

HOW TO STOP DYING FOR A CIGARETTE



You have written a helpful guide here, and it addresses many of the secondary rewards that are embedded in smoking addiction. In breaking the association between smoking and pleasurable activities, and in making smoking more of a required chore than reward, you are challenging the place that cigarettes have in people's lives. You also address the fear that one is relinquishing their "friend" forever, thereby activating feelings of loss and anxiety.

—Carol Povenmire, Ph.D.

I saw my mother use this method to break a 25-year smoking addiction. It works!

—Michael Geier

Advanced-level educator, columnist, course creator, actor (radio, stage, film, TV), director, speech therapist, Ruthe (Payenson Geier) Price holds an M.A. in education and administration from New York University.

HOW TO STOP DYING FOR A CIGARETTE



A WORKBOOK-DIARY TO ENABLE SMOKERS
TO BREAK THE HABIT WITHOUT DRUGS,
SUBSTITUTES OR WITHDRAWAL

RUTHE PRICE



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*How to Stop Dying for a Cigarette:
A Workbook-Diary to Enable Smokers to Break the Habit
Without Drugs, Substitutes or Withdrawal*

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TABLE OF CONTENTS



<i>Acknowledgements</i>	<i>vi</i>
<i>Read this First</i>	<i>vii</i>
The Program	1
FAQ's.	4
A Trigger.	7
The Final Trigger.	11
In the Beginning....	17
Branding	19
Hooked!	21
Connections	23
Activities	29
<i>Notes from the Author</i>	<i>57</i>

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READ THIS FIRST



One day I forgot to smoke. Not once in the twenty-five years I'd spent victimized by the addicting chemicals that tobacco companies added to their products, had that happened. Even though I'd tried many times to quit smoking, I'd never lost the craving for it. Now, when I realized I hadn't smoked for several days, hadn't even *thought* about lighting up, I knew I'd beaten the habit that, up to now, had beaten me.

Most astounding, there had been no withdrawal pain, no weight gain, no depression, no suicidal thoughts. Further astonishing, was that there had also been no workshops, patches, pills, "pretend" cigarettes, painful injections or hypnotists' unpleasant suggestions. With solely the use of certain exercises with their bases in bio-feedback, a technique not invented by me but used in a unique manner by me, I'd removed my addiction to tobacco.

I waited to see if the miracle would last. It did. I developed a revulsion re smoking. That was many years ago; it has never changed. After several months, I offered the system to a limited number of other addicted smokers.

Those who used it were, like me, successful in ridding themselves of the addiction. Although the lengths of time

it took to reach this goal varied, they, like me, succeeded in replacing the desire for cigarettes with dislike of them.

I have now been smoke-free for more years than those I spent smoking.

HOW TO STOP DYING FOR A CIGARETTE uses the how, when and where of your smoking to treat the root cause of your addiction. As smoking becomes a nuisance, as you disconnect it from the activities you've attached it to, you will resent its intrusion into your life. As you gradually lessen your intake of nicotine, you will lower your physiological cravings. Finally, you will be done with it.

To utilize this method, you need only this manual, a writing utensil and the sincere desire to get out of the clutches of tobacco companies, whose goal is to acquire wealth by addicting you, stealing your health, money and, eventually, your life.

Other than following simple exercises and recording your experience in the diary portion of this book, you'll need no other products. The sincere desire and determination to succeed are all that are required; you will simply allow yourself to be guided through the steps and exercises.

As you gradually remove smoking from your life, the rewards will be many:

1. freedom from foul-smelling breath, clothing and habitat
2. freedom from stained fingers, coughing, wheezing, heaviness in your chest area, hoarseness, runny nose, dry mouth and improvement from partial loss of your senses of taste, smell and vision

3. relief from breathing problems, chest pain, post nasal drip, acid ingestion, reflux, irritated gums and more
4. increased energy
5. lower expectation of cancer

Products advertised as useful aids in attempts to quit smoking are chemicals that are not without their own dangers, and the often required attendance at expensive workshops frequently contain warnings of dire results such as divorce and suicide.

In 1971, the advertising of cigarettes was banned on radio and TV. Packages now require warnings.

1. No advertisements are permitted on programs for theatrical performances or sports events of colleges, universities, or other schools.
2. Due to the ages of the reading audience, cigarette ads are not permitted in comic books.
3. No cigarette samples can be given or sold to anyone under the age of twenty-one.
4. Actors or models in cigarette ad campaigns must be at least twenty-five years of age and cannot be described as athletes or as having been in athletic career fields.
5. Cigarette advertisements are permitted to be placed in facilities for adults only.
6. Ads may be placed in retail establishments, so long as they're not displayed on the back or front of a window.

In an effort to guarantee future sales, tobacco companies have added addicting chemicals to their products. Burning

tobacco wrapped in paper creates over 4,000 chemical compounds, many of which have been shown to cause cancer in both smokers and those exposed to secondhand smoke.

The nicotine found naturally in tobacco is as addictive as cocaine. Over time, the user becomes physically dependent and emotionally addicted to it. The physical dependence on the cigarette causes unpleasant withdrawal pain, while the emotional and mental dependence make it hard to stay away from it.

Nicotine affects your heart and blood vessels, your hormones, metabolism and brain. Five hundred and ninety-nine additives to tobacco were approved for foods, but not by *burning* them, and the process of burning the tobacco and the paper in which the cigarette is wrapped changes the chemistry and causes pleasant feelings that make you want to smoke again. Over time, it takes more nicotine to get the same effect you used to get from smaller amounts and, when you finish a cigarette, the nicotine level starts to drop, the pleasant feelings wear off and you want to smoke another cigarette. This causes the size of your habit to increase.

The artwork on the packages was designed to re-enforce the message that a certain brand tasted good, was the thing beautiful people did and that it was good for us. The colorful packages were adorned with slogans that beckoned enticingly with both blatant and subliminal messages. The ads convinced us to make *their* brands *our* brands, the ones to which we would forever be loyal, because they tasted better, were better for us, or were the choice of a doctor.

THE PROGRAM



STOP DYING FOR A CIGARETTE is a program utilizing a combination diary and workbook. It is designed to enable addicted smokers to quit without dangerous side effects. It guides you through exercises that change the way you smoke, moving cigarettes from pleasure to dislike, from comfort to annoyance, from desire to disgust as you gradually remove the nicotine from your blood stream and break psychological connections.

Writing in the diary is an important part of your cure. Carry this book with you and record the experience each time you smoke a cigarette. Do it immediately, while it's still fresh in your mind.

Specific exercises woven throughout the narrative comprise the workshop portion. All of it is designed to relieve you of the burden of having to make smoking decisions.

To a smoker, the word "quit" is scary and makes stopping harder. You will not *quit* smoking as you work this program; you will simply, in the same manner in which you acquired it, *reverse the habit*. You'll stop smoking because you just don't want to do it any more.

As you progress through the steps of the program, smoking fewer cigarettes and taking fewer puffs on each, you'll avoid the

2 HOW TO STOP DYING FOR A CIGARETTE

agony of withdrawal by continuing to smoke when you need to. As you smoke fewer and fewer cigarettes and inhale fewer puffs of each, you will less and less frequently reach the ends of the cigarettes, the most dangerous parts, where the chemicals are concentrated.

Because you will continue to smoke when the craving demands it, you won't experience withdrawal, nor will you gain weight by consuming snacks to satisfy the act of putting something in your mouth. *You are not replacing the cigarette, you are rehabilitating yourself.*

Your rewards? Any or all of the following: food tastes better, your olfactory nerve is no longer numbed by hot smoke and your sense of smell becomes more acute. Your vision can improve. You'll lose your "smoker's cough", you'll stop clearing your throat, you'll save money, the yellow stains on your teeth and fingers will be gone and you'll stop burning holes in your clothes. If you're lucky, if it's not too late for you, your breathing problems will disappear. Towards the end of the process, your nicotine level requirement will be low and you may need only one or two puffs before extinguishing the cigarette. You'll know you're cured when you no longer need this "fix" and what had been gratifying has become annoying and distasteful.

This method is a form of bio-feedback. I didn't invent it, but I use it in a way I find no evidence of elsewhere. Presented in a series of steps and exercises, it is important you do them in the order in which they appear. If you lapse in following them, start again. Simply rework the exercises you have so far

successfully dealt with. Read your entries and add any new insights before continuing the process.

As you work the exercises, you will occasionally find explanations of “what” or “why.” Your awareness of the mechanics of your journey back to good health can be instrumental in your success.

FAQ'S



Q: Why can't I just go to rehab?

A: There are none for smokers. The smoking habit is different from other drug habits and cannot be cured in the same way.

Q: How much does it cost?

A: The price of this book and a writing implement.

Q: Will I need an artificial replacement for the cigarette?

A: No.

Q: Should I replace smoking with chewing gum or some other oral substitute?

A: No.

Q: How long will it take to be cured?

A: It depends on the number of cigarettes you smoke daily, the length of time you've been smoking, and how dedicated you are to working this program.

A TRIGGER



When I needed an extra pillow to alleviate the heaviness in my chest, I took a Gas-X. When, after several uncomfortable nights, it didn't go away, I made my first move towards a cure.

Dr. Stoner (factual experience, fictitious name), took my visit as an excuse to light up. "Well," he said as he inhaled deeply, "you're in luck. The x-ray is clear." He paused to blow a smoke ring. "How much do you smoke?" I wanted to ask him the same question, but he was coughing out a cloud of smoke.

"Okay," he said, "I don't think you have to quit. Just cut down a little and let's do another x-ray in three months. If I see anything to be alarmed about, it'll be time to quit." He crushed the butt in an overflowing ashtray and left.

Driving past freshly mowed lawns on the way home, the car window open, a burning cigarette in one hand, the steering wheel in the other, I noticed a man pushing a lawn mower. I also noticed that I couldn't smell the grass.

I thought about my visit to Dr. Stoner. Maybe, I thought, I should quit while I'm still ahead. But he said my lungs are clear. But when they're not clear, won't it be too late?

I decided to quit while I was still cancer free. I tossed the cigarette out the window, dug a half-empty pack from my bag and dangled it out the window. It never left my hand.

I decided to try again if I ever needed another pillow. That night, I needed an extra pillow.

True to my promise, I tried it all. Plastic cigarettes kept my hands busy, but supplied me with nicotine; chewing gum loosened my dental work, but not my yen for cigarettes; cough drops made me cough; I tried patches and injections into nostrils and ear lobes (boy, did *that* hurt!).

I was afraid of the side effects of drugs and the fact that the small print said workshops frequently caused hostility, agitation, depression, suicidal thoughts or worse. Worse? There was something worse? In my only visit to a workshop, the leader warned of personality changes and said that divorces were not uncommon.

I settled on hypnosis where I was programmed to become nauseous when I smoked. For three weeks, I fought to hang on to my lunch; when the suggestion wore off, I gave up and bought a carton of cigarettes.

THE FINAL TRIGGER



The Miami Herald ran a story about a professor at the University of Miami's Medical School. The doctor, an innovative thoracic surgeon, had perfected a method for the surgical removal of the larynx of patients afflicted with throat cancer. The article announced a symposium in which he would teach the surgery, the result of which would leave patients without windpipes and vocal chords, to surgeons. An innovative method of producing vocal sound would be taught to therapists.

The effects of the surgery, while saving their lives, were devastating: it left the patients able to breathe only through a hole (stoma) at the base of the throat and ended the careers that required the ability to speak; they could drown from being caught in the rain; they could never again swim, shower or bathe. Worst of all, they would be unable to call for help in an emergency. It was essential that they learn how to produce sound again.

I had studied speech therapy and later worked with patients with speech problems at the Essex Conservatory, where I chaired the Theater Department. I wondered how I could learn this speech method called "esophageal speech." Perhaps there was an available book? I dialed the printed phone number.

“No,” I was told, “there’s no book. It’s too new. This course is the only way to learn it.”

The doctor questioned me about my educational and professional backgrounds and invited me to attend as his guest.

After a few days of watching surgery and listening to a detailed lecture, an explanation of the method of producing sound while lacking the organs to do so, we therapists were declared ready to practice on patients.

Men and women in varying stages of recovery, all with holes at the bases of their throats making made them look like extras from *Star Trek*, filed into the room. Although they usually wore a small piece of gauze over the opening into their windpipes, these stomas were bare and open to view.

Some of the patients had already had speech instruction and some were fresh out of surgery. The lucky ones would learn to communicate; others either hadn’t been left with enough tissue to be able to produce sound, or they hadn’t been sufficiently exposed to the training.

Upon reading the chart of the patient assigned to me, I learned he had once fallen overboard and kept himself alive by plugging the stoma with his finger. He was unable to breathe until he was pulled aboard.

And so we began: me to teach, he to try to produce sound through his esophagus, a part of his anatomy not designed for that purpose. Since I still had intact voice-producing equipment, I was unable to demonstrate the process and we struggled until he finally achieved the reward of sound. It was a significant moment for both of us.

Patients and trainers joined each day for lunch. When my patient finished eating, he pulled out a cigarette, held it to his mouth to draw on the flame and then smoked the rest of it through his stoma!

That this might be my future, was the chilling thought that was the *trigger* that haunted me until I rid myself of the habit that had kept me prisoner for twenty-five years.

EXERCISE #5: Check off the symptoms that pertain to you.

WHY: Facing your reasons for working this program will reinforce your persistence in reaching your goal.

coughing _____

wheezing _____

heaviness in chest _____

hoarse voice _____

runny nose _____

dry mouth _____

poor sense of taste _____

poor sense of smell _____

difficulty breathing _____

chest pain _____

post nasal drip _____

acid indigestion _____

reflux _____

low energy _____

If you have any that are not mentioned, add them.

IN THE BEGINNING...



The memory of my patient haunted me. What can I do, I asked myself, to quit smoking? I recalled a line from Shakespeare's Hamlet. Paraphrased, it said that there is nothing either good or bad, but thinking makes it so. I wondered if "mind over matter" could be helpful in curing an addiction. Did my mind have something to do with my habit? I took a trip down memory lane...

When I was fifteen, my eighteen-year-old sister, began to smoke. How I envied her! She looked so glamorous, her arm gracefully bent at the wrist as she practiced posing. And the smoke! It beckoned with the promise of romance and sophistication and the fantasy lives of movie actresses with cigarettes dangling from their well-manicured hands, their rouged lips encircling the small, white objects with sensuous puffs.

I tried practicing holding a cigarette, but somehow the substitution of a pencil seemed to negate the charm of the activity.

"When can I smoke?" I asked my mother.

"When you're eighteen."

At eighteen I went to live on a college campus along with other emancipated coeds.

As a going away gift, Mom bought me my first pack of cigarettes. It was the best and worst gift I ever got.

BRANDING



Greenwich Village, home to New York University's downtown campus, was also home to the off-Broadway theaters and was a veritable garden of places in which I could further develop my acting "chops."

Rehearsals were intense and everybody smoked. We burned through pack after pack of cigarettes, and running out of them became a crisis. When we couldn't leave to buy more, we borrowed from each other.

This meant the constant changing of brands and soon cigarettes began to acquire an unpleasant taste.

EXERCISE #7: Check your supply of cigarettes. If you have more than one pack of a brand, get rid of all but one. Don't throw or give them away, destroy them. Cut the cigarettes up. Don't be surprised if you experience a sense of loss.

WHY: You must kill your enemy.

EXERCISE #8: On the numbered list that follows, enter the brand name of each package as you start it. Add more numbers if you need them.

WHY: Switching brands makes cigarettes taste bad.

BRAND & DATE STARTED

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

After you've smoked the last cigarette of a package, buy one pack of a different brand.

HOOKED!



Once I'd mastered inhaling, I found myself buying more and more cigarettes. Without my being aware of it, my habit grew until smoking became a constant companion to my activities.

As I got hooked on the nicotine, I needed to smoke more to get the same effect. The very thought of running out of my "fix" would cause panic. It actually happened and on a cold winter night.

I hunted desperately through ashtrays, hoping to find a butt good for at least a puff or two. Unsuccessful, I threw a coat over my pajamas and trudged through snow to find a cigarette machine.

CONNECTIONS



When I picked up the ringing phone and simultaneously reached for a pack of cigarettes from the coffin-nail box on the wall, I had an epiphany. **Smoking is associated with other activities!**

I began to keep a record of the activities I'd connected to smoking. Most interesting were the automatically performed rituals attached to lighting fresh cigarettes; for example, tapping them on something hard.

So now I wondered: did we derive comfort from nicotine's slight calming effect, or are there other reasons we smoke? If there are, what are they? Why, when we reach for a cigarette, are we often only vaguely aware of it? Why do we light up a new one while the last one is still burning in the ashtray?

There was more to lighting and puffing than I had realized! I wondered if smoking is as much a mental condition as a physical one. I wondered if I could re-associate cigarette smoking from something positive to something negative. I wondered if my earlier attempts to quit had failed because I hadn't made a disconnection from the when and why I smoked.

People with drug addictions go to rehab. Isn't nicotine addictive? But if it's the only reason to smoke, wouldn't we be done with smoking once it was out of our systems? Why do people who've successfully removed the nicotine from their

blood streams still sometimes long for a cigarette? What about those who go for long periods of time without smoking and then return to it?

I dug out my psych textbook. While it didn't supply the answers I wanted, it did lead me to another epiphany. Nicotine is only half of the problem. **Rehab isn't the answer, because the reasons for smoking aren't the same as those for other drugs.**

If the chemical part of the addiction is due to nicotine or some other chemical, once we got it out of our systems we could stop smoking and never crave it again.

Smoking is different from other drug addictions because it is always associated with another activity. When we try to quit, our bodies react to the absence of nicotine at the same time our brains are faced with giving up something else. Because of this, *both physical and mental factors* must be treated.

Armed with a purpose and using my studies in the fields of psychology and biology, I designed a method based on the theory that the habit is an *associative* one and that removing the act of smoking from whatever it was attached to would enable me not only to stop smoking, but to actually find the activity loathsome.

I wondered what smoking by itself felt like. I stood in the middle of a room and lit up a cigarette. After a few puffs, I grew bored. Bingo! Some new epiphanies! **One, it had taken only a few puffs to satisfy my nicotine "hunger" and two, smoking by itself is boring.**

I had my answer, but what should I do with it? I decided the first thing I needed to do was to invest myself in it. I made a commitment.

