTY:** I think I'd have to say I'm not. I'm much more *practiced* at wanting a cigarette and just lighting up.
- DR. THOMAS:** Exactly! You are more than likely *well practiced in giving in to those urges and opportunities to smoke*. And that does NOT mean that there is anything WRONG with you. You are simply acting upon years of conditioning and practice at your bad behavior of smoking.
- BETTY:** So self-control is not something you either have or don't have, it's more like something you either attain or don't attain?
- DR. THOMAS:** Yes...self-control over urges is like self-control over a bike or roller blades or anything else you decide you want to do. You will have it only **by practicing over and over until you get it!**
- Once again, the reason individuals *correctly* "feel" they don't have self-control is **because they haven't been practicing that which would give it to them**. In this case, *the skill* is resisting urges or opportunities to smoke.
- In every day language, **thinking that you must first have "self control" before you can acquire a change in your behavior is really "putting the cart before the mule."**
- Self-control comes only from consciously making the changes in your behavior.*

BETTY: So even though I *feel* like I really want a cigarette, I can *behave* otherwise, and not have one by utilizing any of the techniques we've talked about.

DR. THOMAS: Yes...and more we'll be talking about in the next sections too. The important thing to remember is that urges pass. They WILL NOT last forever.

We'll talk shortly about using relaxation methods and distraction techniques to overcome urges as well.

Keep in mind that the more you overcome urges, the better and more practiced you will get at it.

And the good news is that over days, weeks and months, the urges diminish considerably as you continue to go about your life as a *rational thinking non-smoker*.

Section 12 How to Keep Off the Emotional Roller Coaster of Quitting Smoking

DR. THOMAS: Okay we've learned how we create our emotions from within and that we want to replace Irrational Beliefs and statements with Rational ones. Now I'm going to show you how to easily put all this together to keep your emotions in check when you quit smoking.

BETTY: **Can't we talk about nicotine and withdrawals and all that yet? I'm really curious about that stuff.**

DR. THOMAS: Not yet and I'll tell you why. As we've already been discussing, smoking is very emotional and has a lot of attachments that are mental. Getting through the physical withdrawals from nicotine and other possible physical symptoms is certainly important. I will take you through all of that.

But for now it is still extremely important that we continue to work on getting your mind staying focused on being a non-smoker, and being happy about it.

BETTY: **Okay, that makes a lot of sense. Then I'll go in that direction...I think the most difficult thing is needing that cigarette when something bad happens.**

DR. THOMAS: Like what?

BETTY: **Lots of things...like my boss yelled at me, or I had a fight with my husband, or the car just broke down and I don't have the money to fix it! How do I deal with such Terrible things without smoking?**

StopTips

DR. THOMAS: Okay, very important lesson here so listen very carefully. One of the first rules to remember in Rational Theory and REBT is that *horrible*, *terrible*, and *awful* beliefs are defined as *worse than 100% bad* which is not possible. We say to ourselves something like this: “Oh this Horrible, just Horrible.”

But *horrible* means *worse than bad*. Can anything be worse than 100% bad? No! Furthermore, and the basis behind this, is that *horrible*, *awful* and *terrible* means it's something that's so bad, it should not exist.

Well, whatever exists, exists.

By putting such catastrophic labels on things, *we are telling ourselves they shouldn't exist, when they by golly do!*

Everything that exists in our world SHOULD exist.

Why? Because they do! Because there are reasons for our reality...Take for example - it's raining outside, you go outside, look up and say it shouldn't be raining.

How ridiculous, as the rain keeps pelting you, you say, “but it *shouldn't* be.” Guess what, when atmospheric conditions are right for rain, **it rains.**

You may not like the fact that it is raining, but tough!

So bad things happen for reasons, and unfortunately we most often are not privy to the reasons.

Also, don't confuse *reasons* with good *reasons*. We are referring to *logical reasons*. People do crazy things based upon crazy ideas, very logical but not always for good reasons.

BETTY: Okay, I can buy that...when I use words like *Horrible* and *Terrible* I'm saying that something is worse than 100% bad; I'm over-generalizing. Sort of like making a mountain out of a mole hill?

DR. THOMAS: Exactly. And when you say these words to yourself, or someone else, you create your own emotional upset.

BETTY: Let's spend a little more time on the word *should*, can we?

DR. THOMAS: Absolutley, it is really the most damaging word in our vocabulary.

BETTY: Even more than *horrible* and *awful*?

DR. THOMAS: Yes, because it is our '*shoulds*' that lead to *awfulizing* and *horriblizing*.

To reiterate, to say something *shouldn't* be a certain way, or something *shouldn't* happen is *denying reality*.

If it happened, **it happened**. You may **wish** it didn't, or strongly **desire** that it didn't. But to tell yourself it *shouldn't* have is setting yourself up for emotional upset—every time.

Here's a little example that you can use to help see this by using it in a simple way.

BETTY: Good, I think examples that we can carry out ourselves help us to learn.

DR. THOMAS: I'll use an example that I think most of us can use, no matter where we live.

You're in your car and you're sitting at a red stop light, first in line. Okay? The light turns green and you're just starting to hit the accelerator and someone comes blowing right on through from the cross street. They obviously ran the red light, and had you gunned your car and taken off really fast, they may have hit you.

Ever happen to you?

BETTY: More times than I can remember. Between it either happening to me, or watching it almost happen to someone in front of me, seems like every day I see this.

DR. THOMAS: Yep, me too. And what generally do you feel, or say to yourself.

BETTY: That's an easy question...I get mad. I get tensed up. I think: *"What an ass****. Idiots like that shouldn't be allowed to drive. Where in the hell are the cops. They should be out giving tickets to these dumb shi**."*

DR. THOMAS: And many people have the same reaction and feelings and thoughts. Here's what I'd like you to try next time that happens. Think and say to yourself these thoughts.

"Man, that guy's driving like an idiot. I wish they didn't allow people that drive that way on the roads. And where's the cops? It'd be nice to see them catch that guy and give him a ticket. But, I realize they can't be everywhere at once. I just wish people wouldn't drive like idiots."

BETTY: So I've changed the *shoulds* to desires, preferences. I don't *rate the person*, but rather *their behavior*.

DR. THOMAS: That's correct again. And after you've said all that to yourself, I want you to add this: "He *should* be driving exactly that way...because he is!"

You will be amazed at how less tense and angry you are after you've said this. The reality of it all really sinks in. First of all, you don't know this person, how do you know he's an idiot?

To take it one step further, how many crazy behaviors does it take to be an idiot?

BETTY: One!

DR. THOMAS: (slight laugh) C'mon...maybe just a *slight* overgeneralization!?

BETTY: (chuckling) You think?

DR. THOMAS: You saw this person exhibit one behavior and from that data you've determined that he's an idiot. *Not good science*. Moreover though, stop rating yourself and other people. Rate behaviors and actions, of yourself, and others. But don't rate a person. **And accept the fact that he *should* be driving that way...**it is out of your control, it is reality, you can not deny it.

Try it...next time something like this happens to you while you're in the car. You'll see a big difference in how you go from mad to just concerned. Your

body won't get all tensed up and you will not have those feelings of anger, or worse yet rage.

BETTY: So, this being the case, by changing my vocabulary, so to speak, I can reduce my stress?

DR. THOMAS: Definitely, the stress you feel; anger, anxiety, depression, guilt. *Not the event* that happened that created these damaging feelings, **but your reaction to it.**

But it's not as easy as it sounds. **In order for REBT and rational thinking to truly be helpful to you, you'd best adopt it as more like a philosophy. There's nothing *horrible* or *terrible* or *awful* that's going to happen to you. And let this new philosophy guide your emotional well-being.** Period.

BETTY: That isn't as easy as it sounds. When I stop to think about it, I use those words all the time...probably several times a day. How can I just stop using them?

DR. THOMAS: It takes practice. And it takes what I mentioned a few pages back, Flagging.

BETTY: Flagging? What's flagging again?

DR. THOMAS: *Flagging* or *red-flagging* simply means to listen to yourself, what you're saying to yourself, "flagging" the *irrational words and statements* and then changing them into *rational statements*.

BETTY: That makes sense, but why aren't we *born* with this ability?

DR. THOMAS: We *are*. We're born with an inane sense of the rational. But then we're also born with a sense of irrational. Plus we learn a great deal of our **irrationality** as we grow up: *that outside influences affect us*. We simply become conditioned by our upbringing, our teachers, etc. that these irrational beliefs are true.

They are not true, and that's why it takes practice to be able to think more rationally.

BETTY: So, basically, we just learn to react the way we do, and say what we say to ourselves, just kind of naturally?

DR. THOMAS: Yes, our genetics are responsible for our basic tendencies, then environmental conditioning, and finally our self-conditioning. And that's why it takes time and practice to "un-condition" yourself.

BETTY: And this relates to quitting smoking how?

DR. THOMAS: Good question! Let's again review the definition of "cognitive-behavioral thinking:" In raw terms, cognitive means *thinking* and behavior means *doing*. So, if I'm thinking in *irrational* terms, then my behavior is more than likely to be irrational too. In other words, it's my "bad" **thinking** that causes my "bad" **behavior**.

BETTY: I think that makes sense. Give me an example...

DR. THOMAS: One could say: "I can't stand it when my boss yells at me. It's terrible that he talks to me that way."

BETTY: And what might I think next...?

DR. THOMAS: "I have to have a cigarette to calm down."

BETTY: Now I get it...my irrational thinking leads to my wanting to smoke. So what do I do?

DR. THOMAS: You'd best realize that you CAN stand it, after all, you've stood it before and most likely will again. He's the one with the anger problem; if he doesn't like the way you work, tough!

You can say to yourself: "I can either stand it, or look for work somewhere else. It may be very unpleasant that he talks to me that way, and I wish he wouldn't, but I can either *talk to him about it, move on*, or choose to *accept it the way it is.*"

BETTY: So you replace the irrational thoughts with rational ones.

DR. THOMAS: Yes and you do it with vigor. Remember, you CAN stand it and having CHOICES is part of being able to stand it.

Then you can deal with the behavioral issue: *smoking*. Realize that you don't have to have a cigarette to calm down. You will still live without it.

You may have a **strong desire** for a cigarette, but *you don't have to* have one.

You can take a walk; go online and check out a joke page for a couple of minutes; or use one of the self-relaxation techniques we have coming up in a couple of sections.

BETTY: So there you're talking about distraction techniques.

DR. THOMAS: There's nothing wrong with using distraction techniques to deal with the behavior you're looking to overcome. Coupled with rational thoughts, and you'll find yourself working through the moment, the craving, the anger at your boss.

BETTY: What are some other examples of irrational thoughts that could prevent me from stopping smoking or having a relapse?

DR. THOMAS: Keep in mind that **must** and **should** beliefs can place unrealistic demands on you, others or the world.

“I **must** never fail”

“Others **should** always treat me fairly”

“The world must **always** be the way I believe it **should** be.”

BETTY: Yeah, I can see where having these expectations or demands can put a lot stress on a person. So, you’re saying to eliminate *should, must, ought, need, awful, terrible, horrible* from our vocabulary?

DR. THOMAS: Yes, with more time and practice you’ll find yourself **flagging** these words, **replacing** them with rational words or statements, and relieving a whole lot of stress in your life.

BETTY: I think relieving stress is high on everybody’s list. So, tell me more about these words, and how to deal with them.

DR. THOMAS: Well, first thing is that you’re much better off realizing that there is nowhere written in the law of nature that people, places or things *should* or *must* be the way I want! I prefer that life be my way, but I *have no control* over those things.

Who’s to say that things should go your way? You?? No, you have no control over much of what happens in your life.

BETTY: So since I have no control over them, what do I do?

- DR. THOMAS: **Accept them.** Universally. Accept the fact that:
“To say that I must never fail would mean that I’m Superhuman. But I’m a fallible human being just like everyone else. I would **prefer** that I not fail, but I know that from time to time I **will**. It’s best that I **learn** from the experience, and **move on**.”
- “How can I *demand* that others should treat me fairly? I have no control over them. It **would be nice** if they would always treat me fairly, but if they don’t, then I’ll just chalk that up to something out of my control.”
- “Boy, it’d be nice if the world was just the way I think it **should** be, but I realize *how unrealistic* that is. I’ll do my best to accept it, because I can’t really do anything to change it.”
- BETTY: **Those make a lot of sense. So, more acceptance of what you can’t do anything about.**
- DR. THOMAS: And eliminating the *shoulds, musts, needs, etc.*
- BETTY: **Good stuff! I want to hear more about these irrational statements and words.**
- DR. THOMAS: All right... **Have to, can’t, always** and **never** beliefs are absolutist ...all or nothing. *They give you the impression that there are no options.* Usually, there are actually many options, if you keep calm and think about them.
- “I’m **always** screwing up; I don’t do anything right; I have to smoke, it’s the only way I can deal with the difficulties of life.”
- At this point, ASK YOURSELF: Is what I’m telling myself true? No, because I **don’t always** screw up.

Don't over-generalize and don't hold yourself up to such tremendous scrutiny.

BETTY: Okay, so kind of like...*don't blow things out of proportion*. What else?

DR. THOMAS: I can't stand it, I can't handle it, I can't deal with it beliefs are generally false statements because people usually can stand, handle or deal with it, although it's not always comfortable.

"I can't stand it when others tell me what I can or can't do; I can't handle this crap anymore."

These kind of statements can create a lot of *anxiety*. You'd best remind yourself that the fact is "I am handling it, standing it and dealing with it. I may not like it, or prefer it, but the world will continue to spin and the sun will rise tomorrow. I can stand it, get through it, and move on."

BETTY: So, back to this flagging thing, is that what I do in order to realize the irrational statements I'm making?

StopTips

DR. THOMAS: Exactly. You flag the words such as **awful**, or **should**, or **must**. But most importantly, you then want to dispute. Remember the **ABC's** we talked about? Let's review this again, because by **flagging** and **disputing**, you'll be able to deal with life's issues not only without smoking, but also *without a lot of upset*.

A is the Activating event: any experience we have that triggers an urge to smoke

B = IBs are irrational Beliefs about A: “Life must always be fair, if not it’s *Terrible* and *I can’t stand it*. I need a cigarette to ease the anger. *It makes me feel better.*”

C = is the Consequence of the IBs:

Feelings: negative feelings such as anger, depression, guilt, and anxiety, leading to:

Behaviors: self-defeating behavior such as smoking.

D = Disputing the IBs leads to RBs...Rational Beliefs: “Where is it written life *must be fair?*; Life is just that, a series of logical events many of which I don’t like... tough. But I can stand it, look I breathe, talk, walk. *I created the anger, I will make it go away* and smoking it away is self-defeating and against my goals.

E = Effects of disputing: *annoyance* rather than anger; *sadness* rather than depression; *concern* rather than anxiety. Or even positive feelings like happiness or contentment and appropriate behaviors like independence from smoking. And it is much easier to handle the emotions of sadness, concern and annoyance.

BETTY: So I use the ABC method not just when I feel like smoking, I use it to get to the root of something that’s bothering me that’s *triggering the desire to smoke?*

DR. THOMAS: That’s correct. I know it sounds rather scientific, I guess, but rational thinking is somewhat scientific. Instead of *just thinking and doing*, you’re **thinking about what you’re thinking and how that affects what you’re doing.**

BETTY: That was a mouthful (laughs)...but I understand. Why don't you give me more about the ABC's.

DR. THOMAS: Sure.

Let's say you try to quit smoking and you fail.

The **A (Activating event)** can be that a friend offered you a cigarette, or you attended a party where people were drinking and smoking or went to a bar. And you had an urge to smoke.

By doing the ABCs, you may discover at **B -Beliefs-** that you told yourself, "*I can't resist a cigarette,*" or "*I must have the fun and excitement I get when I smoke while I'm partying.*"

Instead of **D -Disputing** these beliefs you gave in and smoked.

If you would have **STOPped** and *disputed your irrational thinking*, it might have gone like this...

Dispute: Is there any **evidence** *I can't resist a cigarette?*

Answer: No, there is not. I haven't resisted a cigarette in this situation in the last 12 years, but that does not prove that I can't.

Dispute: Where's the evidence that *I must have the fun and excitement I get when I smoke?*

Answer: **There is no evidence.** I *might* miss the fun and excitement, but there is no evidence I must have it. Who knows, I can get through this urge and very possibly have a great time without smoking!

BETTY: That makes sense too, but it does sound like it takes work.

DR. THOMAS: Well, yes, but anything worth doing usually takes hard work. If you remind yourself of the positive reasons why you want to quit, combined with using the ABC's to dispute, then you can get through tough situations.

BETTY: Just like that?

DR. THOMAS: Coupled with other rational techniques we teach you here in *Quit Smoking-Be Happy!* and our other Bonus Books, yes.

BETTY: So, other techniques, like replacing words in your vocabulary?

DR. THOMAS: Yes, again keeping in mind that you are in control of your emotions, you'll want to work hard at using alternative words or phrases.

It takes some time and practice, but once you make these changes, you'll feel much better. Here are some good examples

The more you do this, the more natural these realistic beliefs will become.

Give this a fair try. Change the words you use to talk to your self, and to others. Spend time on it, study it.

StopTips

Rather than thinking:

Think:

must---

prefer, wish

should ---

wish; it's desirable

| | |
|--------------------------|---------------------------|
| <i>have to---</i> | choose to |
| <i>need ---</i> | want |
| <i>can't ---</i> | choose not to |
| <i>ought---</i> | had better |
| <i>never ---</i> | rarely |
| <i>all ---</i> | many |
| <i>always---</i> | often |
| <i>can t stand---</i> | don t like |
| <i>awful---</i> | highly undesirable |
| <i>bad person ---</i> | bad behavior |
| <i>I am a failure---</i> | I failed at |

BETTY: Good stuff. What else can you share about Rational Thinking and how I can use it to help prevent me from smoking?

DR. THOMAS: Well let me list the 12 Irrational Principles and how to deal with them. These are the core principles of REBT and if you will adapt all of them, you will find that you can handle every day's hassles and stresses much, much better.

Don't get me wrong, no one is perfect at all this, not me, my associates, Dr. Ellis or anyone. These are to be strived for and you'll want to take time to learn more.

StopTips

Rational therapy holds that certain core irrational ideas, which have been clinically observed, are at the root of most emotional disturbance. They are:

1. The idea that it is a dire necessity for adults to be loved by significant others for almost everything they do -- *instead of their concentrating on their own self-respect, on winning approval for practical purposes, and on loving rather than on being loved.*
2. The idea that certain acts are awful or wicked, and that people who perform such acts should be severely damned -- *instead of the idea that certain acts are self-defeating or antisocial, and that people who perform such acts are behaving stupidly, ignorantly, or neurotically, and would be better helped to change. People's poor behaviors do not make them rotten individuals.*
3. The idea that it is horrible when things are not the way we like them to be -- *instead of the idea that it is too bad, that we would better try to change or control bad conditions so that they become more satisfactory, and, if that is not possible, we had better temporarily accept and gracefully lump their existence.*
4. The idea that human misery is invariably externally caused and is forced on us by outside people and events -- *instead of the idea that neurosis is largely caused by the view that we take of unfortunate conditions.*
5. The idea that if something is or may be dangerous or fearsome we should

be terribly upset and endlessly obsess about it -- *instead of the idea that one would better frankly face it and render it non-dangerous and, when that is not possible, accept the inevitable.*

6. The idea that it is easier to avoid than to face life difficulties and self-responsibilities -- *instead of the idea that the so-called easy way is usually much harder in the long run.*

7. The idea that you absolutely need something other or stronger or greater than yourself on which to rely -- *instead of the idea that it is better to take the risks of thinking and acting less dependently .*

8. The idea that we should be thoroughly competent, intelligent, and achieving in all possible respects -- *instead of the idea that doing, and doing well is preferred over always needing to do well and accept yourself as a quite imperfect creature, who has general human limitations and specific fallibilities.*

9. The idea that because something once strongly affected our life, it should indefinitely affect it -- *instead of the idea that we can learn from our past experiences but not be overly-attached to or prejudiced by them.*

10. The idea that we must have certain and perfect control over things -- *instead of the idea that the world is full of probability as well as chance and that we can still enjoy life despite this.*

11. The idea that human happiness can be achieved by inertia and inaction -- *instead of the idea that we tend to be happiest when we are vitally absorbed in creative pursuits, or when we are devoting ourselves to people or projects outside ourselves.*

12. The idea that we have virtually no control over our emotions and that we cannot help feeling disturbed about things -- *instead of the idea that*

we have real control over our destructive emotions if we choose to work at changing the masturbatory hypotheses which we often employ to create them.

Section 13 Relaxation, Breathing and Distraction Methods

BETTY: That's all extremely helpful information, thank you Doctor. Is there anything else I can do when "the going gets tough" for me and I really want to smoke.

DR. THOMAS: Yes. There are distraction techniques and relaxation methods.

BETTY: And it's okay for me to use these?

DR. THOMAS: Oh, certainly. But, and this is very important, they are NOT a replacement for *disputing Irrational Beliefs* and formulating **Rational Beliefs** and thoughts.

Relaxation and distraction techniques are to help you get over rough bumps in the road. They are to help you to get physically relaxed and to help clear your mind when it's really racing. Then, you go back to addressing the ABCs of the situation around which you created the strong urge for smoking.

BETTY: So I use relaxation and distraction when my head's swimming and I can't even get to the root of where my IBs are coming from. Then I'll be at the point that I can look at the Activating Event and my Irrational Beliefs and dispute so I'll truly feel better.

DR. THOMAS: That's right. And now, folks, we'll give you some of these techniques that you can use for yourself. We haven't invented anything new here. These are pretty tried and true methods that we've researched and compiled here for you.

The methodology and phraseology differs depending upon whom you ask. But the basics are the same and we've paraphrased some of the leading experts in relaxation techniques. Also keep in mind, folks, we are not

MD's. If you have any medical condition that may be exacerbated by any of these methods, consult your doctor first. We recommend that any program involving physical activity be cleared by your physician.

Let's start with a couple of really simple distraction techniques. These are good to use when you're driving or at home or at work. Sometimes you may get an urge and you can simply distract yourself long enough to get through. Then you may want to pull out your list of Benefits of quitting and review it, and you'll find yourself over the urge and moving on with your tasks at hand.

Simple Distraction Techniques

-Counting Backwards: Upon feeling the urge and finding yourself wanting a cigarette, start counting backward. But make it a little challenging! Start at 1000 and count backwards subtracting 7 each time (Example: 1000...nine hundred ninety three, nine hundred eighty six, nine hundred seventy nine, etcetera.

You could just count backward from 100 by one, or make up your own version. The idea is to make it to where you have to think. By distracting yourself this way, for 30 seconds or a minute, you'll usually find yourself in a state where you've gotten over the urge and can now turn your attention at the thoughts behind the urge.

-Drinking Water: I know this sounds too easy or a little silly. But keep in mind a couple of things...first I'm not talking about a couple of sips here. I'm talking about taking a full glass, or a full bottle (you know the 16 oz. bottles of water we all carry around these days!) and drink it all at once...gulp, gulp, gulp...

The effects of this are really cool. The body reacts physiologically to the rush of water in a positive way. And your mind actually becomes centered on drinking the water. The brain has to direct a lot of activity for you to

down 16 oz. of water. Your hand, your lips, your tongue, your throat, your stomach, etc. So the brain is actually distracted from the urge!

And, hey, drinking water is good for you! Further, drinking several glasses of water a day will help to flush nicotine and other chemicals from cigarettes out of your system.

BETTY: **Wow, I never really thought about using water as a distraction. But it does make sense. So, what else can we do when we feel stressed or anxious?**

DR. THOMAS: Sometimes simplicity is best. Find what may best suit you. Remember that quitting smoking *is a change in your behavior*. You've been doing it a long time. There's been a pattern and somewhat of a routine to your smoking.

You'll want to *incorporate some new routines*. Do new things. Break out of the pattern that you have been in as a smoker.

At first you may think that these things may take up more of your time. I will strongly point out that they will not.

Think about the time you've spent smoking. DO NOT rate yourself for it or give yourself ANY crap about it! Just think of the 3 or 4 minutes it takes to smoke. Add that time up for a day.

Realistically, you've got a minimum of 90 minutes a day, probably more. What can you do with that time? Use it to do something that is *beneficial to you*. It can be very simple. But the main point is to use a little time each day to do something that will help you to physically relax and help settle your mind. Then you can keep thinking rationally and stay on your goal to remain a permanent non-smoker.

Here are some suggestions along those lines.

- Go for walk. It needn't be long or fast. Just get out and enjoy the fresh air.
- Take a long hot bath.
- Sit under a tree and spend a little time in nature.
- Take a few minutes out to listen to music...close your eyes and truly enjoy it.
- Take up yoga or meditation.

BETTY: Again very helpful info. So the idea is to spend some “quality time” with myself and keep my thoughts away from smoking.

DR. THOMAS: Yes. And here are some more. Breathing exercises are good for you on a number of fronts. First, it will help exercise your lungs and get more oxygen flow to the brain. This helps to relax the body. Next, by focusing on your breathing, it serves as a true distraction method. And finally, it's a healthy type of distraction that only takes minutes for you to do.

Here are some breathing exercise examples.

You may want to refer to your eBook so you can read through this a couple of times and then try it.

(Deliberate, comfortable tone...like a hypnotist would use)

Sit back in your seat.

Close your eyes.

Take a deep breath.

Good.

Breathe again.

Now make your hands comfortable, while keeping your eyes closed. Try one of the following three positions:

-One hand on your belly, one on your chest

-Palms of hands on your knees

-Hands folded in your lap

-Now sit back, feet on the floor, hands comfortable.

-Inhale slowly and deeply through your nose.

-Feel your stomach expand as your lungs fill with air.

-Now exhale through your mouth to the count of five.

-Pause.

-Repeat while inhaling through the nose and exhaling through your mouth and slowly count to five.

-Again, in through your nose and out through your mouth counting to five.

-Good.

This kind of breathing is called diaphragmatic breathing. It means to breathe from the depths of your belly, instead of your nose and chest.

BETTY:

I also understand that making sure to pay attention to my breathing in stressful situations is good?

DR. THOMAS: Yes, in tense or stressful situations, the body will often react with an increased heartbeat and more rapid breathing. This will decrease oxygen flow to the brain and creates undesirable physical side effects like headaches, dizziness, muscle tension, and more.

You want to **catch yourself** in these situations and adjust your breathing to where you are taking long deep breaths. This will help to relieve some of the stress and help clear your mind so that you can *address where you are creating your tension*.

Again, the best thing to do is to **go through your ABCs** and identify where the distress is coming from. It's *in your head* somewhere, you just have to *find* it. But, as we've said, sometimes your head just gets to racing and you need some help. That's where relaxation techniques come in.

Here are a few we've compiled for you:

Progressive Muscle Relaxation

-Lie on your back in a comfortable position or sit in a comfortable chair. Have your arms to rest at your sides, palms down, on the surface next to you.

-Inhale and exhale slowly and deeply, in through your nose, out through your mouth.

-Start at the top of your head. Tense it up...go ahead...scrunch your forehead and tighten your scalp...hold it for about 10 to 15 seconds.

-Relax the top of your head and feel the tension go away.

-After 20 or 30 seconds, move to your neck. Do the same, tighten it, tense it up, and hold that for a few seconds again.

- Relax your neck muscles, feel the tension and stress leaving.

- Continue this same process through your shoulders, your arms, then your hands fists, then your chest, back, stomach, pelvis and down through your legs and finally your feet and lastly your toes.

- Remember to continue to exhale deeply through your mouth as your release the tension from the muscles through each part of the exercise.

Meditation

- Sit or lie in a comfortable position.

- Close your eyes and breathe deeply. Breathe slow and relaxed.

- Focus all your attention on your breathing. Notice the movement of your chest and stomach in and out.

- Block out all other thoughts, feelings, and sensations. If you feel your attention wandering, bring it back to your breathing.

As you inhale, say the word "peace" to yourself, and as you exhale, say the word "calm." Draw out the pronunciation of the word so that it lasts for the entire breath. The word "peace" sounds like p-e-e-a-a-a-c-c-c-e-e. The word "calm" sounds like: c-a-a-a-l-l-l-l-m-m-m. Repeating these words as you breathe will help you to concentrate.

Continue this exercise until you feel very relaxed.

Visual Imagery

Another relaxation technique that can help to reduce stress is visualization. Visualization is sort of a directed meditation. It involves using the "mind's

eye” to clear away mental clutter or to actually visualize how a stressful situation can be handled successfully.

This is done by picturing the stressful situation in your mind such as a business meeting or an important exam and then visually rehearsing the outcome. Visualization techniques also may be used to imagine a peaceful scene such as a gurgling mountain stream to create relaxation.

BETTY: That’s some really great stuff, Doc. So I can practice these on my own, whenever I want to help relax a little?

DR. THOMAS: Yes, but again, they *are not replacements* for getting to the heart of the emotional upset you are experiencing. Get to the heart of your *anxiety* or *anger* or *depression* or whatever it is once you’re relaxed and in a better state to think rationally.

BETTY: That mental imagery stuff sounded interesting. Can you tell me more about that?

DR. THOMAS: Sure. **REI** is an acronym for **Rational Emotive Imagery**. Using the power of your imagination, REI can prepare you to deal with situations you would rather avoid because of your anxiety.

Keeping in mind that our *anxiety is created from within*, what you can do is actually practice the event that you are anxious about, while at home. Do this once a day for a few days leading up to the event.

Be careful though! Other than this practice once a day, don’t dwell on the task! Work through the imagery to calm your anxiety now and prepare for the moment you are anxious about.

Here's an example...

1. Imagine, vividly and clearly, the event or situation with which you are having trouble.

You have to inform a member of your staff that they are being laid off due to budget cuts.

2. Allow yourself to feel - *strongly* - the self-defeating emotion which follows.

Anxiety

3. Note in your mind, **flag** the thoughts that are creating that emotion.

"Oh man, is he going to be upset. I can't stand feeling responsible for another person's livelihood. I have to find a way to tell him without him getting real upset."

4. Force the emotion to *change* to a more functional **but realistic** feeling. It is possible to do this, even though briefly.

Concern

5. Note the thoughts you used to **change the emotion**.

"It's going to be uncomfortable, but it's not going to kill me. I really don't like having to let someone go. It is NOT a pleasant task. But hell, if I refuse to, I might lose MY job!"

“I wish it didn’t have to be this way. But the world is not always kind and safe. And I have no control over that. It came down from the big brass that layoffs have to happen to keep the company going. So, it is an unfortunate part of my job.”

“Yes, I’m concerned for my staff member’s well being. But whether or not he gets upset, I have no control over. His emotions are under HIS control. I hope he’s going to be okay, but his emotions are his responsibility. I cannot control his feelings or be responsible for them.”

Section 14 How to Avoid Getting Stressed or Anxious

BETTY: Okay good. So, let's talk about Nicotine.

DR. THOMAS: Okay.

BETTY: I hear about nicotine withdrawal and see all the TV commercials for the gum and patch and all that, and gosh, I'm thinking the nicotine part is going to be the worst part of all. Is that true?

DR. THOMAS: If that were true, then it would be the focus of this book and would be the first section.

Don't get me wrong. I am not downplaying nicotine withdrawals by having it this far into our book. But nicotine substitutes alone will not work in your goal to quit smoking.

If you don't prepare your head, and ***change your thinking toward smoking, and the stressors in you life that contribute to your thinking about smoking***, then you have a very slim chance of long term success.

Nicotine is water soluble. It takes about 3 to 5 days for the body to purge it. Then it's gone and with it are the withdrawal symptoms (from the nicotine.) The some 4,000 other chemicals in cigarettes take longer to flush. They do not have withdrawal effects on the body, but they do cause some physical symptoms as your body releases them and adjusts its systems to you being a non-smoker.

Anxiety, although created internally by you, also has physical symptoms. You create the stress and *anxiety* with your *Irrational Beliefs* and statements. Then brain activity kicks in with physical reactions to the anxiety, like shortness of breath, sweating, stomach upset, tenseness, and many others.

It's very important that you identify how you are creating your stress and anxiety, and I want you to learn that before you take on learning more about the physical symptoms that occur when you quit smoking.

BETTY: So there really are nicotine withdrawals. What can I do to avoid that?

DR. THOMAS: Totally avoiding nicotine withdrawal is not possible. As I said, many parts of your body are going to react to your quitting smoking, some nicotine-related and some not.

We're going to go into all of them and help you to recognize the physical reactions, what they will most likely feel like, how long you can expect them to last, and indeed what you can do to minimize any physical discomfort.

BETTY: All right, dammit, now we're back to stuff that sounds scary again.

DR. THOMAS: (Chuckling) NO, only if you let it! First of all, don't be scared of something that hasn't happened yet, and second, don't be scared of it until we talk more about it.

Most importantly though, is to remember what you have learned up until now because your self-talk is going to greatly enhance your success of quitting when you're in the first 5 days or so.

What's the first FACT we learned back in Section One?

BETTY: That I create my own emotions, not someone else or the world around me.

DR. THOMAS: Good.

Now, keep in mind that not everyone goes through physical symptoms. And, for the most part, no one's physical symptoms are exactly the same. Most important is how you react to quitting smoking mentally, as we've been learning. As I've already stressed before, and will again, smoking is a highly emotional and behavior driven habit.

Yes, there are very likely to be some sort of withdrawal symptoms happening in your brain and body.

So first we're going to talk just a little more about what you can do inside your head to minimize withdrawal effects, then we'll go into some discussion on nicotine replacement products and a little on herbals and vitamins.

BETTY: That's good, because I'm having anxiety just thinking about nicotine withdrawal.

DR. THOMAS: Okay, before we talk about nicotine withdrawal and other physical symptoms, let's talk a little more about *anxiety*.

We've touched on it already, but this is a good place to talk a little about it because you're not alone at all in having anxiety about the physical aspects of quitting, such as withdrawal symptoms.

BETTY: So, define anxiety for me.

DR. THOMAS: The most basic and simple definition of anxiety is "*future thinking*" and "*musturbating*."

BETTY: Future thinking kind of makes sense, but *musturbating*? Now THAT's an interesting word. What do you mean by that?

DR. THOMAS: Basically, just as it sounds. Thinking about a future event or occurrence, something that has not happened yet, and creating *anxiety* due to *what-ifs* and telling yourself that it *must* be the way you want.

BETTY: As in, what-if such and such happens and...it must not happen that way...

DR. THOMAS: ...and wouldn't that be Terrible. Anxiety is created from thinking about *what-if* something happens in the future, and then your reaction to the thought—it's *awful* or *horrible*—that then leads to thoughts that you can't stand feeling that way.

The degree of anxiety depends upon how bad you perceive the outcome to be and how "awful" you make it out to be in your mind.

BETTY: Wow. That's very logical. So, if we all didn't worry so much about the future then we wouldn't be near as anxious.

DR. THOMAS: Yes, but you can imagine how hard that would be to achieve. Once again we've been conditioned through our upbringing and surroundings, and somewhat by genetics **TO WORRY** about the future.

To change the feelings of *anxiety*, you have to work on the thoughts leading up to it...know how to **flag** those thoughts and *what to say instead*.

It takes some work.

Let me define *anxiety* further. *Anxiety* is *overconcern* or *exaggerated concern*.

An example of this would be “Bill.” Bill works for the local power company, in charge of a whole crew. Bill’s boss comes to him on Monday and says “Bill, I’ve got this big project you and your boys have got to pull off by Friday. I’m counting on you, Bill. Here it is...”

And so it goes that Bill’s boss dumps a huge project on his desk and now it’s Bill’s problem!

At this very moment, Bill can approach his thoughts in two ways. The Rational approach would be:

“Man, I want to pull this off. But, wow, this is huge and I’ve got just five days to pull it off, and with layoffs and all, I’ve got a smaller crew than I used to. Here’s what I’ll do, I’m going to give it my very best shot and pull everybody together to try to get it done on deadline. But if I don’t pull it off, it doesn’t mean that I’m worth any less as a person and it certainly doesn’t mean that something awful or terrible is going to happen. I can’t predict the future and I certainly can’t get myself overly concerned with something that hasn’t happened yet!”

“It’s best I don’t get anxious about the deadline. After all, we may very well be able to do it! So let’s just jump on it and I’ll get appropriately concerned about the deadline when it gets a lot closer.”

BETTY: So that means that I’m appropriately concerned about getting it done and I’m involved with it...

DR. THOMAS: Yes, but if you tell yourself:

*“I absolutely **must** get this done on time. I **CAN’T** disappoint my boss. I **HAVE TO** get it done on time and **DONE PERFECTLY**. If not, I’m just no good. I could lose my job! Or worse!”*

This kind of absolute *musturbating* thinking will cause you a great deal of *anxiety* and *overconcern* and will most likely lead to you not accomplishing the goal of completing the project.

BETTY: So, again if I look at the ABC's of my thinking, I can get myself out of the anxiety.

StopTips

DR. THOMAS: Yes...Determine:

A: the Activating event: What I am anxious about?

B: my Belief: Irrational Belief **IB** that I MUST get it done.

C: the Consequence: The anxiety from my Irrational Belief

Dispute: the **IB** I WANT to get it done very much. But I know that I don't HAVE TO and I don't HAVE TO be perfect.

E: the Effect You now have *proper perspective and concern*, but not *anxiety*.

BETTY: I literally sit down and work through that process...

DR. THOMAS: Yes, on paper, in your head, taking a short walk, whatever. And use the ABC's just like this under any circumstance where you are feeling anxiety.

BETTY: Good. Now, we've discussed the meaning of *awfulizing*, *horriblizing* and *terribilizing* a little, but I'd really like you to review that again in a nutshell so I get a good grasp on it.

DR. THOMAS: Good idea. Let's do that. In rational terms, *awful*, *horrible* and *terrible* mean worse than bad or more than 100% bad. **Bad** means having what you do not want, and sure, things can get *very bad*. But **awful** means **worse than 100% bad**, and how can anything be more than 100%?? **100% is the top of the scale**, it doesn't get any higher. 100% bad or inconvenient is the worst it gets; *anything higher is an exaggeration* or worse an over-exaggeration or over-generalization.

Nothing in reality can be worse than 100% bad. Sure, some things you dislike more than others, but disliking it still means just that...that you do not like it. But it still exists and **should** exist. Why?? Because it does!

And since there are only varying degrees of badness and dislikes, and further, because there is not anything worse than 100% bad, **WE CAN CONCLUDE THAT AWFUL, HORRIBLE AND TERRIBLE DO NOT EXIST.**

BETTY: Thanks for that explanation. Can you give me further explanation of how we all go about creating anxiety in ourselves?

DR. THOMAS: Okay, the next one is: *Can't-Stand-It-itis* "I can't stand it when someone thinks poorly of me. I *have to* have them always think well of me." *Can't stand* is a big one when it comes to anxiety.

Another example would be: "I can't stand it without a cigarette."

BETTY: Why is that? I say "I can't stand it..." all the time.

DR. THOMAS: If you truly can't stand it, you may as well be dead...that's the message you're sending yourself. Think about that. (pause :05)

It reinforces your "musts" in a very self-defeating way. It implies that your experiences must be easy, comfortable, and to your liking.

When you state “*I can’t stand it...*” it almost always will create feelings of *anger* or *anxiety* or both.

If you tell yourself *that you can’t stand it without a cigarette*, then the only way you can tolerate the situation is by having a cigarette. At best, you’re setting yourself up for a rough time.

BETTY: So, I guess what you’re saying is, that I **CAN** stand it, I just may not like it. But I can stand most anything.

DR. THOMAS: Correct...you can and you do every day.

Look again at how this applies to smoking. You may believe that you *can’t stand* going through life without smoking. In actuality, and in very rational terms, you only *dislike it*. After all, if you truly couldn’t stand it, you would die.

BETTY: (laughing) That sounds funny, but you know you’re absolutely right, though.

DR. THOMAS: Yes...*that’s what the mind does...we tell it things, and if they’re negative things, we’ll respond in a negative way*. Fact is, many of our life’s experiences are tough and indeed you will not like some aspects of not smoking.

But after a while those uncomfortable sensations will subside, they really will. And reminding yourself that it’s possible to *dislike* not smoking when things are tough, but you **CAN stand it** will help you a great deal.

BETTY: I **CAN STAND IT!** Is it okay to repeat that over and over to myself?

DR. THOMAS: You bet...repetition is a good thing, especially when you’re learning something new or *changing a behavior* such as smoking.

BETTY: And then it's really best for me to eliminate "I can't stand it..." from my vocabulary?

DR. THOMAS: Yes and I'll give you a list of Rational Self-Statements to help you. These will keep you on track with your goal of remaining a non-smoker. After you hear the list, select the ones that you find most helpful. Then read them over and over and repeat them silently or out loud until you feel a noticeable change in your emotions. And keep practicing by doing this often.

Use these any time you're having a rough go without smoking.

StopTips

I can quit.

Quitting is not easy, but I can do it!

Quitting might give me frustrations, but I can stand them.

Other people have gone through this, and so can I.

Quitting is hard, but it's not too hard.

Smoking isn't the only thing that's fun in life. I can continue to pursue other forms of happiness.

I can live without smoking.

I've tried before and failed, but failing does not mean I am permanently weak and defective.

Failing doesn't mean I'll always fail.

If I fail, I can forgive myself and keep on trying.

BETTY: Very helpful information, Doctor. I'll certainly use it. So what other emotional things like anxiety might I expect when I quit smoking?

DR. THOMAS: Well, some people experience some feelings of letdown, less pleasure, even depression. We've devoted an entire section to this subject, so for now let's stick with nicotine and other physical symptoms.

Section 15 The Big N: How to Handle Nicotine Withdrawal

BETTY: Okay, so back to nicotine, how long did you say nicotine withdrawal symptoms last?

DR. THOMAS: About 3 days, not longer than 5. Now, there is a little debate on this subject, and it boils mostly down to semantics. The urges and desires to smoke could last weeks, months or even years for you. Everyone is different.

But those are *emotional issues* created by your *thinking*. They have nothing to do with a craving for nicotine.

BETTY: That is interesting, because I have heard of a few studies that compare nicotine to a drug that you will always crave.

DR. THOMAS: Well, nicotine can be compared to a drug. But what many of these studies identify as “withdrawal symptoms” occurring weeks, and even months, after someone has quit smoking are all emotional issues!

BETTY: So someone does not experience any withdrawal symptoms weeks or months later? Leave it to scientists to try to make everything scientific. So what you’re saying is that what they identify as “withdrawal” is really a cognitive-behavioral issue?

DR. THOMAS: That’s right. The withdrawal is not from nicotine, and that’s the point. Nicotine is water soluble. The only way to overcome the physical withdrawal of nicotine is getting it flushed from your body. It does not stay in the bloodstream or tissues for generally longer than 5 days.

After that there are several physical symptoms that may present themselves, but they are not related to the nicotine. There are over 4000

chemicals in cigarettes. Some may linger a little longer, but for the most part do not create withdrawal symptoms. Physical reactions, but not withdrawal symptoms.

BETTY: So there are indeed things I may physically feel, but not nicotine related. So are they all in my head?

DR. THOMAS: No, not at all. In a few moments, we'll discuss some of the physical changes in several systems in your body when you quit smoking. And there are quite a few. The addictive nature of nicotine is very strong indeed. I do not want to discount that.

For now though, let's look more at some of the emotional feelings *related to withdrawals*.

In REBT, we're strong believers in this: when you quit most any addiction whether it be a drug, alcohol or cigarettes, **it's going to be tempting to do it again**. As we discussed in our first pages, the relapse rate in America is 80% for smokers trying to quit.

But relapses and difficulties while quitting are because you are addicted to the ***feeling***, not the substance.

The addiction with cigarettes is really more of a *habit*. **Once you're past the first few days, the nicotine has withdrawn from your system.**

Your body doesn't like excess amounts of nicotine any more than it does excessive amounts of alcohol ...can you say hangover? But your brain, YOU, sure like the FEELING you get or got from it. You're addicted to the feeling.

BETTY: So what you're saying is that first I'm going to have nicotine withdrawal, then some other possible physical symptoms that are not nicotine related and for a while some strong feelings toward the *pleasure* of smoking.

DR. THOMAS: Exactly...and that's what we've been talking about since page one. I've been preparing you to get ready for some mental gymnastics.

Your brain is going to try to trick you into smoking again. At first, it will be both the nicotine withdrawal AND the behavioral part...the habit.

That's why I had you compile your Good/Bad List and taught you how to use the ABC's and given you our tools like **STOP**.

BETTY: Ah, so I can be prepared for all aspects of quitting, and remaining a non-smoker.

And now it makes more sense that cutting back or slowly quitting doesn't work too well. It prolongs the nicotine withdrawal?

DR. THOMAS: Absolutely...one cigarette will start the withdrawal process over again. As we discussed in our section on when to quit, the best way to quit is to set a quit date, announce it to yourself and the others you want to know, then do it and stick to it.

BETTY: Easy for you to say...

DR. THOMAS: True, but it's a fact. Preparing your mind for quitting, then quitting, then enduring the nicotine withdrawals, then enduring the *perceived desire* you

have for a cigarette. Those are the stages that you're going to go through. And every one of them you are totally capable of handling with your own thinking.

BETTY: **And admitting that at times it will be tough.**

DR. THOMAS: Yes...it's okay to say to yourself: "Damn, this is hard right now, but accomplishing goals is often hard, and hard work. It doesn't have to be easy...I'm doing this for ME and my health!"

Then work through the emotions that you have that are creating any disturbances.

BETTY: **Alright, so what should I expect?**

DR. THOMAS: As I mentioned, the first three days or so you will be withdrawing from nicotine.

And here are some of the possible physical symptoms.

BETTY: **Ooooh...this sounds scary.**

DR. THOMAS: That's certainly not the purpose. What we want you to do is be prepared. It's not possible to give up smoking without some physical symptoms. They are **NOT** going to kill you.

In fact, you want to continually remind yourself that these are short term! The long term effects are tremendous for you!

Remind yourself often; pull out your Good/Bad List...say to yourself: “This feeling I’m having at the moment is *uncomfortable*...in fact it’s a *big pain in the ass.*”

“But I know it will pass soon enough. I can stand it. I’ll be through it and feeling much better momentarily. My health is going to improve and I’m going to enjoy being a non-smoker!”

You may also need to resort to some of the distraction and relaxation techniques that we talked about earlier.

BETTY: So, again, you’re giving this list of withdrawal symptoms so that I can be prepared ahead of time...know what to expect. So I don’t like, freak out.

DR. THOMAS: (laughing) No, we don’t want anyone to freak out! There’s no reason to freak out. And of course by “freak out” we’re talking about being overwhelmed with your thoughts.

Many people get on what is called a circle of anxiety.

BETTY: What is the “circle of anxiety?”

DR. THOMAS: Well, in a nutshell, we humans have this capacity to make ourselves even more anxious when we’re anxious.

When we feel anxious, there are physical symptoms that happen. **WE CREATE THE ANXIETY OURSELVES.** *But then physical reactions happen because of our created anxiety.*

These physical reactions include increased heart rate and blood pressure, shortness of breath or rapid shallow breathing, sweaty palms, cold sweats and more.

Then we begin saying TO OURSELVES: "...man, what the hell is happening to me? Am I dying here or what? What if I'm dying? What if I can't stand this feeling? What if...? What if...?"

And so, that's the circle of anxiety. Obviously you start creating more anxiety about the physical feelings you're getting from the anxiety that YOU CREATED to begin with. And therein you can see the circle. You just make yourself feel worse and worse and worse.

BETTY: So we obviously want to avoid getting on this track when we've just quit smoking?

DR. THOMAS: Yes because when you quit smoking you want to prepare yourself and recognize any circle of anxiety before it happens.

You want to *understand the basis for anxiety* and prepare yourself that there will be some times ahead that will be tough.

Okay they'll be tough! So was high school, or tech school, or college easy? Was learning new skills at your job easy? How about raising kids...was that something that came naturally and easy?

NO! But were these things worth it? Did they pay off for you? You bet they did...but you had to work at them to make them pay off for you.

This is no different. It will take a little work. But we're giving you all the tools!

Also remember to not rate yourself during this time either. *Remember that in the past you chose to smoke, but that just means you chose a bad behavior. This DOES NOT mean anything about you...rate only your behavior.*

BETTY: So I see what you're saying. If I prepare myself that this is an important task and that at times it will be difficult but it's very well worth it, it will be much easier. And remembering that just cause I smoked all these years does not mean I'm a bad person will help too.

DR. THOMAS: Right. And that's part of why I want to provide you with the list of physical symptoms. They may happen or may not. If they do, recognize them for what they are. Tell yourself that you can stand them. **They are not awful, nor is anything awful going to happen to you.** *Address any "what if" statements you are making to yourself.*

BETTY: Okay, I'm ready...hit me with symptoms.

DR. THOMAS: Alright...first we'll list the most often occurring symptoms of nicotine withdrawal. Keep in mind not everyone will have these and the symptoms will vary from person to person. They are even affected by your weight, how long you have smoked and how much you have smoked per day.

Nicotine withdrawal can include the following physical symptoms:

Fatigue

Sweating

Headache

Muscle aches

Sleep disturbances or insomnia

Nausea

Increased appetite

Mild trembling

BETTY: Uh boy, here we go. Doesn't sound like it's easy.

DR. THOMAS: No, but not that tough either. Make a commitment to remember this: if you experience some of the nicotine withdrawal symptoms above, they will pretty much subside in 3 to 5 days.

Please don't tell me that you've made a commitment to quit smoking and you aren't prepared to have a few days of physical discomfort!

That's about the time period it takes for a cold or a flu bug to come and go, even less! Go the distance. Get through these first few days. The nicotine will pass and you will be on to the next step.

BETTY: You're really right about that. Like 3 or 4 days is that big a deal in the overall scheme of things. I'm talking about adding years to my life, and quality years at that. So I can get through a few days of nicotine withdrawal.

But what else can I expect?

DR. THOMAS: As I mentioned before, there are several other physical changes that your body will go through when you quit smoking.

Again these are somewhat dependent on how long you have smoked, how much you have smoked, and physical attributes known to you.

The following includes a list of symptoms and causes as your body adjusts. We've also included ways you can physically and behaviorally make adjustments, in addition to the self-talk and thought changes that we've been teaching throughout the book.

One of the main reasons people give up quitting is because they create perceptions that the symptoms of withdrawal are going to be so unbearable and unexpected.

But alas, these symptoms are actually good news, signs that your body is purging itself of all the harmful chemicals cigarettes left in your body.

Again, most people do not experience all of these physical symptoms. Here are some that you may have, why, and for how long.

Dizziness 1 to 5 days

Increased oxygen levels in blood; blood pressure lowering to normal. You may want to slow down your work pace just a little as these adjustments take place.

Coughing, nose running 1 to 5 days

The body's respiratory system begins to clean itself. *Drink lots of fluids.*

Sore throat and cold symptoms 1 to 5 days

The clearing away of tar and nicotine and the growth of new tissue. The lungs are clearing. Try hard candies, cough drops, honey or anything else that will soothe your throat. And drink lots of water.

Tight chest 1 to 2 weeks

The coughing causes the chest muscles to get sore. Try relaxation and deep breathing exercises. Consult your physician as anti-inflammatory medications may also help. And drink lots of water!

Flatulence and constipation 1 to 2 weeks

Temporary slowing of intestinal movement Eat lots of fiber and drink lots of fluids.

Headaches 2 to 4 weeks

Increased blood flow with more oxygen to the back of the brain. Drink lots of fluids and do relaxation exercises.

Reduced concentration 2 to 4 weeks

Increased blood flow and oxygen to brain and lack of stimulation from nicotine. Keep yourself on track...you can do it. Use our methods of self-talk and relaxation.

Fatigue

Nicotine increases the metabolic rate. So it will now drop down to normal. This will subside in a few days or a couple of weeks.

BETTY: **Hmmmm....flatulence huh?...But just to clarify, not everybody goes through these?**

DR. THOMAS: Correct. And by using rational thoughts it will also help you to reduce these effects.

There have also been some studies on the effects of nicotine on blood sugar.

These studies suggest that nicotine causes your body to release stored sugars into your bloodstream. This would explain somewhat the effects of nicotine as an appetite suppressant...you don't feel natural signs of hunger because the nicotine is feeding you, so to speak.

One common thread I'm sure you've noticed is to drink lots of fluids. Let me clarify that: **drink lots of water and fruit juices.** Not fruit sodas...fruit juice. These two in combination will help your body tremendously during the quitting process!

Eating fruits and vegetables will also help. The fiber and vitamins in them will aid you in many areas.

BETTY: **Alright, let's talk about nicotine gum, patches and the like. Do you shun the use of those?**

DR. THOMAS: No, not at all. But we do recommend that people use caution. You can create a dependency for yourself on these products.

BETTY: **Yes, I tried the gum a few years back and was successful. I didn't smoke for four months. But I couldn't give up the gum. It became a safe haven, a crutch. So I ended up smoking again.**

DR. THOMAS: And of course that's something we want to avoid, trading one bad habit for another. But keep in mind your relapse was most likely cognitive-behavioral in nature.

The body has no need for nicotine at all. Even though nicotine replacement therapies, known as NRT's, do not create any respiratory problems like smoking does, *you're still putting something into your body that it does not like or need.*

In a perfect world you would wean yourself from nicotine as soon as you can, get through the tough 3 or 4 days of withdrawing from it and move on.

BETTY: So it's best for me not to use any NRT's?

DR. THOMAS: I didn't say that. This is not a perfect world.

NRT's have proven to be very effective when quitting smoking. There are some advocates of NRT's that say they triple the chance someone will quit successfully.

There is a little bit of a rub there and I'll tell you why.

Studies have also confirmed over the years that the more often someone tries to quit, the more successful they will be.

Often when someone quits smoking the first or second time, they try to go cold turkey and do it on their own.

When they are unsuccessful, they go for an NRT or some sort of education, such as what we're providing with this book.

So they are more determined to quit and are already prepared for some of the symptoms of quitting that they weren't prepared for before.

The NRT's help them, but so does the fact that they're mindset is more prepared too.

BETTY: So you question the validity of NRT's helpfulness?

DR. THOMAS: Whoa, no, don't get me wrong. NRT's ARE helpful. I wasn't saying that. We prescribe more to NRT's *potentially* doubling the success rate.

What follows is the stance of the American Heart Association, and is an excerpt from their web site www.americanheart.org

AHA Recommendation and Advocacy Position

“The American Heart Association believes that nicotine transdermal patches and other nicotine substitution drug products, such as nicotine gum, can help smokers quit when used as part of a comprehensive...cessation program. There are public safety issues concerning the patches -- including indications, contraindications, warnings and precautions, and issues such as efficacy, potential abuse and advertising and marketing. These are appropriately decided by the U.S. Food and Drug Administration (FDA). The American Heart Association will continue to review the science concerning the use of nicotine patches and other nicotine substitution products and to make comments to the FDA when appropriate.”

“Nicotine replacement therapy NRT has been shown to be safe and effective in helping people stop using cigarettes when used as part of a comprehensive smoking cessation program. NRT medicines are available as gum and patches over-the-counter, but are less effective when used that way. The medicines are available by prescription as nasal spray and a puffer "inhaler". The consistent use of one of these products doubles the

chances someone will stop smoking. Behavior change and support are essential. The program can take many forms, including self-help booklets and telephone counseling. In general, the more intense the behavior modification therapy, the greater the chance of success.”

DR. THOMAS: Let’s talk about those last three sentences a little....

“Behavior change and support are essential. The program can take many forms, including self-help booklets and telephone counseling. In general, the more intense the behavior modification therapy, the greater the chance of success.”

BETTY: Aha! “Behavior Modification Therapy”...that’s what REBT is! The American Heart Association just gave a high endorsement of CBT and REBT!

DR. THOMAS: Exactly! And you know what else? Included in every package for ALL NRT’s is a booklet of tips to help you get through. Some of them have 800 toll free hot lines.

The tips are very much rooted in Cognitive Behavioral Therapy, which as we’ve pointed out before, was born from REBT in the 1950s.

In fact, you know what else they say in those booklets, virtually every one?

BETTY: Tell me...

DR. THOMAS: They strongly suggest that you seek information or counseling in CBT. And in so doing, they are recognizing that an NRT alone is not going to have much success. **But in combination with changing your thinking and behavior, the success rate skyrockets.**

BETTY: Boy, sometimes I feel like the advertising for some of this stuff makes me feel like it's all I need. But, from a marketing perspective, I understand.

So, Doc, where do you stand on the use of NRT's.

DR. THOMAS: Use them if you really feel that the nicotine withdrawal is going to be very difficult for you to physically withstand.

In a few moments, I'll give you some information on vitamins and herbals that may help you also, or instead.

But if you choose to use an NRT, be sure not to exceed the manufacturers' recommended dosages and time frame. You'll want to wean yourself from nicotine in the shortest time possible.

Again, we're trying to get all of the nicotine out and not prolong the withdrawal period.

BETTY: So can you stop using them before the end of when they recommend?

DR. THOMAS: That would be your choice. People have gone cold turkey for many, many years. NRT's haven't been around that long. You don't have to continue to feed yourself nicotine in order to quit smoking. But you certainly don't want to rule it out.

BETTY: Thank you. I think that clarifies your stance on that. So now that you have, can you share what types of NRT's are available and a little more information on each?

DR. THOMAS: Good idea. But first, drum roll please, it's time for a disclaimer:

If you have any medical conditions we recommend that you see your family physician when you stop smoking. We are not medical doctors and the following information, as well as all information provided in this book, is not intended or to be used as medical advice. If you are pregnant or if you have heart or blood vessel problems, your doctor will be careful about the recommendation of NRT's. We strongly urge you to consult your family physician before using any NRT's.

Now here they are:

Nicotine Gum is available in 2mg and 4mg strength. Consider higher strength gum if you are a heavy smoker. Use a minimum of one piece every 1-2 hours on a schedule as well as an 'as needed' basis to reduce cravings. Nicotine is not as well absorbed in an acidic oral environment. Generally, use no more than 24 pieces per day. The gum should be used no more than 12 weeks. Proper use reduces oral and stomach side effects.

Nicotine gum is available in the U.S. over-the-counter in all drug stores.

Nicotine Lozenges are the latest NRT on the U.S. over the counter market. It works very much like the gum but requires that you don't chew it.

Transdermal Nicotine Patch There are three patches currently available for over-the-counter use. The two 24-hour patches, Habitrol and NicoDerm CQ, come in 21 mg, 14mg, and 7mg doses. Nicotrol is a 16-hour patch; you remove it before bed, and it's available in only one dosage (15mg). Nicotrol is used for 8 weeks, then, it can be stopped. The step-down schedule for the other two patches is 21 mg for 4 weeks; 14mg for 2 weeks; and, 7mg for 2 weeks.

Patches should be applied on a clean, dry, non-hairy area. Sites should be rotated daily. It's not uncommon to experience some irritation at the site of application. For more severe reactions, hydrocortisone cream should be used.

Although the patch is available over-the-counter, we urge you to see your doctor before using, especially if you have any heart or blood pressure conditions or are pregnant.

Nicotrol Inhaler Can be used at least six but no more than 16 cartridges per day for 12 weeks. This is only available by prescription from your doctor. Twenty minutes of active puffing (80 inhalations) will release approximately 4mg of nicotine, 2mg of which are absorbed. The nicotine is absorbed through buccal mucosa not lungs.

Nicotine Nasal Spray Nicotrol NS This is also available only by prescription. The initial recommended dose is 1-2 doses per hour. One dose is one spray in each nostril (2 sprays/dose). It is the fastest acting of all NRT's. The maximum length of treatment is three months with a gradual 3-month tapering schedule. This medication must be individualized to each patient

as it delivers a high dose of nicotine. The primary side effect is nasal irritation.

Zyban (Bupropion Hydrochloride SR) Zyban is not an NRT, but is usually grouped with them because it is a prescription drug specifically marketed for smoking cessation.

Zyban is actually an antidepressant, but not in the same SSRI league as Prozac and Paxil. Smokers who may already suffer from depression or who may be prone to depression upon quitting, may see benefits from this medication.

As this is available by prescription only, you will need to consult with your physician to see if Zyban may be worthy of your consideration.

BETTY: That helps to give a comprehensive understanding of what's available to me, should I decide to also go that route...thanks.

What about vitamins and herbals? Are they something that can help me?

DR. THOMAS: Yes, but you may want to also consult your doctor about these as well.

As far as vitamins go, there is evidence to suggest that increased intake of vitamins A, B complex, C and E have been successful in aiding people in quitting smoking.

Supplements of garlic, Echinacea and valerian have also shown to help. You can also consult with someone at a health food or nutrition store.

BETTY: Any others?

DR. THOMAS: Well, I hasten to add this, but I will with a strong urging to consult with your physician first.

Lobelia has some actions similar to nicotine but is gentler and longer lasting. Medical herbalists often use it in conjunction with ephedra to help smokers to quit. There are potential side effects to herbals such as this, some serious. So don't use these without advice. Recent studies on Ephedra have revealed some very dangerous side effects in people, including death.

Herbalists also often recommend the following herbs to calm the nervous system during the period of nicotine withdrawal - chamomile, hops, and valerian.

BETTY: Okay, is that it?

DR. THOMAS: Well, while you're at the herbalist store, ask them about the following list as well. These herbals when properly formulated are said to help with nicotine cravings, detoxifying cells, cleansing the bloodstream, cleansing nicotine from your system and providing nutritive support to the body while you're quitting.

Many of these are what you find in a lot of the 7 day and smoke-away type products on the Web. These too are okay to use, but they are NOT all alike. The ingredients and the dosages do vary so it's best to do some further homework if you're going to purchase one of these.

Here are the ingredients contained in most; and remember that you can view this list in the eBook version of *Quit Smoking-Be Happy!* that was emailed to you.

Slippery Elm Ginger Root

Cayenne Skullcap

| | |
|----------------|-----------------|
| Valerian Root | St. John's Wort |
| Lemon Balm | Gentain |
| Catnip | Lobelia |
| Oat | Kava Kava |
| Passion Flower | |

And once again we'll clarify that we are not endorsing the use of any particular company's herbals or other supplements. Our goal is to provide you with as much information as possible so that you can decide.

There are a number of 3-step/7day programs available on the Web. These are herbal and aromatherapy products and many people have found them to be effective.

Smokers choosing to quit may consider this option instead of an NRT, as these contain no nicotine.

Okay, now for some good news!

The good news is that right after you have your last cigarette your body begins to repair itself. Results will vary from one person to the next, but here is what medical science basically says will happen, in:

20 MINUTES

Pulse rate slows and returns to normal.

Blood pressure lowers and returns to normal.

2 HOURS

As the nicotine continues to leave your system you will feel the symptoms of nicotine leaving your body. You will recognize them due to what we've discussed in this section. Hang tough!

8 HOURS

The levels of nicotine and carbon monoxide in the blood are halved.

Oxygen levels increase and return to normal.

24 HOURS

Lungs start to work more efficiently and clear out mucus and other gunk left there by cigarette smoke.

Carbon monoxide is completely out of your bloodstream.

48 HOURS

Nicotine is nearly completely out of your bloodstream.

Sense of taste and sense sharpen.

ONE WEEK

Most of the nicotine withdrawal symptoms are completely gone.

WITHIN TWO TO TWELVE WEEKS

Circulation is improving - blood flow improves to hands and feet. Skin looks more fresh.

Overall energy level increases.

WITHIN THREE MONTHS

The tiny hairs, cilia, in the lungs that were paralyzed by the tar start to work again and are able to remove the mucus so you can cough it up...lovely!. In fact, when this happens you might find that you are coughing even more than usual, don't worry this is a good thing and it will soon pass.

THREE TO NINE MONTHS

Lung function has increased by 10%.

Less breathing problems.

Less coughing, wheezing, shortness of breath and sinus congestion.

FIVE YEARS

Risk of having a heart attack half that of a smoker.

Risk of cancer of the mouth and throat half that of a smoker.

Risk of having a stroke the same as a non-smoker

AFTER TEN YEARS...

Risk of lung cancer half that of a smoker

Risk of having a heart attack the same as if you'd never smoked a single cigarette

Section 16 **How to Talk Yourself Out of Eating Instead of Smoking**

BETTY: **Before when I attempted to stop smoking, I gained a lot of weight!**

DR. THOMAS: Were you overweight or did you have a tendency to become overweight prior to quitting?

BETTY: **At times, but generally speaking no.**

DR. THOMAS: Certainly many people begin to have noticeable weight gain when they quit smoking for a number of reasons.

First, people will begin to turn to food to distract themselves. Sometimes to rid themselves of the discomfort they are feeling at the time, which food will certainly do...

BETTY: **Why's that?**

DR. THOMAS: For psychology and physiology...they experience an uncomfortable sensation in the body. They define it is as an "urge" to smoke, and they believe they "can't stand it or deal with it or it is unbearable" and "must get rid of it quickly."

They've decided not to smoke but they haven't trained themselves to eliminate the uncomfortable feeling by changing their thinking yet. So what do they often do...eat. And eating helps because it changes their physiology almost instantly. The brain realizes this and the conditioning begins.

BETTY: **I guess we all have learned to use food for comfort, really from the time we were little kids.**

DR. THOMAS: Yes, we cried and what did mom or dad do? Gave us a bottle. Some people have used food their entire life to satisfy emotional pain.

BETTY: **But you know, I remember food even tasting better or certainly different when I quit before.**

DR. THOMAS: Another reason why people begin to eat more, simply because it tastes good. And there's nothing inappropriate about this, unless you begin to see on the outside what you have put inside.

BETTY: **A couple extra belt holes.**

DR. THOMAS: You got it. So to continue, the **weight gain is not directly related to not smoking.** *It becomes more enjoyable to use it as a distraction or a way to cope with discomfort.*

This discomfort can come in many different forms; boredom, edginess, anxiety, depression, and interestingly it could be your brain's way of convincing you that going back to smoking is a better way to go.

BETTY: **What do you mean?**

DR. THOMAS: Well, you have trained your brain to view smoking as pleasurable. Now you are trying to convince it that it's bad and not smoking is the way to go. Well guess what, your brain isn't buying it!

BETTY: **You're telling me...**

DR. THOMAS: So sometimes our brain will attempt to fool us by creating rationalizations...

BETTY: How's that?

StopTips

DR. THOMAS: A rationalization is an attempt to minimize or lessen the importance of, in this case, not smoking. *Trying to convince us that this idea of not smoking may actually not be in our best interest, maybe even bad for us.*

Your brain is telling you: *“Look when you quit smoking you gain weight, and we know what health problems that creates, plus you look like hell with all that extra weight, you’re unattractive, you used to be sexy but look at you now.”* Get a sense of what I’m saying?

BETTY: I think so, the brain is attempting to convince us to go back to smoking by persuading us to overeat or eat the wrong kinds of foods.

DR. THOMAS: Exactly, in working with individuals who abuse alcohol or drugs, Jack Trimpee, a colleague of mine in California refers to this voice as the BEAST. **That part of the brain that simply doesn’t care about you, but about getting the fix, the buzz. Again, it’s the pleasure seeking part of the brain...**

BETTY: **Hedonism, there it is again, our nature as human beings!**

DR. THOMAS: And this BEAST if you will, can be quite seductive in its ways. But, don’t mis- understand me. This is your voice, but we want to separate it from our rational voice, distance ourselves from it. We want to combat it, dispute it, **STOP** it from getting to us.

BETTY: **Slap it down...!**

DR. THOMAS: And we know it is distinctive from our rational voice, because no one in their “right” mind would continue to smoke, abuse alcohol or drugs, eat to obesity, have unprotected sex, or procrastinate to the point where

negative consequences occur if they were thinking rationally. This is where you can use the **STOP** technique once again.

BETTY: So when I have a smoking opportunity and notice I'm beginning to eat unhealthy items or overeat, then I can identify the thoughts that are associated with the eating?

DR. THOMAS: Yes, you can even create a visual of the BEAST like voice. Give it a beastly look in your mind and a beastly name that you make up.

BETTY: Could you give me an example...?

DR. THOMAS: Sure, you come home from work, change into comfortable clothes and go into the kitchen to get something to drink.

When you were a smoker, it was common for you to fix yourself a refreshing beverage, grab your cigarettes and go out on your lanai to relax.

Now you don't smoke, and you find yourself not being satisfied by the drink or after one drink you begin to "crave" a cigarette.

You noticed some uncomfortableness...Smoking Opportunity; your thoughts your BEAST begins its con..."damn a cigarette would really be nice right now, I need something to take my mind off of this...let me see what there is to eat," and you go to the cupboard to check.

Obviously, you NEED something quickly so you grab the bag of potato chips.

BETTY: You remembered the potato chip example...

DR. THOMAS: Of course, plus they are soooo good and work so well to distract, but let me see, how many fat calories, how many ingredients can you not pronounce, how much salt...well you get the picture.

BETTY: Yeah, not too conducive to the old waistline.

DR. THOMAS: Not to mention long term effects on aging and disease.

BETTY: (big grin) Hey, but didn't Billy Joel say Only the Good Die Young?

DR. THOMAS: (grinning) Well, remind me to talk about aging and disease in a bit, but let me finish our discussion about the BEAST. So once you have noticed the opportunity for indulgence, you begin to identify the Thinking which is your Opponent.

Start disputing, challenging, STOP the self-defeating thinking. "In the past it would have been nice, but I am a non smoker now and I can darn well handle some uncomfortableness."

"Nowhere is it written that I must have what I believe I need. First of all, I don't need to take my mind off of anything, and if I don't want to feel the way I do, then I can change how I think. So there, get out of my house you ugly BEAST."

BETTY: Very cool! I like it and my belly likes it. Although a few chips aren't too bad, are they?

DR. THOMAS: Of course not, we are talking about balance, and moderation.

BETTY: Here we go with the lecture part!

DR. THOMAS: No, just reality. You choose what you want to do, but it is important that you have adequate information so you can make informed decisions about how you want to live your life.

BETTY: I gotcha.

DR. THOMAS: There are a few things you want to consider when you are concerned about living long and healthy.

BETTY: I'm not concerned about living a long life, if I'm not healthy.

DR. THOMAS: I don't think any of us do. So beside your choice not to smoke, there are some other things that have proven to be helpful in combating the aging process which is also our susceptibility to disease.

StopTips

First, hydration. We addressed this back in the section on nicotine. **Most people walk around dehydrated.** Sodas, teas, etc. do not provide the hydration our bodies need.

I'm not going go into the details right now but there's lots of information on the subject on the Web. And we'll look to see what additional information on this subject we can send to our readers in the near future.

BETTY: Good; so how much water are we really supposed to drink, by medical standards?

DR. THOMAS: For most, people I'm talking about *1 gallon of water per day*. You will be surprised how easy it is, once you start. But even if you don't drink that much, any increase is helpful.

Plus look how much time you will save when you stop in the convenience store looking for something to quench your thirst. Easy, bottled water.

BETTY: (wry smile) Delicious.

DR. THOMAS Next, exercise. The best exercise program is one that fits readily into your daily life, is varied and perceived as fun, emphasizes endurance and flexibility, does not depend too much on other people, and can be followed throughout your life.

BETTY: **Do you have to sweat? I hate to sweat!**

DR. THOMAS: Awww...Betty doesn't like to sweat. Do you want quality in your life? Then exercise. Start first thing when you get up in the morning, a 10 minute walk away from your house, 10 minutes back. No Big Deal!

BETTY: **Doesn't sound too bad.**

DR. THOMAS: Then you can begin to incorporate other things.

BETTY: **Go on...**

DR. THOMAS: Breathe...

BETTY: **Breathe?**

DR. THOMAS: **Yes breathe, breathe in deep, hold, exhale, and do it again.** Look in our relaxation section for more techniques. *Oxygenating your blood is vital to optimal health.*

And finally, Calorie Reduction with Optimal Nutrition ...CRON.

BETTY: (sarcastically) **Oh yeah, eat less, and eat nutritious foods, yeah right. I just quit smoking, now you want me to drink more water than I bathe in, exercise, which means sweat, do some goofy breathing things, and give up red meat??**

DR. THOMAS: (Laughing) No, I didn't say give up anything. ***Moderation and Balance.*** Quite frankly, the necessary regime for optimal health would be much too difficult for most folks and probably for new non-smokers, but a less rigorous regimen will still add many years to your life, as well as life to your years.

BETTY: I can live with that. ***No pun intended.***

DR. THOMAS: We're researching some websites right now that offer helpful and informative information regarding health, nutrition, and fitness. There are so many out there, we'll cull some down that we think are the most informative and when we're done researching them a little further, we'll email the URL out to you so you can become more informed on these subject matters.

Section 17 How to Stop Beating Yourself Up Over Your Past Bad Habit

BETTY: Okay, Doctor, now I want to talk to you a little about how I'm feeling about myself.

DR. THOMAS: What do you mean by that?

BETTY: Well, I'm kicking myself for smoking all these years and for screwing up my health.

DR. THOMAS: That sounds like *guilt*.

BETTY: If that's what you want to call it. I feel like I shouldn't have done this to myself.

DR. THOMAS: Okay, well let's start there and then we'll discuss how to get out from under any feelings from *guilt*. Any emotional upsets such as this can give rise to a relapse, or can impede your efforts for living a happy life. So we want to tackle these issues.

First of all, you used the S word.

BETTY: (smiling) Oops. I shouldn't have said should, huh?

DR. THOMAS: (chuckling) *It would have been better* if you hadn't said *should*. As discussed before, we want to eliminate *should* from our vocabulary.

Should is a very damaging word to use because it puts must-demands on you and others.

Remember: *Everything that happens should happen.*

BETTY: I like that, but sometimes it doesn't make as much sense to me as other REBT doctrines.

DR. THOMAS: Well I'll explain further. You said: "I feel like I shouldn't have done this to myself."

That statement means you are denying its existence.

You shouldn't have done it?? **But you did!** You can't deny that, **it is reality.**

The fact is *you should have done it*, because you did! Now, a better way of addressing that would be: *"It would've been better for my health had I not smoked all these years."*

BETTY: Oh, you're right! Actually when I say it that way to myself I don't get upset with myself like when I said it the other way.

DR. THOMAS: Exactly...and remember this is a new philosophy you're learning and to apply it to all of your thought processes and thinking. It will come easier to you, and you will feel the positive benefits of it more and more when you do.

BETTY: Okay, you also changed something else in my sentence above. You changed it to “...*better for my health...*” instead of “...*have done this to myself.*”

Can you explain that further?

DR. THOMAS: Yes...you’re description of doing it to yourself is inaccurate at best, and highly irrational at worst.

You haven’t done anything to your “*self.*” Only to your **health.**

So the first step in getting through any guilt-like statements is to rid yourself of the concept of “*self.*”

We’re all human beings, ***we’re all fallible***, and we’re all capable of making mistakes, having successes, joy, sadness, anger, etc.

But these are all *actions, behaviors and emotions!* **Feelings are not us!**
They’re feelings!!

All of the talk about self-esteem and self worth is of little to no value to us, in a rational sense.

BETTY: So you’re saying that a concept of self worth or self esteem has no basis in a realistic, rational world?

DR. THOMAS: Yes! **Because everything is just *actions and behaviors.*** I like Dr. Ellis’ description of self worth, with my apologies to him because I don’t recall the exact words:

“If you could take your body, boil it down in a big pot, the weight of all the bones, and skin and intestines, etc. will be your self worth!”

Now, why would you want to rate and criticize that?

BETTY: Neat analogy...and I guess I wouldn't. So is what you're saying is that it's in our best interest to rid ourselves of a concept of self worth and self esteem?

DR. THOMAS: Yes I am.

BETTY: And how do we do that?

DR. THOMAS: By unconditionally accepting yourself, and rating only your actions and behaviors.

Decide to define yourself as a "good" or "worthwhile" person *just because you exist*, just because you are alive, just because you are human.

Work at -- that is, think and act at -- unconditionally accepting yourself *whether or not* you perform "adequately" or "well" and *whether or not* other people approve of you.

Acknowledge that what you *do* (or don't do) is often a mistake or foolish, or immoral, but still accept *you*, your *self*, with your errors and do your best to correct your past behavior.

BETTY: That's cool. But a little hard to take at first.

DR. THOMAS: That's understandable if for no other reason is that it's quite contrary to most everything you've been told all your life.

How many times did you hear: "You're being a bad boy, or bad girl growing up?"

BETTY: I do believe that was my mother's favorite thing to say!

DR. THOMAS: And that's the only way she knew. The only way a lot of people know.

Whenever anyone says that to you, they have equated your *behavior* with your *worth*. Whether a parent, or teacher, or whomever, it is the common way people talk to get someone to conform to their rules and to control behavior.

And generally what follow is that you, the one labeled as a bad girl, want to gain and keep their approval so you begin to judge *yourself by their rules and you feel guilty when you don't live up to them*.

BETTY: So does that mean there's no rules?

DR. THOMAS: No, it doesn't mean that at all. There's nothing wrong with having standards and rules of conduct.

But often times the standards are wrongly or inconsistently applied. There are probably few worse double standards than "Do as I say, not as I do." This sort of discipline is often inconsistent and confusing to a child.

BETTY: I thought you said REBT isn't about going back to childhood and stuff like that?

DR. THOMAS: It's not. But what I want to demonstrate here is how our upbringing and influences along the way have given rise to some messed up thinking that can be easily straightened out, with some practice.

You see when a child's value and worth are made a part of his or her teaching and training, then they will learn the *negative emotions* of *guilt* and *shame*.

And here comes the biggie.

BETTY: I'm ready for it.

DR. THOMAS: The guilt and shame are a consequence of self-rating and self-measurement and many of us carry it right on into adulthood.

This concept of "self-esteem" has people rating themselves on how well they think and perform, and what they think other people think of them.

BETTY: Yep, know a lot of people that way and I do that myself.

DR. THOMAS: And, again, that is not uncommon because of our upbringing and influences.

And keep in mind there's nothing wrong with having a good healthy *self-regard*, but it's not a measure of one's worth as a human being!

BETTY: Okay, but how do I give up this notion of self worth, this rating of my self.

StopTips

DR. THOMAS: Get rid of the "rating game." Take on a whole new perspective of your performance. Take an objective view of what you do, free from negative emotions.

This is called **USA**.

BETTY: Aarrrrrrrrrrggghhh! ANOTHER ACRONYM! SOMEBODY *HELP ME*, I'M IN ACRONYM HELL!!!!

(Laughing) Okay, kidding, kidding. Seriously the acronyms are helpful but I need to study them a little bit so I can get a good grasp of all of them. So what's USA?

DR. THOMAS: (chuckling) Unconditional Self Acceptance.

Recognize that NO ONE is perfect, and that you can best handle any of your perceived shortcomings by *accepting* your weaknesses and strengths.

If you can make a change or improve something, fine. But if you can't, then *accept it and do as well as you can*.

If not, you'll agonize over it and make yourself miserable. Remember this: your mistakes do not diminish your worth.

BETTY: So my past mistakes do not diminish my worth, nor does my future good performance make me a “better person.”

DR. THOMAS: That’s right. You may regret certain things, and certainly strive not to repeat them. You can correct any wrongs that you can. But recognize that you are human and you can be wrong and not punish yourself incessantly about it.

BETTY: Wow, I’m feeling better already. But tell me more. I don’t want these guilt feelings coming back around again. What further do I tell myself and how do I best look at myself?

DR. THOMAS: Don't give *any* kind of global, generalized rating to your *self*, your *essence*, or your *being*. Only measure or evaluate what *you think*, *you feel*, or *you do*

Work at changing your "bad" behaviors and continuing your "good" behaviors. But stubbornly refuse to globally rate or measure your *self* or *being* or *personhood* at all. Yes, at all!

You can also achieve unconditional acceptance of poor external conditions that you do your best to change but are clearly not able to change.

So if you demand that you *absolutely must* do better than others do at work, relationship, or sports, you will tend to strongly hate yourself when you don't perform as well as you presumably *must*.

Damning yourself leads you to feel highly anxious and/or depressed, and you may easily horrify yourself about having such feelings: "I *must not* be anxious! I'm no good for being depressed!" Then you will feel anxious *about* your anxiety, depressed *about* your depression, and will be *doubly* self-downing.

BETTY: So what do I do then?

DR. THOMAS: Like I said, get off of the rating game.

And specific to our subject, tell yourself that "Okay, I smoked all those years. **Shame on my behavior!** I wish I hadn't of, but I did. I can't go back and change it now. It's done. I'll accept the fact that that's what I did, and keep working hard on improving my future health by never smoking again."

BETTY: Good, but can you give me some more examples of working through this concept of rating behaviors and not self.

DR. THOMAS: Yes, we borrowed this excellent list from the Smart Recovery web site, and it's right on track for further understanding of USA.

This is a list of thoughts to increase self acceptance.

StopTips

1. I'm not a bad person when I act badly; I am a person who has acted badly.
2. I'm not a *good person* when I act well and accomplish things; I am a person who has acted well and accomplished things.
3. I can accept myself whether I win, lose, or draw.

4. I would better not define myself entirely by my behavior, by others' opinions, or by anything else under the sun.
5. I can *be* myself without trying to *prove* myself.
6. I am not a fool for acting foolishly. If I were a fool, I could never learn from my mistakes.
7. I am not an ass for acting asininely.
8. I have many faults and can work on correcting them without blaming, condemning, or damning myself for having them.
9. Correction, yes! Condemnation, no!
10. I can neither prove myself to be a good nor a bad person. The wisest thing I can do is simply to accept myself.
11. I am not a worm for acting wormily.
12. I cannot "prove" human worth or worthlessness; it's better that I not try to do the impossible.
13. Accepting myself as being human is better than trying to prove myself superhuman or rating myself as subhuman.
14. I can itemize my weaknesses, disadvantages, and failures without judging or defining *myself* by them.
15. Seeking self-esteem or self-worth leads to self-judgments and eventually to self-blame. *Self-acceptance* avoids these self-ratings.
16. I am not stupid for acting stupidly. Rather, I am a non-stupid person who sometimes produces stupid behavior.
17. I can reprimand my behavior without reprimanding myself.
18. I can praise my behavior without praising myself.
19. Get after your behavior! Don't get after yourself.
20. I can acknowledge my mistakes and hold myself accountable for making them –but without berating myself for creating them.
21. It's silly to favorably judge myself by how well I'm able to impress others, gain their approval, perform, or achieve.
22. It's equally silly to unfavorably judge myself by how well I'm able to impress others, gain their approval, perform, or achieve.
23. I am not an ignoramus for acting ignorantly.

24. **When I foolishly put myself down, I don't have to put myself down for putting myself down.**
25. **I do not have to let my acceptance of myself be at the mercy of my circumstances.**
26. **I am not the plaything of others' reviews, and can accept myself apart from others' evaluations of me.**
27. **I may at times need to depend on others to do practical things for me, but I don't have to emotionally depend on anyone in order to accept myself.
Practical dependence is a fact! *Emotional* dependence is a fiction!**
28. **I am beholden to nothing or no one in order to accept myself.**
29. **It may be better to succeed, but success does not make me a better *person*.**
30. **It may be worse to fail, but failure does not make me a worse person.**

So remember to get off the rating game and you will have a much more healthy attitude toward yourself, and that will help you in your quest to remain a non-smoker.

Section 18 How to Keep From Feeling Depressed After Quitting

BETTY: How do I keep from feeling the blahs when I quit smoking? It seems that I lose some of my ability for pleasure when I've quit before...

DR. THOMAS: Without going into a discussion about clinical depression, let's see if we can get a better understanding of what you are describing. Can you give me a little more information?

BETTY: I'll try...it seems like I either have a hard time experiencing joy, or I simply don't want to do many of the things that I typically have enjoyed in the past.

DR. THOMAS: In spite of the lack of enthusiasm, do you continue to go to work, pay bills, bathe regularly, etc.?

BETTY: Yeah, although my thinking certainly becomes impaired.

DR. THOMAS: Almost like a dullness of intellect?

BETTY: Hmm...that's an interesting description. Yeah, I guess that sums it up.

DR. THOMAS: Memory?

BETTY: Yes, especially like...retrieving information.

DR. THOMAS: Often in these states there appears to be an undercurrent of thinking that is constant. Feeling spacey, having trouble concentrating. Also ruminating thoughts are common, that's the going over and over the same stuff...different angles, but the same stuff.

BETTY: Yep, I know those too...

- DR. THOMAS: A colleague of mine who has experienced depression talks about “having a sense of being a speck in the void...there is a huge gulf between me and all others...”
- BETTY: That’s how I feel.
- DR. THOMAS: As with most strong emotional states, there appears to be an interplay between biology, psychology, and the environment. I don’t think I have gone into to this yet with you, so this might be a good time to do this...
- BETTY: I’m game...I think we all are. And I think a lot of people want to know more about depression and how to battle it without the use of drugs.
- DR. THOMAS: Strong evidence continues to mount suggesting that there is a genetic predisposition to certain psychiatric disorders, especially for the affective type such as depression. Although Dr. Ellis, the creator of REBT, has stated for 50 plus years that humans are more biology than psychology.
- BETTY: Well why do we keep talking about changing thinking all the time then?
- DR. THOMAS: Let me continue and I think you will understand. Even though you may be strongly predisposed to *depression, anxiety, guilt, or anger* that doesn’t mean you are helpless to do anything about it. In fact, almost all strong emotional states have a cognitive or thinking overlay to them.
- BETTY: What do you mean...thinking overlay?
- DR. THOMAS: What I mean is that whatever the origin of the depression tends to be, as we begin to experience it we also *evaluate it* and begin to *talk to ourselves* about it.

And it is this talk that will either *minimize the symptoms or worsen them.*
Let me give you an example...My wife and I always kid about if our

government sent us into battle, they would do much better by her than by me.

BETTY: (chuckling) **Well, I know your wife. I would have to agree.**

DR. THOMAS: (Laughing)... Ever since I have known her, it doesn't matter what it is, a cold, the flu, large splinter in her finger, or sore throat. No matter how bad she physically feels, rarely does she let on and rarely does it prevent her from completing her responsibilities.

The reason? Because she doesn't make a mountain out of a mole hill. She doesn't feel good, but she doesn't view it as *awful* or *terrible*, only inconvenient, a pain in the butt.

BETTY: **Not me...**

DR. THOMAS: Nor me, although I have gotten better. And the reason I do better is because I do not tend to *catastrophize* about how bad I feel. Not perfectly, but I do much better.

Now, I do remind myself, and do force myself to still do things and I may never reach her level of tolerance for discomfort, but I work on it.

BETTY: **I guess that's why God gave woman childbirth rights!**

DR. THOMAS: (Laughing)...I suppose. So again, whether the origin is biologically driven or self driven, there is always a *thinking* component.

Interestingly, the body has all the components necessary for self-healing so if our bodies and minds were perfect, we could train our thinking to mend our illnesses.

BETTY: **But no one is perfect...**

DR. THOMAS: So we are left with a life long process of *changing our thinking to minimize our upsets*. We probably won't completely cure our tendency, in this case to become *depressed*, but we can certainly lessen the intensity, frequency, and duration of these feelings of despair.

BETTY: So if we feel down, we can lessen how bad it feels, how long it lasts, and the number of times we experience it?

DR. THOMAS: Very good. Regardless of the emotional state, you will always have the ability to exert some control over it.

Conceptually we know we have our *Biology*, the genetics we inherited, we know we have our *Environmental Conditioning*, the experiences we had while growing up, and finally our *Self-Conditioning* - our own take on the every day stressors which could be anything from loss to illness, or simply the hassles of living.

BETTY: Like in this case, not smoking.

DR. THOMAS: Not smoking...is it a hassle?

BETTY: Oh yeah...

DR. THOMAS: So we have decided to quit and guess what?

BETTY: What?

DR. THOMAS: *Where is your focus?*

BETTY: On how *crappy* this is.

DR. THOMAS: Exactly. But since the symptoms this time are more of the depressed kind, then we know a couple things. **There is usually a sense of *helplessness* as well as *hopelessness*.**

I suspect that since you tend to focus on how bad or how difficult not smoking is then you also view it as not getting any easier?

BETTY: **Yes, hopeless and maybe even getting more difficult!**

DR. THOMAS: What ***evidence*** do you have to support the idea that it is not only bad, but it will never be easy?

BETTY: **Well look how I feel!**

DR. THOMAS: *But remember, your feeling is a result of your thinking and not caused by the act of not smoking.*

BETTY: **Yes, I will practice more at remembering that.**

DR. THOMAS: You feel bad now because you are not only making a mountain out of the molehill but you also believe you “need to have a cigarette” and “nothing is fun anymore without a cigarette.”

BETTY: **And to be more rational in my thinking I would want to change this to “there is no evidence to support needing a cigarette, on the contrary smoking is counter to my life goals of health and happiness” and (whining) “what a big baby, can’t have fun without smoking; what a bunch of crap.” “Why don’t I get my butt off of this chair and do something.” “When in doubt, do something.”**

DR. THOMAS: Go girl, you are getting it.

BETTY: **All right! I’m cooking now...turn me loose!!**

DR. THOMAS: (Laughing)...Good. Now, let's look at the helpless part. Do you think that "there is nothing I can do about this, what a louse I am, I can't believe I can't handle this, I can't stand the way I feel" then you begin to feel overwhelmed and helpless to do anything about it?

BETTY: Yes...what are you, a mind reader or something?

DR. THOMAS: (chuckling) No, as you know this is my area of expertise. So, what's the rational alternative...?

BETTY: You better take this one Doc.

DR. THOMAS: Give it a try.

BETTY: Alright... "Well obviously there is something I can do about how I feel, first of all it is my choice to not smoke, not anyone else's and I have made this choice because I care about me and my quality of life.

Even though I am not feeling very good right now, it will pass and if I get going, I can make it pass quicker."

DR. THOMAS: Okay, good, and I'll give you some more: "And even though it is strange doing some things without smoking, with time I won't even think about it. When I first started to ride a bike, I had to really concentrate on it, but after I learned, it was second nature."

Interestingly, the same way with smoking. It was tough at first, but after practice you smoked without difficulty.

BETTY: That's right, I never thought about that. Gosh, I remember the first time I actually smoked; my junior year in high school, a couple of my friends were older and they were smoking. I tried; not only did I cough

a great deal, but also got sick to my stomach. God, what ever possessed me to keep trying?

DR. THOMAS: You obviously associated a great deal of pleasure with the idea of smoking. Probably wrapped around being cool!

BETTY: Probably.

DR. THOMAS: *Now its time to wrap a whole bunch of cool to the idea of not smoking.*

Now to finish with the rational alternative: *“I can never be a louse for not doing well, simply a fallible human being, who is struggling with not smoking; I’m struggling, tough, why should I be special and not struggle with behavior change? Almost all change requires work, it will get easier; everything usually does.”*

BETTY: That’s true.

DR. THOMAS: Then from here, you force yourself to do something. Take a walk, clean a closet, listen to or read our book again, organize your files, put your tax papers together, do something.

Do not just sit around and watch T.V. or engage in non-participatory activity. The more active you become, the quicker your thoughts begin to adapt to the change.

Remember what we talked about regarding the four psychological life processes? *Perception, Thought, Feeling, and Behavior*. The more processes you put in place, the quicker the adaptation of becoming a non-smoker for life will become *your new reality*.

BETTY: Fantastic...I’m ready to bring it on!

Summary

By Dr. David Thomas

My co-author, Clay Daniel, told me that I **needed** to write a summary. He told me “that the Introduction tells the reader what they are about to learn. Then they listen to our audio book and learn. And the summary tells them what they just learned.”

As you probably -hopefully!- know at this point, we as humans don't **need** to do anything, and as such, I figure you already know what you know and do not “need” to have me summarize the main points. So instead, I'm going to share some final thoughts with you that have made a remarkable difference in my life.

They have to do with the “*Precious Present.*” So often we spend our time thinking about the past, feeling melancholy and wishing things were different. We tend to put ourselves down for things we did that didn't work out just right. Or we look into our crystal ball, worried and anxious about what is to come, frequently caught in the quagmire of what to do and then scared to do it.

We don't want to fail; we don't want people to think poorly of us. Seldom do we stay in the *moment*. **It is hard to live happily in the past or in the future.** Living is about the moment. *Not* because it is absolutely flawless, which often it is not, but because it is **absolutely everything it is meant to be...at that moment.**

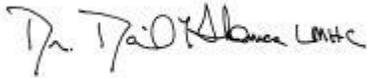
A colleague of mine tells this story... *A man is working atop a 50 story building. He accidentally trips and falls off. As he passes the 22nd floor, a person inside the building hollers out the window to him: “Hey, how's it going?” The man answers back, “So far so good!!”*

We find this story a little funny because we know what's coming...the ground. He, however, is having a blast as he free-falls through space, which can be an exhilarating experience if he does one thing: *stays in the moment!* If he stays in the moment, *he'll enjoy his trip.*

If you ever want to watch the true enchantment of the precious present, go to a park and watch the children play. They do it easily, without effort. We tend to live busy lives and years seem to shorten as we age. *I believe staying in the moment is our path to wholeness and peacefulness.* Try it, see what you see, hear what you hear, and feel what you feel. The “Precious Present” is the only true reality that exists.

So, set your goal to be a non-smoker, but live it today. Learn from your past, but don’t live in it. If there are bumps along the way, so be it. They will pass. Enjoy your experiences; you will not receive them again. And, remember the children playing. The moment is all you really have in life. Take time to be there!

For the moment,

A handwritten signature in black ink that reads "Dr. David L. Thomas L.M.H.C." The signature is written in a cursive, slightly slanted style.

Dr. David L. Thomas, L.M.H.C.

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Dedication

To Mom,

Smoking was a passion for you. It used to be for me; now it's an anchor 'round my neck. Your last seven years weren't always comfortable because of smoking, and it did eventually kill you, but you never bitched. Hell, you thoroughly enjoyed that one cigarette a day, right down to your last. I know you'd want me to kick it. I'm doing it for me, but my inspiration in life will always be you. (Hey Mom, you always told me I could write good!)

I love you,

Clay

Special Thanks

*To Jenifer, for her blind faith, optimism, encouragement, trust and love.
And to Dr. Martha Price, Terri, Dr. Vince Parr, Dr. Kathy Wiley, Guerry, Bubba, Tim, both Jeff's and maybe most of all to David. I don't know where my life would be if you hadn't been my next door neighbor...You all know where you "fit."*

And also a special thanks to nTierlutions Inc www.ntierlutions.com for the tireless efforts and painstaking attention to detail on producing our website and tackling all of our ecommerce needs. Thanks Tim and Gary...no way it would've happened without you guys. Check's in the mail.

About the Authors

David Thomas, Ph.D, LMHC

If you were to see Dr. Thomas in the convenience store one of your last guesses at his occupation would be that of a psychotherapist. He's outgoing, friendly, laid back and if you are around him long enough, he'll tell you how handsome he is and that he's, well...cool.

He doesn't look the part of "Doctor." Which is really kind of neat. Keeping in mind that he's not nearly as handsome and cool *as he thinks he is*, he's just like...normal. Whether he's in a social situation or in his work environment, he doesn't analyze YOU. In his work, he may analyze and get to the root of what's bugging you, but he never focuses on YOU. And maybe most importantly of all, he truly cares and truly enjoys helping people.



Rational Thinking (and Rational Emotive Behavior Therapy/REBT) simply deals with your actions and behaviors, and the thoughts you have that drive them. Or to put another way, REBT helps us to understand how our thoughts affect our emotions. And because of his personality, his demeanor, his great sense of humor, and because he is just like you and I...makes him one of the best teachers and communicators of Rational Thinking of our time.

Dr. Thomas has devoted his last 23 years to his profession of helping people from all walks of life with all kinds of situations in their lives. He has also focused much of his post doctoral training and continuing education in the areas of substance abuse including smoking, alcohol and drugs. And he has held smoking cessation seminars throughout the United States.

Dr. Thomas has been a licensed Mental Health Counselor for 19 years. He holds a Ph.D. in Counseling Education, is a licensed Mental Health Counselor in the State of Florida, and an esteemed member of the National Board of Certified Counselors.

He is a member of the following well-recognized organizations:

- American Counseling Association*
- American Association for Mental Health Counseling*
- International Association of Addictions and Offender Counseling*
- Institute for Rational-Emotive Therapy*

Dr. Thomas is the Executive Director and Managing Partner of the *Whitford-Thomas Group, Inc.* (<http://www.whitfordthomasgroup.com>) with 2 offices in the Tampa Bay area (Florida.) It is a mental health practice, offering a full range of individual, group, and family counseling services, public educational programs, training seminars and workshops for individuals, corporations, and the helping professions.

Dr. Thomas is also an Associate Fellow and teaching faculty member of the Albert Ellis Institute (NYC). (<http://www.rebt.org/>)



Further, Dr. Thomas has the distinction of providing corporate consult services for a number of companies including, to name a few:

- Tandy Corporation, Tampa, Florida
- Federal Government, Atlanta, Georgia
- Pinellas County School Board, Pinellas County, Florida
- Orange County School Board, Orange County, Florida
- Manatee Memorial Hospital, Bradenton, Florida

-BIC Corporation, St. Petersburg, FL

“I am thrilled to be able to take my methods and skills and present them to you via the World Wide Web. The opportunity to help thousands of people stop smoking is extremely exciting. I look forward to sharing more about Rational Thinking with you. What’s really fun about it is that not only can it help you to stop habits you no longer want, but it can literally assist you to be your own therapist for the remainder of your life.”

Dr. Thomas resides in the Tampa Bay area of Florida with his wife and son. He and his wife, an educator also with a PhD, divide their time between work, down time in the Georgia Mountains, and keeping up with their son’s soccer, track, golf, and school studies.

Clay Daniel

Clay Daniel is a communications consultant, writer, speaker, and publisher of electronica and digital self-help publications. He has spent the past 19 years honing his skills as a communicator and marketer. For 10 of those years he owned his own offline, full service marketing and communications firm providing counsel and services to clients throughout the southeastern U.S.



Clay began online authoring in 2002, when he and Dr. Thomas teamed up to create *Quit Smoking-Be Happy*.

Clay and Dr. Thomas have been friends for over 20 years, since their days in college together, Clay earning his B.A. in Mass Communications and David his PhD. in Counseling Education.

Clay has been quite familiar with rational thinking and Rational Emotive Behavior Therapy (REBT) -- the methods that Dr. Thomas teaches -- for a number of years. So the subject matter for *Quit Smoking-Be Happy* was not at all new to him.

In fact, he's freely comfortable with disclosing to anyone who cares to listen that the weekly one-on-one psychotherapy counseling sessions with one of Dr. Thomas' colleagues a few years back had a huge impact on his life. He'll further tell you his story of how some years of depression and anxiety had him experiencing debilitating anxiety attacks and more, and how Rational Thinking changed all that.

"Rational thinking taught me how to get through any emotional upsets by simply addressing what I was saying to myself. It's so realistic and logical and deals with what's going on now, not in your childhood or something. Once you've been shown how to *listen to your self-talk*, and how to respond more appropriately, the effects are truly amazing," Clay says.

"I went through a period of pretty serious depression. And I also was allowing the stress and anxiety of my job to overwhelm me. REBT helped me to work through all of it; really it literally saved my life. That's why when it came down to stopping smoking, I had an easier time this go'round because I knew how to change my thinking about smoking."

Quit Smoking-Be Happy! is one of several self-help publications by Dr. Thomas and Mr. Daniel. They are at work on various publications and furthering their presence on the Web for many kinds of self-help eBooks, audio books and services.

Clay, a Florida native and unabashed Gators fan, lives in the Tampa Bay area of Florida with his wife and 3 cats where he spends most of his time working and occasionally getting out to satisfy his golf jones.

