

SMOKING BEHAVIOUR REDUCTION AND SOCIAL SKILL IMPROVEMENT BY SUBCONSCIOUS MIND PROGRAMMING OF BANGKOK, PATTANI, YALA AND NARATHIWAS ISLAMIC BOARDING SCHOOL STUDENTS

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ABSTRACT

The purposes were to reduce smoking behaviour and improve social skills by subconscious mind programming in Islamic boarding school students. Four hundred Islamic boarding school male students who were 15 to 18 years old with at least one year smoking history from Bangkok, Pattani, Yala and Narathiwass voluntarily joined to quit smoking and improve social skills using subconscious mind programming by listening to specialized MP3 sound files before sleeping at night and after praying in the morning consecutively for two months with questionnaire tracking of change in smoking behaviour daily and social skills improvement monthly. It was found that Fagerström Test for Nicotine dependence and heaviness in smoking index have reduced to very low level significantly with significant increase of social skills. It was also found qualitatively by interviewing them that they felt bad smoking odour, irritated by cigarette smoke, no smoking craving nor smoking relapse. In summary, subconscious mind programming helps quit smoking, improve social skills, and enhance physical and mental health as well as boost memory and concentration.

KEYWORDS: Smoking Behavior Reduction, Nicotine Dependence, Islamic Boarding School Students, Social Skills, Subconscious Mind Programming

1. Introduction

Cigarette smoking is fatal to one's own health and surrounding people, creates problems and burdens in public health, social and surrounding including detrimental financial and economic impacts. Adolescents, the future of the nation, once become addicted and could not quit, will be smoking adults and susceptible for more difficult to quit drugs. Therefore, World Health Organization, government, government agencies, and various organizations like Thai Health Promotion Foundation (Thai Health) and Thai Muslim Health Foundation have tried to reduce new young smokers while healing existing smokers to quit with various measures to reduce overall tobacco consumption and resolve accompanying problems [1, 2]. But it has been found that despite legal, tax, advertisement restriction, punishment, no smoking area, distribution channel restriction, outlet access restriction, price and regulations measures including anti-smoking campaigns in schools, families and communities about the wickedness and adverse effects of cigarette smoking and associated fine and penalty, new young smokers still keep emerging with more tantalizing options like Kratom, E-cigarette, etc. Furthermore, as most adolescence lack social skills in protecting themselves from persuasion or coercion towards drug addiction from environment from peers, adults or even their parents in smoking families leading to trials and addiction since young age [3]. Therefore this research project to reduce smoking behavior and improve social skills by subconscious mind programming of Bangkok, Pattani, Yala and Narathiwat Muslim boarding school students would be a pilot project to reduce, abstain and quit smoking behavior in adolescents effectively and sustainably by solving problems at the root cause of nicotine addiction at neuroscience level with the science of addiction [4,5] in the brain, nervous system and subconscious mind [6] of the students themselves voluntarily without fault finding, probation, punishment or Nicotine Replacement Therapy but by subconscious mind programming [7,8] to reduce smoking behavior and improve social skills in expressivity, sensitivity and control of their emotional and social skills via verbal and non-verbal communication in their Social Skill Inventory (SSI) to protect themselves from entering vicious circuit of drug addiction while developing better leadership skills and interrelationship with people surrounding them and communities. This would be an alternative option in expansion to reduce new young smokers by solving internal root causes at addiction mechanism in the brain, nervous system and subconscious mind and building external protective firewall with smart Social Skills Inventory for effective and sustainable therapy, relapse and new addiction protection.

2. Materials and Methods

2.1 Participants

Four hundred male students, 15 to 18 years of age, who were currently smoking with at least one year of smoking history and studying in Muslim boarding school in Bangkok, Pattani, Yala and Narathiwat.

2.2 Research tools

2.2.1 Subconscious Mind Programming M3 sound files.

2.2.2 Smoking behaviour questionnaire.

2.2.3 Social skills questionnaire.

2.3 Experimental procedure

2.3.1 **Define sample groups.** Samples were 400 male students, 15 to 18 years of age, currently smoking with at least one year of smoking history and studying in Muslim boarding schools in Bangkok, Pattani, Yala and Narathiwat. Thanks to great collaboration from the Office of the Primary Education Commission (OPEC), Ministry of Education, owners, directors, executives, school dormitory supervisory teachers, teachers and students in these Muslim boarding schools in four provinces that have made this project great success.

2.3.2 **Develop Subconscious Mind Programming MP3 sound files.** This is the most important research tool used to reduce, abstain and quit smoking, and to improve social skills by solving problems at root causes at the level of neuroscience with the science of addiction in the brain, nervous system, and subconscious mind causing smoking behaviour by consolidating brain entrainment sound technology, subliminal messaging, subconscious mind programming with Neurolinguistics Programming (NLP) and breathing exercise into MP3 sound files with Thai and Yawi script produced at Sound Laboratory at Kasem Bundit University with courtesy of Arjarn Dr. Weerachote Hayeema, Yawi translator and preceptor in both languages, for students to listen before going to bed and in the morning after Subh praying.

2.3.3 **Develop smoking behaviour questionnaires.** Fagerström Test for Nicotine Dependence, FTND, was adapted so that intervention results can be directly comparable to foreign research articles, and translating into easily understandable simple Thai especially

for those students in the south. This is a simple but effective tool in tracking smoking behaviour changes across the project statistically.

2.3.4 Develop social skills questionnaires. With courtesy support from Professor Dr. Ronald E. Riggio from Department of Psychology at Claremont McKenna College, social skills questionnaires were developed to assess and interpret results for tracking changes in social skills from subconscious mind programming correctly and accurately both in terms of social psychology and statistics.

2.3.5 Work with assistant researchers in the provinces and schools. With great assistance from provincial officers of the Office of Primary Education Commission (OPEC) in boarding school selection and coordination with owners, executives, school dormitory supervisory teachers, teachers in these schools for recruiting students according to inclusion criteria into the research project. Meetings were setup at provincial level and school level to clarify among assistant researchers, teachers and students that this project was for reducing smoking behaviour and improving social skills inventory by subconscious mind programming voluntarily, without fault finding, probation, punishment nor Nicotine replacement therapy by just listening to MP3 sound file before going to bed and in the morning after Subh praying consecutively for two months and answering to smoking behaviour questionnaire and social skill inventory questionnaire readily provided to supervisory teachers, who will collect these answered questionnaires to respective OPEC provincial offices to be further delivered for statistical processing at the Faculty of Sports Science, Kasem Bundit University in Bangkok.

2.3.6 Follow up research work remotely and in the field. LINE groups of assistant researchers in each province have been setup for ad hoc problem solving instantly, for example, downloading MP3 files into mobile phones of the students participating in the project, listening techniques, earphone usages, breathing techniques, drinking water before listening session, clarification of sound heard and their effects, questionnaire answering clarification both smoking behaviour questionnaire and social skills questionnaire, etc. including follow-up of collection and delivery of answered questionnaire for statistical processing. The research team also travelled to provincial and school sites for in face meeting and follow-up at the start, mid and close of the project.

2.3.7 Finalize the project. Process all questionnaires received to continuously and statistically track changes in smoking behaviour and social skills inventory and consolidate

into report presentation, executive summary report and complete research report including presenting certificates to assistant researching teachers and participating students.

2.4 Statistical Analysis

Descriptive statistics was used to describe change profiles of smoking behaviour and Social Skills Inventory collectively and individual province. ANOVA with multiple comparison was used to rank change profiles across behaviours and provinces. Inferential statistics was used to infer relationship between changes in smoke behaviour in relation to changes in social skills inventory.

3. Results

It was found that there were

3.1 Changes in Nicotine dependence

Participating students have reduced smoking behavior in terms of Nicotine dependence (ND) statistically from high to low level at 0.05 significance. Before subconscious mind programming, the average Nicotine dependence were 7.65, 7.03, 8.24, 7.85 and 7.49 points collectively, in Bangkok, Pattani, Yala and Narathiwat respectively down to 0.66, 0.83, 0.47, 0.46 and 0.65 points compared to norm of 1 to 2 points – low ND, 3 to 4 points – low to moderate ND, 5 to 7 points – moderate ND, above 8 – high ND from maximum of 10 points.

3.2 Changes in heaviness of smoking index

Participating students have reduced smoking behavior in terms of heaviness of smoking index (HS) statistically at 0.05 significance from the average HS of 4.97, 4.53, 5.46, 4.97 and 4.90 points collectively, in Bangkok, Pattani, Yala and Narathiwat respectively down to 0.18, 0.41, 0.03, 0.05 and 0.22 points respectively from maximum of 6 points.

3.3 Change in Social Skills Inventory

Participating students have increased Social Skills Inventory (SSI) statistically at 0.05 significance from the average SSI of 83.94, 83.72, 83.34, 86.31 and 82.92 points collectively,

in Bangkok, Pattani, Yala and Narathiwat respectively up to 95.70, 95.31, 96.11, 95.58 and 95.76 points respectively.

3.4 Correlation between smoking behavior and Social Skills Inventory

Correlation between Social Skill Inventory (SSI) and Heaviness of Smoking Index (HS) and nicotine dependence (ND) were $r = -0.561^{**}$ and -0.559^{**} at 0.01 respectively, that is, smoking behavior reduction inversely correlated to social skill inventory increase at 99% confidence interval in accordance with the objectives of the project to reduce smoking behavior and increase social skills inventory of smoking students in Bangkok, Pattani, Yala and Narathiwat Muslim boarding schools.

3.5 Qualitative changes

It was found from interviewing participating students and supervisory teachers that students have had better concentration, sharper memory and higher study achievement, clearer, fuller and longer Al Quran reading, better physical health, more endurance during exercise and sports training including interpersonal relationship with peers, teacher and family member improvement.

4. Discussions

This project was a pilot research project in applying subconscious mind programming technology [9,10] to reduce smoking behavior and increase social skills inventory voluntarily without fault finding, probation, punishment or nicotine replacement therapy but by utilizing brain entrainment sound technology embedded with subliminal messages according to Neurolinguistics Programming (NLP) in conjunction with breathing exercise to cleanse the lungs in a such way to long inhale to fully inflate the belly within four seconds, hold the breath for eight seconds and then exhale to fully deflate the belly for eight seconds. The lungs will be cleaner, more sensitive to irritation and bad smell from cigarette smoke like a non-smoker, reducing smoking craving. While physical health will be improved, more endurance during exercise or sports training with fresher feeling and brighter brain due to more oxygen reception. Furthermore brain entrainment sound technology will tune down brainwave frequency for more relaxation, and natural meditation without force or prior

meditation practice, deep and happy sleep due to secretion of natural happy hormones from Dopamine, Oxytocin, Serotonin, and Endorphin to Growth Hormone for rewarding the brain instead of nicotine [11]. This is natural nicotine replacement therapy by natural hormones unlike typical nicotine replacement therapy with nicotine in the form of patches, inhalants, lozenges, or gum. The brain will be trained to addict to natural harmless hormones with side effect of deep, sweet, happy sufficient sleep, fresh wakeup, and full repair of worn parts in the body, brain and nervous system.

Subliminal messages was programmed according to NLP principles to crave only for fresh air, clean breath, clean mouth, clean saliva, clean blood, fresh feeling, relaxation, happiness, activeness, full of energy without mentioning about smoking or cigarette to relieve subconscious mind from involving either smoking or cigarette. As subconscious mind is the main driving force for cigarette craving in spite of conscious mind awareness of wickedness of smoking, health hazard, and other people right infringement, now it is reprogrammed for a happier, better, safer and healthier alternative than nicotine craving.

Smoking behavior reduction by subconscious mind programming [12] cut internal driving force for smoking craving from subconscious mind, breathing exercise cleans and sensitize breathing to cut smoking craving physiologically, while conscious mind awareness of smoking hazard makes intelligent move to quit smoking by listening to MP3 sound files for quitting permanently in accordance with Muslim way to fight against cigarette and tobacco consumption and solving contemporary public health problems.

Better social skills are vital tools to protect from entering vicious circuit of addiction while are powerful to nurture leadership towards all goodies and lead a peaceful, smoke-free, drug-free communities in accordance with peaceful co-existence in multiple culture society.

5. Conclusions

This project is a pilot project to reduce smoke behaviour and increase social skill inventory by subconscious mind programming via integrating technology in neuroscience, social psychology and sports science and successfully applying to Muslim boarding school students in Bangkok, Pattani, Yala and Narathiwat. It is an all-round approach to reduce new young smokers effectively and sustainably from body, mind and intellectual perspectives by cutting subconscious driving force by subconscious mind programming, tuning brainwave for relaxation and replacing nicotine addiction in the brain with natural happy hormones,

cleansing and sensitizing lungs to reject smoking physiologically, priming body and brain with more oxygen via deep breathing and breathe holding, protecting external persuasion and coercion from entering vicious addiction circuit and getting out of it via social skills training .It's not only just quit smoking, it's more than protection, and it's made over for new generation of adolescence with better health, higher performance and brighter brains.

Acknowledgement

This project has been granted by Thai Muslim Health Foundation as per Contract No . 6-60-010 dated 3rd April, 2017, and approved from Ethical Clearance Committee on Human Rights Related to Research Involving Human Subjects of Kasem Bundit University on 14th July, 2017.

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