

Questions and Answers – Nicotine Dependence Relief and Recovery (Read to individuals, couples, groups)

NOTE: You might tell NDRR participants something like: "Since we have limited time and to be sure we cover the important bases, I will review some questions you may have and their best answers."

"QUESTION: "Do I have to really and deeply want this to work, to never smoke again, for it to be successful?"

Hardly at all. The subconscious part of you needs to be willing for it to work whether you consciously want it to or not. The author of this program, Nicotine Dependence Relief and Recovery, found that the only way to find out for sure that your subconscious is now willing is to go ahead and give this program at least a good chance to work for you. He told me that he would occasionally hear something like this from people he helped in groups: "I went to your group with my friend because she didn't want to go by herself. I never intended to get rid of smoking. You know . . . I think I'm doing even better than she is."

QUESTION: "Basically, how does this stop-smoking program work?"

It uses self-hypnosis along with important facts you haven't heard or seen before to release the strong and lasting motivation (willpower) needed to end using nicotine. It does that by repeatedly and truthfully answering the nine untrue and unknown when thought attitudes of smokers, dippers and chewers. You will know it's working when you find that you are unwilling to smoke, dip or chew even if you want to.

QUESTION: "Have you (to authorized leader) ever smoked and if you did how did you quit?"

A central principle of this program is to think of it as the AVOID TALKING ABOUT IT program. Its author asked me to not talk about my personal experiences and gave me permission to talk instead a little about his. He smoked heavily for most of 20 years and got rid of it using self-hypnosis and without substituting something else about as hurtful. Because of that personal experience and being a qualified health care clinician, he developed and did rapid nicotine-cessation treatments with individuals and couples who smoked. He led approximately 1,000 single-session, self-hypnosis stop-smoking groups primarily for company employees and through the American Lung Association.

QUESTION: "How successful have you been helping people quit?"

People who believe in the value of research look for objective evidence. The fact that the American Lung Association sponsored a stop-smoking program it didn't own and is essentially the program I'm offering you and did so for nearly 30 years is good evidence of its value. The lung association told this program's author that when it looked into its effectiveness helping people stop smoking they were pleased with the results.

QUESTION: "But I live with (work with, socialize with, etc.) a smoker. Won't that make doing this difficult?"

What you are talking about is wanting to smoke when other folks do. Because this program helps with your willingness to suck smoke, that gives more determination and comfort when around others who still suck insecticide-filled smoke from cigarettes.

QUESTION: "Will I get fat after I quit?"

This program offers safe and specific help to avoid adding unhealthy weight.

QUESTION: "When I quit before, I was irritable (sad, upset, had trouble sleeping, etc.). Will that happen this time?"

Most people don't have such trouble. But usually if someone does, it's because the caffeine he or she uses becomes more potent or they begin drinking more caffeinated beverages. What I'm teaching recommends temporarily reducing – by perhaps one-half – the amount of caffeine used.

QUESTION: "Do you (to authorized leader) hypnotize people; will you hypnotize me?"

I encourage having and keeping greater control and independence by showing you how to safely hypnotize yourself. You do that listening daily for three weeks to about 20 minutes of a special recording. Also, what we talk about before learning the hypnosis is much of what makes the hypnosis work. Please pay attention.

The best thing to remember about self-hypnosis is this: Little matter what happens, it probably still will work. It doesn't matter if you think you can't experience hypnosis, couldn't be hypnotized before, don't feel hypnotized, are distracted during hypnosis, keep your eyes open or open your eyes during it. Even if you leave here wanting to or tempted to smoke . . . it still works when you refuse to suck (smoke) butts (cigarettes) and work with it. The self-hypnosis works when you do what you agree to do . . . not perfectly but well enough.

QUESTION: "Can everyone be (are there some people who can't be) hypnotized?"

If you believe now or ever have thought that smoking helps in some way or that you liked to smoke . . . then you can do self-hypnosis. Relatively few people can be hypnotized for entertainment purposes. Nearly everyone, if not everyone, can for the reason you are here.

QUESTION: "When doing the hypnosis, will I know that I am (feel that I am) hypnotized?"

Few people can tell because it isn't hypnosis done for entertainment. Also, hypnosis isn't a feeling. Basically, hypnosis is an effect. With what we are doing, the effect is safely staying free of nicotine and without replacing with anything hurtful.

QUESTION: "Is this program going to make quitting easy?"

When people who successfully used earlier versions of this program were called several weeks after being seen, approximately one-third reported it was easy . . . basically a walk in the park. One-third reported that it wasn't that easy but still easy enough. The final one-third said it was difficult at first but still they managed. They found it doable.

QUESTION: "Is there a better or best time to listen to the CD you'll give me?"

Please don't listen to the part (track 1) that suggests closing your eyes while doing anything you need to pay attention to . . . for instance, driving. You can listen to part or all of tracks 2 and 3 while driving. Otherwise, feel free to experiment with listening at different times. You may find, for instance, that listening just before going to bed has a stronger effect on how well you do the next day. When you listen to the CD, be sure to be seated. If you lay down to listen, you might just go to sleep.

QUESTION: "You (to leader) recommend regularly tasting the common spice whole clove. I don't care for clove. What should I do?"

If you are fortunate and don't like clove, please double-up on using it. It works even better to get rid of nicotine craving for folks who don't care for the taste or smell of clove but use it anyway. I will put some cloves out where you can get one during the break and do some practicing with it.

QUESTION: "What is hypnosis and self-hypnosis?"

This hypnosis – what's done to help rather than to entertain – means accepting suggestions more deeply . . . so that healthy behaviors that were difficult or seemingly impossible to do or keep on doing become relatively easy to do, always safe and last. Self-hypnosis is when you deliver and control the suggestions and involves a trance that is rarely recognized when it's happening. Sometimes it's called "traffic trance." Haven't you had the experience of traveling some distance on a road or highway, didn't recall part of the trip and you were not asleep?

Self-hypnosis happens more from repetition of suggestions and builds over time. You daily and for at least 3 weeks give yourself helpful, truthful suggestions by listening to the audio portion of this program. You may not get close to the full effect of the self-hypnosis until you've listened for a few days. You might leave here already doing well and make it stronger by listening daily for at least three weeks.

QUESTION: "Can the self-hypnosis hurt me or can I somehow get stuck in it?"

Only safe and respectful suggestions are given that have been developed and used with literally thousands of people like you and over the past 40 years. Some people move out of trance more slowly but are never stuck in it.

QUESTION: "What if I can't relax or don't relax during hypnosis?"

Relaxation is not required. Being more calm or relaxed is a fairly common but not required side-effect of hypnosis. Being aware and paying attention during hypnosis are important . . . even though you will sometimes consciously forget and won't be aware of some of the truthful suggestions. The audio I give you has some of what are called "subliminal" suggestions. Those I offer are very different in that they are consciously heard but you still aren't aware of them. It's best that I don't explain more because that would weaken the subliminal suggestions.

QUESTION: "Should I take a medicine my doctor prescribed to help me stop smoking or use a cigarette replacement product like the nicotine patch?"

What I'm offering you is complete enough to stand alone. It is intended to be used without stop-smoking medicines or products like the nicotine patches and gum. Still, if your doctor specifically urged you to take or use something, please do check with her or him to be sure not doing so will be okay. Also if you take a prescribed medicine – such as blood pressure medication – in part because you smoked, stay in touch with your physician so she can check that.

QUESTION: "I'm pregnant (or some other physical condition). Is there anything you do that can hurt me?"

Nothing is included that could possibly be hurtful. Thirty years of offering this program has seen to that. Even still, if you have any doubts or if you believe your physician might question doing this, please talk it over with your physician and do this program later.

QUESTION: "I'm hard of hearing. Will this still work for me?"

Close your eyes and let me say a few words to see if you can hear me. If you have trouble hearing me, move closer or leave your eyes open when I teach the self-hypnosis. You can adjust the volume of the audio I'll give you.

QUESTION: "I don't read well (or can't read). Will that interfere?"

You will need to read or have someone read to you – each day for the first three weeks – one page of the written information I'll give you. It has the title, "Your Simple 7 Hypnosis Triggers." It explains the simple things you need to do and agree to do instead of using any nicotine at all. That one page gives you a complete and healthy substitute that quickly replaces butts, dip and chew. Because you won't get hooked on the "simple 7" substitute, you will simply stop using it sometime after the first three weeks. Then if one or more times later you are tempted, you can easily and briefly go back to the healthy substitute.

QUESTION: "Is hypnosis a part of devil worship?"

Anything but devil worship or any part of it. When engaged in hypnosis, people typically are sitting quietly with their eyes closed. A very few religious folks who know little or nothing accurate about hypnosis might confuse that with prayer.

(The following are more likely to be asked when leading a group or perhaps seeing a couple.)

QUESTION: "Which makes this stop smoking program work better . . . doing it individually or in a group?"

Overall, one way isn't better than another. Folks who are more likely to be comfortable seen in a group and will learn what they need that way attend groups and vice versa.

QUESTION: "You (to leader) say I should think of this as the 'don't talk about it' program. The less I talk about this program, about using nicotine in any way and how I'm doing, the better it works. As much as I can, I should even avoid other people talking about those topics or asking me questions. I'm here with someone. We're quitting together. How can we not talk about those things?"

The ideal would be to not talk at all to each other about this and for at least the first 3 weeks. If that isn't doable, then at least keep what you talk about encouraging and avoid asking each other how well you're doing.