The Psychology of Smoking

www.emotionalhealth.co.uk
info@emotionalhealth.co.uk
01273 732690

Contents

Misconceptions About 'Nicotine Addiction'

Much attention is paid to why smokers ought to stop (half of smokers die from smoking related illnesses) and the vast majority (around 83%) of smokers want to stop. The most interesting question, though, is this: What is stopping them?

The main problem is usually seen as being 'nicotine addiction', an idea that is heavily promoted by the companies that make smoking cessation pills, patches, lozenges, gum and other products.

Obviously, there is a chemical component to smoking. That is why, for example, most smokers enjoy the first cigarette of the day– it takes the body back towards the level of chemical toxicity it was at the previous night, just like alcoholics take the 'hair of the dog'. After a period of not smoking (or drinking), however, the body has entirely cleansed itself. There is no nicotine left in the bloodstream only 48 hours after not continuing to smoke, for example (see table at end).

The 'chemical model' simply does not hold up. If it was true, why do some people stop for months but then start again? Equally, why do some people who take nicotine by other means like gum or patches also start smoking again? Their nicotine levels are the same (or sometimes higher) than when they were smoking. Meanwhile, smokers sometimes go for long periods without any nicotine without even noticing it.

How is it that smokers will have a cigarette in the morning to wake themselves up and one in the evening to relax? If the chemical component were the most significant, surely the effect would be the same each time? You will doubtless be able to come up with many more similar flaws in the chemical model.

People do give up smoking in all kinds of ways, of course, just as people dig out of prison with spoons. You can do it – it is just hard work! To make the job easier, you need to tackle it in the right way, which means thinking about the psychology.

Using Rituals and Objects to Achieve States of Mind

If you watch footage of people going to sleep at night, you find that they tend to do pretty much the same thing each evening. For example, they might close the curtains, check the door, go to the loo, brush their teeth, lie on one side, lie on the other and then fall asleep. If they find themselves in strange surroundings like a hotel or change the ritual in some way, they can often find it frustratingly hard to get to sleep. Why?

The reason is that going to sleep is an unconscious process. You cannot consciously go to sleep but we can guide our unconscious minds into the right state of mind to do it. This is what the ritual of going to bed is for and we use similar rituals throughout the day to guide ourselves into different states of mind. We often do the same thing to gear up for the day or when we start work and change clothes after work, for example. Religious services usually follow the same format each day or week. Repetition helps us train our unconscious minds to produce the state of mind we want to achieve.
We also use objects to influence our mood. On a happy holiday, we might buy a souvenir or take a photograph and put it somewhere at home. When we later look at it, we experience some of the same feeling again. Some people have lucky charms that they carry with them and might feel more confident knowing that they are there.

Using rituals and objects to influence our state of mind is a natural human ability and is vital to emotional health. At different times, we might need to calm ourselves down or gear ourselves up, reflect or concentrate, stay awake or get to sleep.

Babies and Bathwater

The problem smokers often experience is that the smoking has become the only way they know how to achieve these aims. It is a 'crutch' that has caused the real muscles to wither. When they stop, they are left without any ways to calm down, wake up, go to sleep, relax, concentrate, or whatever. If you throw away a crutch without having anything to replace it with, you are going to fall over!

When you stop smoking, it is vital to look at what the benefits of smoking are for you. What states of mind do you use it to achieve? They could well be contradictory, like smoking to wake up in the morning and to go to sleep in the evening. Before you smoke a cigarette, have a think about what the particular cigarette is promising to give you – relaxation, concentration, sociability.... When you know what you have been using smoking for and have learned to achieve those states of mind in different ways, you will be free to stop smoking without missing out on the benefits of taking breaks, concentrating, feeling calm, or whatever.

Smoking at Work

Ultradian Rhythms

One important but often overlooked need is to observe something called our ultradian rhythms. You can see it most clearly at work. It explains why at work most smokers tend to smoke every 1½-2 hours.

Our minds and bodies operate to natural rhythms of sleeping and waking. This is called the circadian rhythm, which is the 24-hour cycle that makes us feel sleepy at night and wakes us up in the morning. Less well known is the ultradian rhythm, which is a cycle of alternating dominance of the left and right hemispheres of the brain during the day. The left hemisphere, which specializes in logical, linear thinking, is dominant for around 90 minutes and then the right hemisphere, which processes non-verbal, daydreamy kind of thinking, is dominant for around 20 minutes and so on throughout the day.

You can often see this in the workplace where, after about 90 minutes of focused work, people lose concentration and find their mind drifting off. Some will stare blankly out of the window or at their computer screen. That is often the time that smokers will go out for a cigarette. Others might go and make a cup of coffee -- observe your colleagues! They are all following their natural need for a period of right hemispheric dominance and you can often observe a marked switch in their states of mind from focussed attention on their work to a more defocused, meditative state of mind. The better concentration afterwards is largely caused not by the nicotine but by the brief period of restorative right-hemispheric activity.

Without knowing it, people unconsciously find ways to observe their ultradian rhythms. Smokers usually end up doing it by smoking and when you stop it is important to continue to meet this need in another way. The better you learn to do it, the more effective you will subsequently be able to be. One easy way is to get comfortable, close your eyes, consciously relax each of your muscles in turn and indulge in recalling an enjoyable memory or imagining.

Why Do People Feel Compelled To Do Things They Don't Actually Enjoy?

Some people do like smoking, of course. But many do not, especially when the novelty has worn off after a few years. They are often confused about why they feel compelled to do something that they do not actually enjoy.

We usually believe we do things because we like them. Why, then, do people trapped in addictive behaviours do things that actually reduce their happiness? One reason is that pleasure and desire are mediated by two different sets of chemicals in the brain. What we want is not necessarily what makes us happy and what makes us happy is not necessarily what we want!

Pleasure and Desire

The pleasure system uses opioids (from the same family as heroin and morphine) to reward us for satisfying biological urges such as eating food, finding warmth if we are cold or having sex. Impeding their effect by drugs like naloxone reduces people's enjoyment of food *without reducing their hunger*. Another feature of the opioid system is that its intensity gradually reduces over time, which is why the amount of pleasure in addictions decreases over their duration.

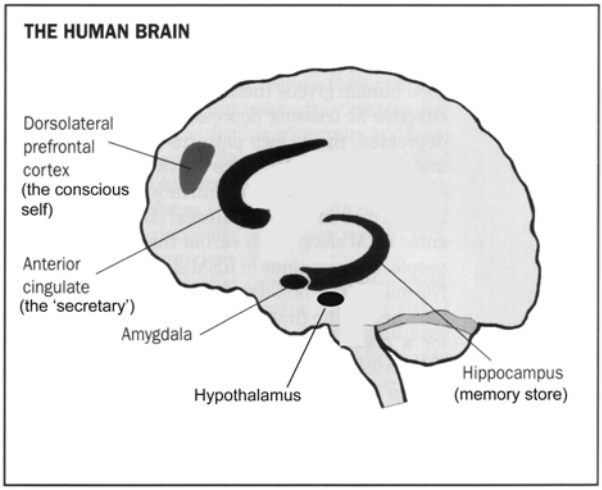
Desire, on the other hand, is mediated by a different chemical called dopamine, which is in the same family as cocaine. It creates a motivation to perform an action. Rats with damaged dopamine systems can still be observed to find the taste of sugary water pleasant and the taste of quinine unpleasant (believe it or not, rats pull faces of pleasure or disgust). Unless they are actively fed, however, they simply allow themselves to starve to death. They still *like* sugary food; they just do not *want* it. The pleasure and desire systems operate independently.

Addictive Patterns

Addictions hijack the dopamine desire system, creating a strong desire to do something regardless of whether it is pleasurable or not. Addicts of any kind do not develop a greater 'liking' for their particular behaviour, whether it is smoking, overeating, drinking too much, or some other form of compulsive behaviour. They just 'want' it more and more.

Dopamine Delusions

When someone is reminded of an addictive behaviour, parts of the brain called the amygdala and hypothalamus send a message in the form of withdrawal symptoms to a part of the brain called the anterior cingulate asking for it to be carried out. The anterior cingulate operates as a kind of secretary to the conscious self, which is thought to reside in the dorsolateral prefrontal cortex. The anterior cingulate sifts through incoming information, tagging some as important and discarding what it considers irrelevant. Because the person's dopamine levels are raised (remember it is similar to cocaine), when the anterior cingulate looks back on past experiences of an addictive behaviour, it sees them through rose-tinted glasses in a process psychologists call 'euphoric recall'. The experiences seem better in retrospect than they were at the time and negative aspects are ignored. The anterior cingulate then passes the message up to the conscious self reinforced with rose-tinted memories and having diminished or discarded other options. This essentially boxes in the conscious self and creates a powerful motivation to obey the addictive behaviour. Once the action is complete, dopamine levels drop and the conscious self regains a more accurate, broader view. People become aware of all the negative aspects of the behaviour and often regret having done it. Addictions are based on a dopamine-laced illusion of how good an experience is going to be, an expectation that is increasingly disappointed as the pleasure system turns down the response over time.



Freeing Yourself

The first thing to realise is that after a period of not taking a drug, the withdrawal symptoms are being produced by you yourself in your amygdala. The human body recovers from biological addiction (i.e. regains homeostasis) very quickly, whether the drug is nicotine, sugar, caffeine or anything else. What remains is the tendency for the amygdala to produce withdrawal symptoms as a 'stick' to push you to carry out a behaviour it has tagged with dopamine as being important. That is why the symptoms of ceasing to perform an addictive behaviour like smoking, for example, vary enormously from person to person with some people barely noticing anything at all while others find it extremely hard. The biological readjustment is the same; the difference lies in how their amygdalas try to coerce them into performing the action.

Second, the dopamine levels create a delusional rose-tinted memory of past experiences of the behaviour. This cocaine-driven illusion is then passed up to the conscious self as a kind of propaganda to railroad it into obeying.

The key to freeing yourself from an addictive habit is to learn to sidestep the delusional state of mind that the dopamine system creates to try to force the conscious self into performing an addictive behaviour. You can promote this by a number of methods.

1. Remember, your conscious mind is free to choose once you can keep it available to you.

2. Learn to keep calm and detached around the addiction. The more emotionally aroused someone is, the less flexible and creative their minds become. Just try reasoning with someone who is furiously angry or very frightened!

3. Observe the ways in which the amygdala tries to create withdrawal symptoms as a stick to drive you to act. This reinforces the conscious, observing self, which is the part that is free to choose.

4. Learning to recognise the rose-tinted propaganda that the anterior cingulate (the 'secretary') passes up to you. Again, this situates the experience in the conscious, observing self, which can choose to accept or reject the illusions.

The more fully you can do this and feel calm while doing it, the quicker the amygdala will stop creating unpleasant symptoms to try to make you carry out the behaviour and the quicker the anterior cingulate will have access to pleasant experiences of *not* carrying out the problem behaviour. The easy way is the best way. The more pleasant your experience of freedom is, the quicker the anterior cingulate will be able to access the pleasure of *not* performing the action. That is why people who struggle to give up an addiction have higher failure rates. They are not generating pleasurable associations with their freedom.

You can do this yourself, of course. People do it all the time. If you find it hard, though, a good hypnotherapist will enable you to retrain your mind quickly by relaxing you (to enable the mind to become more flexible) and letting you teach these unconscious parts of your mind new ways tell them to stop bothering you!

References: The Pleasure Seekers, *New Scientist* 11 October 2003
Great expectations, *Human Givens* Vol. 11 No. 1 2004

What Happens When You Stop Smoking

Time since quitting	Beneficial health changes that take place
20 minutes	Blood pressure and pulse rate return to normal.
8 hours	Nicotine and carbon monoxide levels in blood reduce by half, oxygen levels return to normal.
24 hours	Carbon monoxide will be eliminated from the body. Lungs start to clear out mucus and other smoking debris.
48 hours	There is no nicotine left in the body. Ability to taste and smell is greatly improved.
72 hours	Breathing becomes easier. Bronchial tubes begin to relax and energy levels increase.
2-12 weeks	Circulation improves.
3-9 months	Coughs, wheezing and breathing problems improve as lung function is increased by up to 10%.
1 year	Risk of a heart attack falls to about half that of a smoker.
10 years	Risk of lung cancer falls to half that of a smoker.
15 years	Risk of heart attack falls to the same as someone who has never smoked.

The Health Benefits of Smoking Cessation:
A report of the Surgeon General. US DHHS, 1990.