

## Chapter 10

## Emotional Recovery

Feelings reflect emotional awareness or how we feel about the emotions stirring within us. The structure and function of these beautiful minds combine with instinctive, subconscious and conscious awareness to create an intuitive emotional richness that rivals the stars. Yet, if the only emotions remaining were those untouched by our addiction, our mind's unfeeling night sky would be empty and dark.

That isn't to say that as nicotine addicts we didn't have emotionally rich, full and meaningful lives. It means that to varying degrees and frequency, our addiction infected nearly all of our emotions. Rising and falling blood-serum levels of the psychoactive chemical nicotine impacted dopamine, serotonin, norepinephrine, acetylcholine, gamma-aminobutyric acid, and glutamate.<sup>342</sup>

Emotion can be broken down into three overlapping categories: (1) primary emotions, (2) secondary emotions and (3) background emotions.<sup>343</sup>

Primary emotions include surprise, fear, anger, joy, sadness and disgust.<sup>344</sup> The common thread is that each reflects an almost instant reaction as seen in facial expressions, with no processing or routing inside the frontal lobe of the brain, the seat of intelligence and thought.

Secondary emotions are all other emotions and result primarily from frontal lobe and intellectual processing and analysis of the influence of primary emotions. A truly dynamic being, although appearing as just a list of words, varying emotions are the product of neuron and chemical interactions. Although not easy, while reviewing the following list, reflect on how life as a nicotine addict may have touched upon each.

Our emotions range from accepting, affectionate, aggressive, agitated, aggravated, alarmed, alert, amazed, amused, annoyed, anticipating, anxious, appreciated, apprehensive, awed, bitter, blissful, bold, bored, bewildered, cautious, caring, cheerful, compassionate, competent, composed, confused, constrained, contempt, contented, cowardly, cruel, curious, courageous, defeated, dejected, delighted, depressed, detached, disrespectful, distant, dreadful, disappointed, disgusted,

342 Quattrochi E, et al, [Biological aspects of the link between smoking and depression](#), Harvard Review of Psychiatry, September 2000, Volume 8(3), Pages 99-110.

343 Mosca, A, [A Review Essay on Antonio Damasio's The Feeling of What Happens: Body and Emotion in the Making of Consciousness](#), Psyche, Volume, 6(10), October 2000.

344 Libkuman TM, et al, [Multidimensional normative ratings for the International Affective Picture System](#), Behavior Research Methods, May 2007, Volume 39(2), Pages 326-334; also see Shaver P, et al, [Emotion knowledge: further exploration of a prototype approach](#), Journal of Personality and Social Psychology, June 1987, Volume 52(6), Pages 1061-1086.

dismayed, displeased, distressed, dramatic, eager, ecstasy, elated, embarrassed, enjoying, enthralled, enthusiastic, envious, euphoric, exhausted, exhilarated, expecting, familiar, ferocious, fond, free, gaiety, generous, glad, gleeful, gloomful, greedy, grieving, grouchy, grumpy, guilty, happy, hateful, homesick, hopeful, hopeless, horrified, hostile, humiliated, hysterical, impatient, incomplete, independent, indifferent, infatuation, innocent, insecure, insulted, interested, irritated, isolated, jealous, jolly, jubilated, loathing, interested, longing, lonely, lost, loving, lustful, malicious, melancholy, miserable, modest, mortified, neglectful, nervous, obligated, optimistic, outraged, overwhelmed, painful, mysterious, panicky, passionate, pleased, pitiful, prohibited, proud, raptured, regretful, rejected, relaxed, relieved, reluctant, repulsed, resentful, resistant, revulsion, riled, satisfied, scornful, sentimental, shameful, sluggish, shocked, smug, spiteful, stressed, secure, suffering, sympathetic, tender, tense, terrorized, timid, thrilled, tormented, triumphant, troubled, uncomfortable, uneasy, unhappy, vengeful, weary, woeful, worried and zealous.

How could we expect to know total calm or experience full relaxation with nicotine making our heart pound faster? Imagine the real flavor of agitation, stress or horror, when the onset of early nicotine withdrawal isn't piled on top. Imagine a life where satisfaction isn't stolen every thirty minutes by ingesting an external chemical. Imagine relief being earned.

The final category of emotion is background. Background emotions reflect feelings present when at rest, or homeostasis. A central nervous system stimulant, nicotine impacted primary emotions via the body's fight or flight pathways, secondary emotions on a host of levels, and background emotions were ridden hard by an endless roller-coaster ride of neuro-chemical lows and highs ranging from urges to "aaah"s.

As with physical, subconscious and conscious recovery, emotional recovery isn't only about navigating the feelings and emotions brought on by recovery. It includes healing many of the above emotions after years of chemical abuse, about brightening the stars that fill life's sky. Think about the flood of emotion associated with never having to quit again, about recovery's growing impact upon pride and self-esteem.

While the symptoms of recovery have physiological associations and were covered in the prior chapter, as is obvious, many are also rooted in emotion and would fit well here, too. While withdrawal compels the body to commence physical healing, to a great extent we control the rate of emotional healing. Understanding the emotional journey allows greater control.

How does the human mind protect and insulate itself from anxiety or psychological pain? It does so by employing defense mechanisms that work by distorting or blocking reality and natural instincts. The brain's well-stocked arsenal of defense mechanisms includes denial, displacement, intellectualization,

projection, rationalization, reaction formation, regression, repression, sublimation, suppression, compensation, dissociation, fantasy, identification, undoing, and withdrawal.<sup>345</sup>

**Kübler-Ross grief cycle** - The Kübler-Ross model identifies five discrete stages in the grief cycle when coming to terms with any significant emotional loss.<sup>346</sup>

Albeit chemical, dependency upon nicotine may have been the most intense and dependable relationship in our entire life. Unless wet and it wouldn't light, never once did it let us down. Unlike when hunting for a lost pet or when our parents were angry with us, nicotine's "aaah" was always there.

If we smoked nicotine ten times per day and averaged 8 puffs per cigarette, that's 80 times a day that we puckered our lips up to some nasty smelling butt spewing forth scores of toxins and thousands of chemicals. What human on earth did we kiss 80 times each day? Who did we depend upon 80 times a day? How many times each day did we write or say our name? Imagine being closer to our addiction than our own name.

In 1982 Joel Spitzer applied the Kübler-Ross grief cycle model to the emotional loss encountered when quitting smoking.<sup>347</sup> The five stages of emotional recovery include:

- (1) Denial: "I'm not really going to quit. I'll just pretend and see how far I get."
- (2) Anger: "Have I really had my last nicotine fix? "This just is not fair!"
- (3) Bargaining: "Maybe I can do it just once more." "I've earned a little reward."
- (4) Depression: "This is never going to end." "What's the use?" "Why bother?"
- (5) Acceptance "Hey, I'm feeling pretty good!" "I can do this!" "This is good."

It's important in navigating emotional recovery to not get stuck in a stage prior to acceptance. Seeing and understanding each stage's roots will hopefully help empower a smoother and quicker emotional transition home.

As we review each stage keep in mind the fact that the Kübler-Ross's grief cycle of emotional loss is not etched in stone. Some phases may be absent while others get revisited.

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345 Defense mechanism, New World Encyclopedia, April 3, 2008, [http://newworldencyclopedia.org/entry/Defense\\_mechanism](http://newworldencyclopedia.org/entry/Defense_mechanism)

346 Kübler-Ross, Elizabeth, "On Death and Dying," 1969, Routledge, ISBN 0415040159.

347 Spitzer, J, Joel's Library, [Understanding the Emotional Loss Experienced When Quitting Smoking](http://whyquit.com/joel), 1982, <http://whyquit.com/joel>

## Denial

The denial phase of emotional recovery is associated with ending a long and intense chemical relationship. It is the flip-side of active dependency denial, which used distortion and blocking techniques to provide cover and insulation that enabled us keep our nicotine relationship ongoing, while suppressing most anxieties associated with doing so.

Denial is the unconscious defense mechanism - just below the surface - that allows us to resolve the emotional conflict and anxiety that would normally be felt by a person living in a permanent state of self-destructive chemical bondage.<sup>348</sup>

Most nicotine addicts we'll see today are well insulated by a thick protective blanket of unconscious denial rationalizations, minimizations, fault projections, escapes, intellectualizations and delusions. They insulate them from the pain and reality of captivity, or create the illusion that the problem is somehow being solved. But here, during recovery, those same anxiety defense tools will now distort reality to buffer and aid transition to a nicotine-free life.

Although we may say we are ending nicotine use, on a host of levels the mind isn't yet convinced. If convinced, why do so many of us initially treat recovery as though some secret or hide in isolation? Why do we need an escape path? If convinced, why take comfort in knowing where that one hidden cigarette rests or the location of that last pouch, tin or pack? Why not throw them out, along with the ashtray or spit can?

The denial phase protects against the immediate emotional shock of leaving the most intense relationship we may have ever known, while embarking upon a journey from which there should be no return. It's a shock buffer that allows us time to come to terms with where we now find ourselves. It operates unconsciously to diminish anxiety by refusing to perceive that recovery will really happen.

While a positive force in allowing this journey to commence -- including allowing you the courage to reach for this book -- it can also forecast relapse. It hurts to recall the number of times I went three days and then "rewarded" myself with that one puff that spelled relapse. It almost seems as though I'd endured the worst of withdrawal just to renew and invigorate lame "it's too hard" rationalizations for continued smoking.

Clearly I hadn't made it beyond denial. But if I had, next up would have been anger.

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348 [Denial](#). (n.d.). The American Heritage Dictionary of the English Language, Fourth Edition. Retrieved July 21, 2008, from Dictionary.com

## Anger

Anger is a normal and expected emotional recovery phase. It is also a means to experience the flow of missing adrenaline, once part of our nicotine high. Sadly, underlying anger anxieties can be used to intentionally fuel rage. I take no pride in recalling that I could intentionally become so nasty, and create so much turmoil among those I loved, that I could convince them that I needed my cigarettes back.

But there are fine distinctions between anger felt during the emotional recovery stage and using anger as an adrenaline crutch or sick relapse ploy. The anger phase of recovery is a period of healing where we begin to awaken to the realization that it may be within our ability to pull this off and succeed. That just maybe, our last puff, dip or chew, ever, is already behind us.

Durable nicotine use memories flowing from captive dopamine pathways elevated that next fix to one of life's top priorities. But emotional recovery has now transported us from fear of quitting to fear of success. Is it any wonder that anger would be the mind's reaction? It is now being struck with the very real prospect that a high priority relationship has come to an end. Is it at all surprising that anger can foster resentment at leaving, and envy of those still using?

Knowing the root cause, now all the quitter needs is some excuse, any excuse, to let it all out, to vent, to turn a molehill into a mountain. Conflicting motivations, freedom or feed-em, risk of succeeding, fear of the unknown; just one spark, any spark, and an overwhelmed and exaggerating mind stands primed to lash out.

While this high-energy phase of the emotional stage of goodbye is a normal step in recovery, the educated quitter both recognizes its arrival and understands anger's roots. Recognition is critical as it provides a protective seed of reason inside a mind looking for a spark, a loaded mind in which intense exaggeration is poised to abandon rational thought.

If allowed, that spark will activate the body's fight or flight response, releasing a cascade of more than one hundred chemicals and hormones.

But knowledge's seed of reason knows that breaking nicotine's grip upon our mind and life is not a logical reason to fight, lash out, become enraged or flee. It knows that an exaggerating mind is not an honest mind. It is a mind sick with tunnel vision, which ignores all positives while focusing only on negative. It knows that the spark is not the issue. The issue is emotional recovery.

So how does a mind trained in recognizing and understanding recovery anger prevent it from harming both us, and the world around us? The next Chapter on subconscious recovery provides a number of techniques for navigating a crave episode which may not peak for three minutes. In that anxiety underlies both

crave episodes and anger episodes they'll serve you well. Let me leave you with one exercise in creating the patience needed to move beyond anger.

Mounting inner recovery frustrations have just encountered a spark. Have patience, just one micro-second at a time. Recognize the anger building within. Understand what's happening and why. Realize that unless being physically assaulted that only bad can come from unleashing our body's fighting chemicals. Anger is almost never a solution. It reflects primitive instincts that are out of control. It brings strong potential to harm both us and innocent victims, leaving emotional wounds that may never heal.

If possible, sit down. Slowly close your eyes while taking a deep breath. Focus all concentration on your favorite color or object, or upon the sensations associated with inhaling and exhaling that next breath. Feel the cool air entering and its warmth while slowly exhaling. Baby steps, just one second at a time. Take another slow deep breath while maintaining total inner focus. Feel the sense of calm and inner peace as it begins to spread. Slowly open your eyes as you begin to sense that your body's fighting chemicals no longer flow. Hopefully it is now safe to respond to the spark with logic, reason and calm.<sup>349</sup>

How long will the anger phase last? As long as allowed. Can in-depth understanding of the emotional journey allow us to skip it altogether? Possibly but we have no studies. Clearly knowledge can provide the insights needed to recognize transitions and hopefully react in healthy, non-destructive ways. It's what anger management is all about. Hopefully understanding and acceptance will help accelerate emotional recovery. But if not, don't be disturbed as each step reflects deep and profound emotional healing.

Fears, cycling emotions, an addict's relapse ploy or feeling a sense of loss, recovery offers plenty of opportunities to encounter anger. We also need to remember that normal everyday life can produce anger too, even in never-users. At times, anger's causes may overlap and get tangled. But even then, we have it within us to fully control anger impulses, without harm to innocent bystanders or us.

Once things calm, where does the mind turn next? What is anger's solution? Why not try to cut a deal to keep our cake while having eaten it too? But this isn't about cake. It's about a highly addictive chemical with tremendous impact upon our physical, subconscious, conscious and emotional well-being.

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349 While debate abounds about meditation's ability to heal the body, and study quality to date has been horrible, there is limited evidence of some forms of meditation diminishing blood pressure, see U.S. Agency for Healthcare Research and Quality, Evidence Report/Technology Assessment Number 155, [Meditation Practices for Health: State of the Research](#), AHRQ Publication No. 07-E010, June 2007.

## Bargaining

*“Maybe I’m the exception to the Law of Addiction.” “Maybe I can do it just once!”*

Chapter 3 reviewed arguments used by the still feeding addict to attempt to justify that next fix. While reaching for many of the same rationalizations, here bargaining’s focus isn’t so much on justification for remaining nicotine’s slave, it’s more about continuing this journey of recovery yet somehow bringing our dependency along with us, or at least visiting now and then. Instead of grief simply accepting an end to nicotine use, it wants more “aaah”s but wants freedom too.

Bargaining can be with our particular nicotine delivery device, with us, loved ones or even our higher power. Its aim is the impossible feat of letting go, without letting go. If allowed, the emotional conflict of wanting to say “hello,” while saying “goodbye,” can easily culminate in relapse.

“Just one,” “just once” can easily evolve into “this is just too hard,” “too long,” “things are getting worse not better,” “this just isn’t the right time to stop!”

Although a large portion of this book is about bargaining, the book itself will provide an abundance of fuel for the bargaining mind. Every user and every recovery are different. Sharing “averages” and “norms” will naturally generate tons of ammunition for those whose dependency or recovery traits are just beyond “average.”

Key to navigating conflicted feelings is in demanding honesty while keeping our primary recovery motivations vibrant and strong. They are the wind beneath our wings. Allowing freedom’s desire to die invites destructive and intellectually dishonest deals to be made.

Instead of buying into relapse, remember, as long as 100% of the planet’s nicotine remains on the outside it’s impossible to fail. But what happens to a grieving mind once it realizes that it can’t arrest its dependency while enabling it too?

## Depression

**WARNING - The following depression discussion is intended for those ending nicotine use cold turkey, not for those taking cessation medications. Some patients using Chantix and Champix (varenicline) have experienced changes in behavior, agitation, depressed mood, and suicidal thoughts or actions. Some experienced these symptoms when they began taking varenicline, and others developed them after several weeks of treatment or after they stopped taking it. If either you, your family or caregiver notice agitation, depressed mood, or changes in behavior that are not typical for you, or if you develop suicidal thoughts or actions, stop taking CHANTIX and call your doctor immediately. If using varenicline or any other quitting medication do not rely upon this book regarding any symptoms but instead present any and all concerns**

***to your treating physician or pharmacists.***

The above warning was necessary because depression is not some fixed and interchangeable emotion, as though some license plate that would fit every car. Like the word “wind” it can range from a soft gentle breeze to a full-blown hurricane. The word depression can range from a short period of normal and expected sadness to full-blown clinical depression with suicidal thoughts, planning or attempts.

So what’s the difference between a period of normal sadness and full-blown major clinical depression? Let’s look at the symptoms of major depression. But before doing so, do not use the following list to attempt to self diagnose yourself as the DSM-IV standards have other depression definitions too, which include many, many qualifiers. It’s why we have and need psychiatrists.

Generally, under the DSM-IV standards, a person must exhibit at least 5 of the following 9 symptoms for at least two weeks in order to be diagnosed as having “major depressive disorder” or MDD: (1) feeling sad, blue, tearful; (2) losing interest or pleasure in things we previously enjoyed; (3) appetite much less or greater than usual, accompanied by weight loss or gain; (4) a lot of trouble sleeping or sleeping too much; (5) becoming so agitated, restless or slowed down that others begin noticing; (6) being tired without energy; (7) feeling worthless or excessive guilt about things we did or didn’t do; (8) trouble concentrating, thinking clearly or making decisions; (9) feeling we’d be better off dead or having thoughts about killing ourselves.

But even if a person exhibits 5 of the above 9 symptoms, the symptoms cannot indicate a mixed episode, must cause great distress or difficulty in functioning at home, work, or other important areas and may not be caused by substance use (e.g., alcohol, drugs, medication). But in regard to cold turkey nicotine cessation there may be an overriding consideration, the “bereavement exclusion.”

As reviewed in the prior chapter under “Symptoms,” it is the expert opinion of the editor of the DSM-IV standards that depression that is a normal and expected reaction to a significant emotional loss is exempt under the DSM-IV “bereavement exclusion” from being classified as depression, so long as the symptoms are relatively mild and it doesn’t last longer than two months.<sup>350</sup>

What I’d like to focus upon here is “why” is sadness or depression a normal step in the emotional grieving process? What is the purpose of depression?

While the anger phase of emotional recovery is fueled by anxiety, depression is emotional surrender. It reflects a wide spectrum of varying degrees of hopelessness where anxieties often subside.

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350 National Public Radio, All Things Considered, [The Clinical Definition of Depression May Change](#), April 3, 2007 [www.npr.org](http://www.npr.org); also see Wakefield JC, et al, [Extending the bereavement exclusion for major depression to other losses: evidence from the National Comorbidity Survey](#), Archives of General Psychiatry, April 2007, Volume 64(4), Pages 433-440.

Psychiatrist Paul Keedwell’s book entitled “How Sadness Survived” asserts that depression is part of what it means to be human, that it’s a defense rather than defect. Dr. Keedwell contends that depression forces us to pause and evaluate loss, to change or alter damaging situations or behavior, and that upon reflection and recovery we often experience greater sensitivity, increased productivity and richer lives.<sup>351</sup>

If the mind uses depression to force reflection and change, it seems logical that it resides between anger and acceptance. While successful nicotine dependency recovery demands a degree of reflection, obviously not all depression falls within the "bereavement exclusion," is “relatively minor” in nature, nor improves within 60 days. Regardless of definitions or exclusions, if at all concerned about depression, don’t wait. Get seen and evaluated.

### Acceptance

The victory phase of the Kübler-Ross grief recovery cycle is acceptance. It’s the “this is do-able” moment of emotional journey that often marks the transition from “quitter” to “ex-smoker.”

It may or may not have been pretty getting here. You may still be encountering un-extinguished subconscious feeding cues now and then. It’s likely you still have work to do in reclaiming conscious thinking. But in regard to your emotional journey, if you’ve been able to let go and fully accept letting go then the emotional journey is complete. Congratulations!




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351 Keedwell, Paul, [How Sadness Survived, the evolutionary basis of depression](#), 2008, Radcliffe Publishing, ISBN-10 1 84619 013 4