

The Consumers Union Report on Licit and Illicit Drugs

by Edward M. Brecher and the Editors of Consumer Reports Magazine, 1972

Drs. Tamerin and Neumann divided the casualties into major and minor. "Among the major casualties," they reported, "are cases of paranoid psychosis and violence following precipitous cessation of smoking." Such major casualties are probably rare.

Minor casualties include "the pansymptomatic individual with a history of repeated failure who again fails in an attempt to quit smoking, producing intensified feelings of worthlessness." As an example, Drs. Tamerin and Neumann presented the case of "an obviously neurotic nurse's aide" who participated in a Silver Hill Foundation group-therapy program designed to help cigarette smokers quit.

She was under much pressure from her family, to quit smoking but had been unsuccessful in repeated attempts to quit on her own, and prior involvement with other cessation programs had failed.... After several meetings in which others in the group announced they had stopped smoking, this woman claimed that she, too, had stopped completely. It was later discovered that she was still smoking, but concealing it within the group. She did, however, admit to extreme anxiety associated with attempting to quit and was given tranquilizers to assist her briefly during the withdrawal phase. She continued to be anxious and reported a voracious and indiscriminate appetite, even finding herself devouring leftovers from patients' plates. This unfortunate experience was clearly producing guilt and shame, and anger at a program that was supposed to be helping her. Eventually she did admit that she was sneaking cigarettes. It became apparent that she was not a candidate, at least at this time in her life, for the program, and it was suggested that she withdraw. Furthermore, in order to prevent the emergence of even more severe psychopathology, she was given brief supportive psychotherapy. In the therapy, a particular effort was made to help her feel that her continued smoking did not mean that she was deficient, inadequate, or inferior to those who had been able to quit. ["Anchor-11-5355"](#)

Drs. Tamerin and Neumann comment at some length on what they call a new species created by the antismoking campaignBBB the hidden smoker.

Like their predecessors, the hidden drinkers, they have been pressured into a pattern of secrecy and deception. This syndrome is now being encountered among individuals who may acknowledge the validity of the data on smoking and disease and promise to stop B and do, for a while. Eventually the need to smoke returns. The individual, however, feels too guilty to reinitiate the habit at home. Consequently, he may smoke at work while denying at home that he smokes at all. This he may eventually reach such proportions that his coworkers, attending a social function in his home, are pressured into collusion with him. This pattern, of course, must be humiliating to the smoker himself and highly

uncomfortable for the other people who are drawn into this new form of marital deception.

Equally unfortunate variants of this species are those individuals who work for organizations which have become heavily committed to and identified with the antismoking campaign. Such individuals may even be members of the higher echelon. However, if they are totally unable to stop smoking, they may be excluded from many organizational functions because of the group's concern about the negative public reaction. Such individuals are, of course, under enormous pressure to stop smoking and their inability to do so fills them with feelings of guilt, shame, and anger. Certain of these individuals may be able to curtail their smoking in public, but they are unable to stop completely and it is not unusual to hear reports of those who still sneak smokes in bathrooms and empty offices. One might suggest that an organizational attitude or policy which in any way fostered this type of behavior regression might benefit from constructive reexamination. ["\\Anchor-11-53555"](#)

Among the other "frequently observed consequences of cessation," Drs. Tamerin and Neumann continue, are "compulsive overeating, an impairment of intellectual integrative capacity, social discomfort, anxiety, depression or even depersonalization."

Drs. Tamerin and Neumann do not, of course, suggest that antismoking campaigns be terminated in order to prevent such casualties.* Rather, they recommend "awareness of the psychodynamic and pharmacologic importance of cigarettes to smokers, and cautious use of 'hard sell' approaches which may induce guilt or shame."

* Dr. Daniel Horn, director of the National Clearinghouse for Smoking and Health, estimates that no more than 10 or 15 percent of smokers are better off continuing to smoke rather than risking the deleterious psychological consequences of quitting. ["\\Anchor-14-28258"](#)

Approaches that "attempt to stimulate guilt via the implicit statement, 'See what you are doing to your family,' or shame via the implication 'There is something inferior or defective about you if you can't stop' may backfire," the two psychiatrists warn. "The unfortunate consequence of guilt- and shame-inducing approaches is that they may overwhelm the ego rather than informing, assisting, and strengthening it. The result of such approaches BB reflected in some of the case material presented BB is to leave the smoker afraid, ashamed, and guilt-ridden but weakened as he reaches for another cigarette to soothe those painful feelings." ["\\Anchor-14-28258"](#)

Sources:

John S. Tamerin and Charles P. Neumann, "Casualties of the Anti-Smoking Campaign," presented at the Annual Meeting of the American Psychiatric Association, Washington, D.C., May 1971; unpublished.

16. Daniel Horn, "Epidemiology and Psychology of Cigarette Smoking," *Chest*, 59 (May, 1971, supplement): 227.

<http://www.druglibrary.org/schaffer/Library/studies/cu/cu24.html>
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