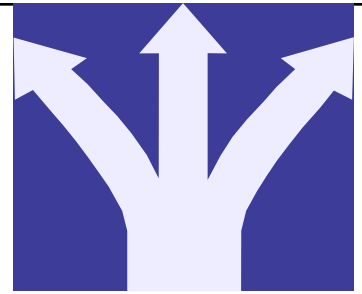


# OUTLOOK ASSOCIATES of New England

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Volume 10, Number 2

September/October 2010

## Anger and Smoking

*“What could I do instead of smoke when I get angry at my kids? I have no idea.”*

*“I went back to smoking last time I quit because I got in trouble at work. I was nasty to my boss. I don’t want that to happen this time.”*

Smoking and anger are connected in a number of ways. Anger has been identified as one of the reasons why people smoke and become addicted. People trying to quit smoking talk about anger and conflict as strong triggers. They say that smoking calms them down. Not only can anger trigger cravings to smoke but anger, anxiety, irritability and mood changes are common withdrawal symptoms.

### Anger as Trigger

Delfino et al. (2001) had participants fill out timed diary entries to chart the smokers’ emotional states throughout the day. Urges to smoke were connected with anger and anxiety in men and women. Reduced levels of anger occurred after smoking, identifying a calming effect of nicotine. In some men, increased anger was associated with increased smoking. Anger and negative feelings are also factors in relapse.

“Smoking cessation and preventive interventions may require new methods that teach anger and stress management as well as broader aspects of effective emotion regulation.” The authors point out that nicotine may be less reinforcing for women and that gender-specific treatment programs, focusing on psychosocial and environmental factors, might be more effective.

Gerneckie et al. (2009) studied nonsmokers exposed to nicotine and also found a soothing neurological effect on anger. The study used brain imaging technology to see parts of the brain activated during an anger provocation task. Some parts of the brain are more sensitive to nicotine than others. Nicotine may regulate parts of the brain that are involved in reducing angry feelings. People who do not have adequate

anger regulation skills may be more susceptible to nicotine and may be more easily addicted to nicotine. Affect regulation should play a role in smoking prevention and cessation. The authors conclude, “Novel behavioral treatments that affect the cortical and limbic brain areas, like anger management training, may aid smoking cessation efforts in anger provoking situations that increase withdrawal and tobacco cravings.”

If a smoker has any mental health or emotional issues or illness, the person should let all care providers know about the plan to quit. Since nicotine appears to act as a self-medication for anger, anxiety, depression and schizophrenia, going off of nicotine may cause increased symptoms. Certain medication levels can change as well. The use of quit smoking medications can be seen as an anger management strategy since withdrawal and cravings are greatly reduced. Quit smoking medications double the chances of quitting. The addition of a behavioral treatment program further increases the possibility of success.

### Strategies for Anger Management as Part of a Quit Plan:

- Increase physical activity. Helps with irritability and moodiness of withdrawal.
- Keep a journal of how you are feeling.
- Explain to people that you might be irritable or angry after you quit.
- Plan ahead for challenging events, people and situations.
- Visualize how to handle a conflict without picking up a cigarette. Learn to walk away.
- Role play how to be assertive rather than hostile in trigger situations.
- Basic self-care: eat healthier, do things that you enjoy, get enough sleep.
- Don’t put things off. Some people use smoking as a way to avoid doing what they have to do.

(continued)

### **Resources to stop using tobacco:**

1. Effective and safe medications are: Nicotine replacement therapies: patch, gum, lozenge over the counter; inhaler and nasal spray by prescription. Zyban (also called Wellbutrin) and Chantix by prescription. Inquire about insurance coverage.
2. [www.smokefree.gov](http://www.smokefree.gov)
3. [www.quitnet.com](http://www.quitnet.com)
4. 1-800-QUIT-NOW Telephone Quitline
5. Smoking cessation groups at local hospitals and health centers

### **References**

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Fiore MC, Jaén CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

Gehricke, JG, Potkin, SG, Leslie, FM, Loughlin, SE, Whalen, CK, Jamner, LD, Mbogori, J, Fallon, JH. Nicotine-induced brain metabolism associated with anger provocation. *Behavioral and Brain Functions*, 2009, 5:19.

*(The article was done with the research/writing assistance of Alice Miele, LICSW)*

### **FROM THE FILES:**

#### **Depressed, Abused Mothers More Likely to Spank their Children**

Women who are depressed and in physically abusive relationships are more than twice as likely as women who are not depressed or abused to spank their children, regardless of the child's behavior.

These study findings, from a nationally representative sample of kindergarten-aged children and their mothers, were published online in the September 2008 issue of *Archives of Disease in Childhood*.

"Our data suggest that meaningful associations between maternal depression, violence exposure and spanking persist in the face of varying child behaviors," the researchers, led by Michael Silverstein, MD at Boston University School of Medicine, write.

The investigators sought to study the link between maternal depression, violence between the adult partners in the home, and child spanking and determine how child behaviors might affect spanking.

They analyzed data from the early Childhood Longitudinal Study, Kindergarten Cohort, a nationally representative sample of children in the United States who attended kindergarten in 1998-1999. The study uses face-to-face parent interviews and teacher surveys.

Spanking was reported by about 1 in 4 mothers who were neither depressed nor exposed to violence in the home, by about 1 in 3 mothers who had 1 risk factor and by about 1 in 2 mothers with both risk factors.

Compared with those with no depressive symptoms, mothers who were depressed were almost 60% more likely to spank their children; mothers who were both depressed and had violent arguments with their partners were 2.5 times more likely to spank their child.

*Medscape Medical News, September 2008*

#### **Men are More Likely than Women to Crave Alcohol When They Feel Negative Emotions**

A study of emotional and alcohol-craving responses to stress has found that when men become upset, they are more likely than women to want alcohol.

As part of a larger study, the researchers exposed 54 healthy adult social drinkers (27 women, 27 men) to three types of imagery scripts—stressful, alcohol-related, and neutral/relaxing—in separate sessions, on separate days and in random order. Researchers then assessed participants' subjective emotions, behavioral/bodily responses, cardiovascular arousal as indicated by heart rate and blood pressure and self-reported alcohol craving.

As Tara Chaplin, associate research scientist at Yale University School of Medicine and first author of the study noted, "After listening to the stressful story, women reported more sadness and anxiety than men, as well as greater behavioral arousal. But, for the men... emotional arousal was linked to increases in alcohol craving. In other words, when men are upset, they are more likely to want alcohol." Added Chaplin, "Men's tendency to crave alcohol when upset may be a learned behavior or may be related to known gender differences in reward pathways in the brain.

*Alcoholism: Clinical and Experimental Research, July 2008*