

A Fresh Look at Smoking and Cessation

by

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Abstract

This study approaches smoking and cessation from a unique stance. I capture stories of smoking, cessation, attending a cessation program and continuing or resuming smoking from people currently smoking. The methodology used in-depth interviews to capture personal stories of the lived experience. The result of a series of interviews is a co-created narrative which captures each person's stories about smoking and cessation.

I describe my personal meaning making process. I came to this study as a smoker for over a fourteen year period, who has not smoked in five years. My process includes influences from the narratives, which then directed me to current pertinent literature. Themes from the narratives include: paradoxes about smoking, pervasiveness of smoking, perceived barriers to quitting, the multi-layered issue of control, impact of the tobacco reduction strategies, and a wish list for smoking cessation programs. After discussing each theme I then speak from related literature.

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Chapter One

*There is only one history of importance
and it is the history of what you once believed in and the history
of what you came to believe in.*

*Kay Boyle
(cited by Ferguson, 1980)*

When speaking of smoking, Mark Twain said, “It’s easy to quit, I have done it a hundred times” (cited by Lowther & Dunn, 1991). Of course, this means that he also restarted, or relapsed, at least ninety-nine times. I can relate to this statement as well; from numerous conversations, I imagine many people who have smoked or who are smoking would nod in agreement. The entire process of smoking, cessation, and relapse has been of interest to human service professionals, health policy professionals, tobacco companies, researchers, smokers, and non-smokers for over a century (Greaves, 1996; Tate, 1989). Currently, I too am interested in the experience of people who smoke and the meanings smoking, quitting, and restarting have for them. Through talking with people who smoke, my intention in this study is to follow the lead of emerging stories; thus, I have chosen to take an atheoretical stance. Obviously, these people’s meanings and stories will be the research data. Lastly, themes revealed through the stories will guide literature review.

Personal Experiences and Beliefs

My interest in smoking started when I was seventeen and smoked my first cigarette on a dare. I can still remember choking on the smoke and finding it harsh—but I was going to prove I could handle it. When I recall that memory today, at the age of 37, I think, “Wow! Did I really do that?” This dare led to a fourteen-year smoking career, during which time I became a health care professional learning about the body

and the effects that smoking can have. I went through several attempts to quit. The last attempt was over five years ago, and I am currently not smoking. I believe that becoming familiar with my relationship with smoking and understanding that relationship was instrumental in quitting, and thus far, not restarting.

In assisting myself to quit, I explored what smoking meant to me: I asked why I smoked. I discovered that my primary reason to smoke was to control myself. In situations where I did not know what to say or felt I had too much to say I would go have a smoke. When asked to imagine the worst possible effect of my not smoking, I imagined I might explode with anger. Although I knew I would not literally explode, the visual image was part of my story about smoking: I was not willing to lose control and risk exploding. My understanding of the visual image helped me to gain further insight into my smoking, and I became more conscious of the relationship. I needed to develop new means to manage self, and I also developed the confidence to voice my ideas. My current success with not smoking is, I believe, partially a result of working at understanding my story of smoking.

Through the years as a smoker and non-smoker I realized that people like to talk about their life with someone willing to listen. Amazingly, once I decided upon my research topic, people would strike up conversations with me about smoking. I almost thought I must be wearing a sign saying I am interested in hearing about smoking. I could be standing in a grocery store line-up and the person next to me would start telling me a story. These events supported my decision to talk with people about their experiences; that is, I understand that people would want to share their stories.

When I first quit smoking it did not matter to me if people smoked or not. Then I went through a period in which I disliked smoking and being around smoke. Now I am curious about what smoking is like for smokers. I imagine most people would like to quit, or so it seems from stories I have heard. I wonder if one reason for the desire to quit is related to the increase in public pressure through media campaigns about the hazards of smoking and second-hand smoke; as well, increased legislation for smoke free public space making it difficult to smoke in public (Snowball & Robertson, 1996). As one person said to me, "When I go outside to smoke, I feel like a leper." I believe continuing to smoke is a complex issue. On the one hand, smokers generally are aware of the effects of their behavior on themselves and others. In fact, most that I know are very sensitive to the needs and/or rights of non-smokers, especially given changing attitudes to smoking. On the other hand, I remember how hard it was to quit smoking. These beliefs, along with my belief that most want to quit, generate a curiosity regarding what smoking is about for people. What is it that actually keeps people smoking? I believe that this curiosity will assist me in remaining open to information and compassionate to the people whom I interview.

To summarize, I am an ex-smoker with my own lived experience of smoking and quitting. I believe that people create stories about their experiences and like to share them with interested audiences. I believe that through considering the story about one's relationship with smoking, one can influence experiences of quitting; that is, by sharing an internal story with another, the story is known in a different way. I imagine the current public rejection of smoking creates pressure for smokers to quit. I think that most people who smoke would like to quit and that they are aware of health concerns

associated with smoking. I am curious about why people continue to smoke. It is easy to extend my interest to the specific experiences of those who have tried to quit through a smoking cessation program and have lapsed.

Significance of this Study

Prior to 1994, the majority of published studies that address smoking or cessation as an addiction or as a behavior that requires assistance to change, have used a quantitative research approach (Cohen et al., 1989; Curry, 1993; DiClemente et al., 1991; Fiore et al., 1990; Franklin, 1992; Killen, Fortmann, Telch, & Newman, 1988; Lichtenstein & Glasgow, 1992; Lowther & Dunn, 1991; Perkins, 1993; Rodgers, 1994; Shiffman, 1993). Although the information obtained through these studies has been useful and some people do quit smoking, most cessation programs claim a cessation rate of 10% to 30%, which means 90% to 70% of people who want to quit do not find success with cessation programs (National Clearinghouse on Tobacco and Health [NCTH], 1994). Several authors (Curry, 1993; Lichtenstein & Glasgow, 1992; Perkins, 1993; Shiffman, 1993) have suggested that the field of smoking and cessation with regard to how professionals can assist those addicted could benefit from innovative research approaches. I imagine that while we know something about smoking and quitting, something remains which we do not know; something is missing, leading me to believe that we need to look in new places and ask different questions. The study reported here approaches smoking based on meaning-making (Kvale, 1996), through the use of in-depth interviews (Fiese & Bickham, 1998). This procedure has become a rewarding approach to inquiry about human experience in general, where an intent is to capture the insider's view of a lived experience (Fiese & Bickham, 1998). By capturing

this point of view a researcher can discover impacts of an experience which quantitative approaches are not likely to reveal. Thus, I turn to people who recently have not found success in quitting, to capture their views of smoking and cessation.

Societal Wisdom Related to Smoking and Cessation

As I considered studying smoking and cessation, I was interested in revealing common knowledge about smoking and cessation present within our society today and historically. I thought looking at this wisdom would shed light on both society's stance on smoking and cessation as well as on some reasons to study this subject. Indeed I realized the study of smoking has been approached from a number of angles. Health care costs due to tobacco use have been studied (Single, Robson, Xie, & Rehm, 1996). The effects of tobacco use on physical health are well documented (Snowball & Robertson, 1996; Wright, 1997). Socio-environmental factors related to smoking and cessation are apparent (NCTH, 1994; Snowball & Robertson, 1996; Wright, 1997). The historical development of smoking and anti-smoking movements is extremely interesting and revealing (Sims, 1878; Tate, 1989). The consideration of the meanings and values associated with smoking is less developed (Greaves, 1996; Wright, 1997). I believe that in addressing smoking and cessation, all of these areas could provide useful information.

Health Care

During 1992, in Canada alone, about 33,500 deaths and 200,000 hospitalizations occurred as a direct result of smoking (Single et al., 1996). This means that days and years of productivity were lost due to illness and death associated with tobacco use. Single et al. (1996) estimated direct annual health care costs from tobacco use in 1992

was \$2.67 billion. These numbers demonstrate that costs to our health care system due to tobacco use are heavy.

Physical Health Effects

When people think of deleterious effects of smoking, usually lung cancer is their first thought (Wright, 1997). Approximately 85% of people with lung cancer were smokers, and the majority of the other 15% were exposed to second-hand smoke (Wright, 1997). Also about 30% of all cancer deaths—not just from lung cancer—have been attributed to tobacco use (Snowball & Robertson, 1996; Wright, 1997). Other cancers attributable to tobacco use are of the oral cavity or upper airway, the bladder, the cervix, and the pancreas. There are other health effects found to be linked to tobacco use. Coronary heart disease, stroke, peptic ulcers, chronic bronchitis, emphysema, cataracts, pelvic inflammatory disease, leukemia, and gum disease are some of the clear-cut effects attributable to smoking. Slower bone growth and back problems are among the less obvious results. Smoking during pregnancy can retard growth of the fetus and increase risks of stillbirth, neo-natal death and low birth weight (Robertson, 1994). Studies also link health risks with exposure to second-hand smoke. For example, children whose parents smoke experience higher rates of respiratory illness, including colds, influenza, bronchitis, asthma, pneumonia, and reduced lung capacity. Medical doctors and researchers clearly state that tobacco is as addictive as heroin (Robertson, 1994). The World Health Organization (WHO) in 1986 claimed that smoking-related diseases are “important causes of disability and premature death” (Robertson, 1994, p. 4), responsible for about one million deaths per year, world wide.

Socio-environmental Factors

Socio-environmental factors related to smoking refer to current trends found within our society that influence or at least attempt to influence smoking behavior, either pro-smoking or anti-smoking. One current influence, both pro-smoking and anti-smoking, occurs through the generation and sharing of information about smoking, its effects, and quitting. An Internet search, one method of information sharing, using the key words “smoking” and “cessation” delivers over 300,000 matches which focus on various avenues of why or how to stop smoking. When a search uses only “smoking,” there is information about smoking, its effects, quitting, and also home pages of personal journals talking about the enjoyment of smoking. Some of these home pages are from teens talking about the joys and sexiness of smoking. Thus, through this avenue of information sharing, there is a wide range of information about smoking. The media also disseminates information. In British Columbia recent TV commercials depict smokers describing and showing the ill effects of their smoking. One smoker told me that he cannot watch these commercials because they scare him, but he still smokes (personal communication, May, 1998). Another source of information about stopping smoking can be discovered through the gamut of smoking cessation programs. Over 40 Canadian smoking cessation programs are listed in Smoking Cessation Programs: An Inventory of Self-Help and Group Programs (NCTH, 1994). Most of these programs have a success rate of 10% to 30% of participants not smoking at the end of the program (NCTH, 1994). The Minister of Health, Penny Priddy (June 11, 1998), announced that British Columbia spends about 7 to 8 million dollars a year on smoking cessation programs.

Another socio-environmental influence is the decreasing social acceptability of smoking. This has come about, at least in part, through legislation passed banning smoking in public places (Snowball & Robertson, 1996). An example of legislation being considered in British Columbia is the initiative for a 100% no-smoking policy in public places by the year 2000 (Wright, 1997). Political lobbying for stricter controls of sales, smoke free public space, and restrictions or bans on smoking have created a public less accepting of smoking. A mention of these three influences only briefly touches on what can be found in our society; each factor, except home pages extolling smoking, could create an increased pressure to quit smoking.

Historical Developments

An historical overview of smoking and cessation reveals that today's issues are not necessarily new. In the late 1800s a minister predicted that in the not too distant future "the use of tobacco will be generally looked upon with disfavor and admit no apology" (cited in Tate, 1989, p. 117). Even earlier, in 1713, an Italian physician observed that "this vice will always be condemned and always clung to" (cited in Tate, 1989, p. 117). More specifically, in Reverend Albert Sims' book, The Sins of Tobacco (1878), the arguments against tobacco use were: tobacco use is unclean; it develops a habit that is hard to break; it is a waste of time and money; it is a poison that prematurely kills the user and those near the user; it commonly leads to or is connected with use of strong drink; it is common with coffee consumption; and it leads to decreases in morality (tobacco users are not interested in the good of society). The arguments used 130 years ago to convince people not to smoke and the predictions or reflections from years gone by appear to echo those heard today.

Throughout the 1900s one avid anti-smoking group or another could be found in North America. The popularity of these groups has waxed and waned over the years, largely influenced by other social concerns, for example, world wars (Greaves, 1996). Since the 1800s, tobacco companies have also been busy lobbying governments regarding tobacco legislation, an activity hoped to affect availability of tobacco and advertising of products (Greaves, 1996). Even though it is likely that the underlying assumptions that support arguments about tobacco availability, either pro or con, may have shifted over the last century, lobby groups representing both sides have been and continue to be present.

Today, we live in a society with increased abilities to generate and distribute information; the Internet and various media allow people access to large amounts of diverse information. As well, health promotion and prevention education have ensured that most people, at least in industrial nations, have received information about smoking and its effects (Greaves, 1996). In the news today, headlines often include news about tobacco companies and how their lobby groups are attempting to influence government policy. An example of this is the recent Federal announcement recanting the ban on tobacco companies sponsoring cultural and sporting events for the next five years (McIlroy & McCarthy, 1998). Currently, state governments in the United States are suing tobacco companies for costs to health care systems (Snowball & Robertson, 1996). Within British Columbia, the Minister of Health, Penny Priddy announced that tobacco companies will be required to pay a licensing fee in order to operate within British Columbia, which she believes will lead to an extra \$20 million to support efforts to influence use of tobacco (B.C. Charges Tobacco Companies, 1998). Lastly, the British

Columbia government has recently filed a lawsuit against tobacco companies in the hopes of recovering health care costs related to tobacco use (NDP Claims Billions in Lawsuit, 1998).

Pondering On Societal Wisdom Related to Smoking and Cessation

One could imagine that the convergence of the awareness of health care costs, detrimental influences to health, availability of information through programs, and other means regarding stopping smoking, smoking being outlawed in public places, and historical and continued attention on smoking might influence smokers in their decisions about smoking and quitting. Although the number of smokers has decreased over the decades, in 1994, 30% of Canadians (about 6.5 million people) over 15 years of age smoked, and young people continued to start smoking (Clark, 1996; Snowball & Robertson, 1996). Also McKenzie, Single, and Williams (1997) found that in 1994 Canadian tobacco sales increased by 10.1%. As I consider these facts, I wonder how we as a society are influencing smokers and how this relates to supporting smokers both in quitting and continuing to smoke. I ask a number of questions: Is support given simply by informing people who smoke of the risks and harms to which they subject themselves and the rest of the world with each cigarette they smoke? Is support given by informing smokers of the costs incurred by our society by tobacco use? Do socio-environmental factors encourage or discourage people to smoke and/or support them in quitting? Do any of the ideas implied in these questions support people in quitting or not starting in the first place? Or are these notions really about influence or coercion and only hold the potential to emotionally blackmail smokers into quitting? It seems to me that since information regarding the harm of tobacco use has been known and used, in varying

degrees, to educate the public for at least the last 130 years and people continue to smoke and start smoking, this information is not all that is needed to influence all people's decisions about smoking. Currently, the provincial government is focusing on tobacco companies in the hope of influencing current smoking patterns and the effect of smoking upon our society. Still, I wonder what the outcome will be for smokers who are wanting to quit. None of these ideas are new.

To summarize, even with all that is known about smoking, its effects, cessation, and socio-environmental issues, some smokers who want to quit are unable to do so. I wonder what is not understood about smoking, quitting, and relapse. To me it is apparent that the attempt to influence people with information is not working; there is a difference between the desire to influence someone by a particular point of view or with specific information and the resolve to support someone. To influence, I come with ideas and information which I readily share and expect to be followed; whereas to support, I am required to listen and hear the other person's point of view so that their information and ideas become central. Thus, perhaps the value of support lies in listening to the person who smokes to understand the meaning and value of smoking to them. Greaves (1996) found in her study that most educational programs, policies, and legislation relating to tobacco use are created with little input from those who use tobacco. This endorses my intention to listen to the stories of those who smoke and wish they did not and to seek innovative directions for research into smoking, cessation and relapse.

Conceivable Benefits From this Study

Several groups of people could benefit from the knowledge generated by this study. Results of this study could provide the smoking and cessation research

community with a new direction for innovative avenues for research. Smokers are another group that could benefit. Both those who have participated in this study and other smokers could benefit from an in-depth look and explication of stories about smoking, cessation, and relapse. Smokers may find a new way of looking at any part of the process and/or find themselves feeling validated by the words they read. People involved with smoking cessation programming, either in development or funding, may find new information useful in creation and support of efficient and effective programs. Human service providers could benefit from richer and deeper understanding of this experience, potentially resulting in a new perspective about those who smoke, know the risks, and continue to smoke. Finally, as an ex-smoker for the last five years, I still ponder the effect that smoking had on my life. I realize that through talking with the participants I am learning about myself as much as about them.

Statement of My Intent

Accordingly, my interest is to gain a richer understanding of the experiences of smoking, quitting, participating in a smoking cessation program, and of restarting smoking. Kvale (1996) stated, "If you want to know how people understand their world and their life, . . . talk with them"(p. 1). Therefore, I talked with current smokers in order to understand the lived experience of smoking, quitting, and restarting from their point of view. I am interested in the thoughts, stories, analogies, feelings, or anything that these smokers deem important in relation to this part of their life.

Research Question

In generating a research question, I thought about what the question asks and how I will answer the question. The following is my research question: What are the

meanings of the experience of smoking, cessation, and restarting or continuing to smoke for four people who have recently completed a smoking cessation program and are presently smoking?

There are two parts to be generated in answering this question:

1. Based on the stories communicated during interviews, the narrators and I will co-author narratives that capture their stories about smoking, cessation, programs, and restarting or continuing to smoke.
2. From these narratives I will expand upon the meaning making process to include how these stories influence my thinking about smoking, cessation, programs, and restarting or continuing to smoke. I will include stories from relevant literature about smoking, cessation, relapse or any other pertinent areas as part of my meaning making process.

Chapter Two

Methodology

*Experience forms belief, and belief forms experience.
Michael Greenwood and Peter Nunn (1992)*

The purpose of this chapter is to outline my rationale for the method used to answer the research question. That is, this discussion of methodology supports the supposition that the method chosen was appropriate in answering the research question (van Manen, 1990). In this study I conducted in-depth semistructured interviews with people who have the required lived experience to collect the data necessary to answer my research question. In using in-depth interviews I sought to understand individual perspectives on a lived experience, thereby capturing an insider's view (Fiese & Bickham, 1998; Kvale, 1996). From this data I co-created narratives based on stories told during the interviews. Lastly, I expanded upon the process of understanding to include the meanings I made in relation to the narratives, and then I invited stories found in pertinent literature to speak to my meanings and understandings. My methodological discussion begins with some views found within human science research in general. Then I turn my attention to specifics of this study by first addressing beliefs about my data collection process and then with details related to the data analysis used. I complete this chapter with a brief overview of how I shape my methodology.

Human Science Research

Kvale has defined science as “the methodological production of new, systematic knowledge” (Kvale, 1996, p. 60). This broad and simple definition of science assists in

loosening the grip that natural science has had in judging qualitative or human science approaches to inquiry. It allows a broader realm of investigation to become methodologically respectable.

This loosening is necessary because the approaches of natural science and human science to the production of knowledge are different but equally valid forms of inquiry. Natural sciences study objects of nature, things, events, or the way that objects change; their aim is to explain nature by stepping back and remaining objective. "Human science, in contrast, studies 'persons,' or beings that have 'consciousness' and that 'act purposefully' in and on the world by creating objects of 'meaning' that are 'expressions' of how human beings exist in the world" (van Manen, 1990, p. 3). In other words, natural science is interested in objective observation in order to explain and predict change; human science is engaged in the lived world in order to understand the meanings and actions of human experience (Polkinghorne, 1983; van Manen, 1990).

Principles discussed by Hartrick, Lindsey, and Hills (1994) bring more specific detail to the idea of human science research. In a human science approach to the production of new, systematic knowledge, interpersonal dialogue is used to generate and collect data. These data are not a set of numbers; rather, data consist of words, texts, narratives, and/or stories. As well, instead of quantitative manipulation, the research interest with the data is to critique it. The researcher searches for meaning within the data to gain an understanding of it, and could include the diversities found within data rather than just a mechanical reduction of data. In dialogue and critique, the researcher engages with people, rather than attempting to remain impersonal and objective. In sum, research is synthetic and interpretive in nature rather than analytic and deductive.

The subject matter of human science research falls within the mental and symbolic realm of human experience. Wolfe (1993), for example, distinguishes three aspects of reality: the embodied material and physical realm; the meaningful, mental or symbolic realm; and the spiritual, transcendental or transcognitive realm. Study of the embodied realm is concerned with sensory based data leading to knowledge of cause and effect and generates theory about structures. The interest in this type of study is generally to produce theories to enhance control and prediction of the material world.

Human sciences are concerned with the mental realm, focusing on language based data, such as narratives, to understand meanings behind experiences. Studies focused on the mental realm can lead to descriptions of human experiences rather than general explanatory theories. For example, Kiesinger's (1998) research on eating disorders engaged people who were experiencing eating disorders and asked these people to describe their lived experience. The results were narratives about people's lived experience of having an eating disorder and their stories about what they believed influenced their eating disorder.

One method that can be used in a human science approach is the semistructured research interview. Semistructured research interviews are interviews "whose purpose is to obtain descriptions of the life world of the interviewee with respect to interpreting the meaning of the described phenomena" (Kvale, 1996, p. 6). Kvale believes that the qualitative interview, that is the semi or un-structured interview, is an ideal research method. He acknowledges that data obtained in anything but a structured interview can be viewed as not objective and can be seen as too dependent upon an interviewee's subjective view of a topic and therefore labeled as weak. Yet Kvale maintains that this

weakness, for him, is actually a strength of qualitative interviews. The desire to obtain information about an interviewee's meaning and understanding of her/his lived experience is seen as an asset and one of the primary reasons for using this intersubjective method. The more views we have, the more knowledge we have, and the more we can begin to understand the controversial world in which we live. As Kvale (1996) says, "the sensitivity of the interview and its closeness to the subjects' lived world can lead to knowledge that can be used to enhance the human condition" (p. 11).

Data Collection

Five Initial Beliefs

In brief, my initial rationale for using a method of in-depth semistructured interviews can be expressed in the following five basic beliefs. First, I believe that people reflect upon their experience, and that through reflection they create stories to understand or make meaning of an experience. Second, I believe that in sharing personal stories through conversations, people's meanings and understandings of an experience can be "captured." Third, I believe that knowledge can be (co-)constructed through understandings and interpretation of the meanings captured in conversation. Fourth, I believe that these personal stories or meanings can and do influence the actions of those who make them. Fifth, I assume that smoking, quitting, and restarting are typical, human lived experiences that smokers reflect upon, especially right after a quit attempt, and that they create stories which can be shared and used in the construction of knowledge. Thus, in-depth semistructured interviewing is an appropriate method to use with this population and will lead to the collection of useful data to answer my research question.

Reflection and stories. I believe that people reflect upon their experience and that through reflection they create stories to understand or make meaning of an experience. Specifically, Polkinghorne (1983) says that when people experience something, one level of the experience is passive; another level is active. In the former, we have only a sense of the experience; in the latter, we have turned our attention to it. After an actual moment of experience, distance and reflection lead to the two levels blending. He states that we live in a steady stream of consciousness, and on reflection, an experience can be lifted out of this stream and meaning attached to the event. Through further reflection, we can access these meanings. The act of deliberate and decisive reflection influences our understanding of an experience (Polkinghorne, 1983). Thus, as we experience events in our life, we initially perceive them on a non-reflective level, which sparks the potential for meaning development. At a later time, an event can be chosen and reflected upon to give it further meaning.

Even so, personal meanings can be varied and possibly appear contradictory. Holstein and Gubrium (1995) suggest that this variability reflects the diverse ways in which a person can view a situation, not that the stories or the storyteller are unreliable. That is, we possess not only one possible view of an experience; we possess a stock of knowledge that produces a variety of possible views on a situation leading to a variety of meanings. "In striving to make sense of life, persons face the task of arranging their experiences of events in sequences across time in such a way as to arrive at a coherent account of themselves and the world around them" (White & Epston, 1990, p. 10). People's sense of meaning about and reflection upon experience eventually develop into stories about a lived experience. Once the creation of a story occurs, then the story

organizes and generates further meaning of an experience. Only a fraction of experiences are storied and expressed at a time; only a few feelings and experiences become part of a dominant story (White & Epston, 1990). The aspects of lived experience that fall outside of a dominant story can provide dynamic and creative resources in generation or re-generation of alternative stories.

Sharing of meanings and stories. I believe that in sharing personal stories through conversations, people's meanings and understandings of an experience can be "captured." However, the process of capturing or understanding the meaning of another person is not a straightforward "mere" listening process. In attempting to understand the meaning of another, a to-and-fro movement occurs between both individuals (Polkinghorne, 1983).

Holstein and Gubrium (1995) suggest that storytelling through interviews is collaborative, not just in the fact that the interviewer asks questions that the interviewee answers, but also because the two are engaged in a dynamic process of producing meaningful stories. Through words the interviewer challenges the interviewee to become a researcher, linking patterns and developing coherent descriptions or explanations. The interviewer invites and assists in the production of the story. The process is not one of mindlessly following directions, nor of freely running with no parameters. Instead, it is somewhere in between; a dance occurs between interviewer and interviewee in the creation of a story true to the lived experience and compatible with the inquiry.

People can have many meanings for any situation (Holstein & Gubrium, 1995). In fact, White and Epston (1990) believe that people can be situated in a multitude of potential stories depending on how the teller or the anticipated audience approaches an

experience. People possess a “diverse, multifaceted and emerging resource [of meanings] and . . . access to it is actively selective and constructive” (Holstein & Gubrium, 1995, p. 30). The telling of meanings is not a flat grey, monotone picture, but one that is rich, colorful, multi-dimensional, and dynamic. The interviewee is seen as an active narrator generating knowledge in a substantive, reflexive, and emergent way. The interview process is one of collaboration between a guide and the traveler. The relationship between the pair is an essential part of the equation for story production; a storyteller who feels safe and trusts an audience will be freer to share a variety of personal meanings than if the storyteller feels skeptical.

One further point about capturing another’s meanings and stories can be brought out. Our use of stories is embedded in the culture in which we live, and stories employ language for expression that invites social and/or political influence (White & Epston, 1990). Accordingly, this activity of ascribing meaning is not neutral. White and Epston (1990) believe that culturally appropriate and relevant expressions or representations of an experience can influence the production of a story. Some understandings of our lived experience, including those that we refer to as “self-understandings” (which are mediated through language), can contribute to a wider cultural understanding of a lived experience, and also, one’s personal understandings are influenced by a cultural understanding of a lived experience.

Generation of knowledge. I believe that knowledge is (co-)constructed through the understanding and interpretation of meanings and stories captured in conversation. In a human science study, where a researcher is generally interested in the meaning of a human experience, how is knowledge conceptualized? In addressing this question I

consider several points. I begin with looking at the method of knowledge creation along with the importance of verification of the knowledge. Next I turn to the process of knowledge creation, that is construction is not an endpoint, and that the process is collaborative in nature. I end this discussion by concisely demonstrating the relevance of these ideas to this study.

Kvale (1996) believes that in human sciences the exchange of meanings, understandings, and stories is the essence of the method of knowledge creation. The interview is the vehicle used to expand our understanding of specific people's lives and their meanings, which in turn influences our own meanings relating to the lived experience as we digest those meanings. The result of human science use of interviews can be portrayed as an anthropologist returning from the jungle with a tale that does justice to native stories of their lived world. The stories convey new and valid knowledge or insights to the listener and the readers of the tale (Kvale, 1996).

A key in this portrait of the construction of knowledge is to generate an accurate representation of the natives' stories of their lived world. Knowledge is co-constructed, as people share their meanings and interpretations of lived experiences. It is through conversation that people share meanings of experiences, engage in reflective interpretation, and verify new understanding and stories that emerge. It is the verification and the agreement that create knowledge. Polkinghorne (1983) stated that every attempt to develop knowledge is an expression of interpretation, and that knowledge of an experience is formed through agreed, mutual, consensual interpretation of the world. Thus, knowledge becomes the social justification of beliefs about experiences and is not required to be a generalizable accurate representation. Knowledge

“merely represents the best explanations available, and these are the explanations in which we trust enough to act” (Polkinghorne, 1983, p. 242).

The semistructured interview, which is a purposeful approach to obtaining information about people’s accounts and understandings regarding the topic chosen for study (Kvale, 1996) is a method for knowledge construction. It is realized as a process of sharing and not just realized as an end point. Knowledge can grow continuously with every investigation or conversation. Thus, knowledge construction can be dependent upon the method employed by a study. For example, in this study the written text generated from transcriptions is edited by the person whose story of the lived experience is being told. This brings the person back into the process of construction of knowledge about her or his life; she or he is engaged.

When knowledge is seen as co-created, this perception leads to consideration of truth regarding these co-creations. Polkinghorne (1983) felt that truth could only be realized when we engage the world—that is, truth is not something that develops out of the use of specific methods and an ability to distance oneself enough to be objective, thereby removing personal bias. The thought that knowledge is co-created leads to the notion that truth is also constructed through dialogue. By entering into a dialogue or engagement, interpretations emerge which lead to knowledge development agreed to be true by the partners (Kvale, 1996). Truth is something that is relative to the people involved, and it becomes a measure of the ability to relay meaning according to those involved instead of some ultimate truth.

What these conceptualizations meant for this study was that since knowledge was co-created by myself and the people who shared their meanings of an experience

with me, I needed to ensure that my understanding/interpretation led to the generation of stories that reflected the people's intended meanings. For this study the truth of these stories was verified by the people whose stories are told.

Stories and action. I believe that these personal stories or meanings can and do influence the actions of those who make them. I think that this is an important point because if actions are influenced by people's stories, then knowledge of their stories might reflect new understanding or knowledge regarding their actions, of particular interest to this study of smoking, quitting, and relapse acts. Polkinghorne (1983) believes that people define action through the meaning they have made of experiences and that those meanings and understandings that we believe in most are the ones we trust enough to act upon. Therefore, meaning and eventual stories followed by further meaning-making influence action taken and define which actions we are willing to support ourselves in taking.

White and Epston (1990) propose that what we know of life we know through lived experience. All knowing occurs through the act of interpretation. To create order, make sense of our lived experiences, and to express ourselves, we create meaning and stories about our experiences. Humans give meaning to experiences through their stories, and they also are empowered to act through their developed knowledge of the story (Polkinghorne, 1983; White & Epston, 1990). In other words, people give meaning to experiences through the stories they have of the experience; they are also moved to act in ways directed by the story. For example, I used to believe that I could not write; through graduate school and my experience of endlessly writing papers, my story about my ability to write began to change. Now, with the experience of writing this thesis, my

story line is being influenced again in slowly generating a story about how I can write. The end result is that my actions regarding writing, how I approach writing, and what actions I choose are different than they were a few years ago.

Smoking as lived experience. I assume that smoking, quitting, and restarting are typical, human lived experiences that smokers reflect upon, especially right after a quit attempt, and that they create stories which can be shared and used in the construction of knowledge. A lived experience is “anything that presents itself to consciousness . . . whether the object is real or imagined, empirically measured or subjectively felt” (van Manen, 1990, p. 9). It is through consciousness that we have access to the world and that which falls outside of one’s consciousness falls outside the possibility of lived experience. Thus, the possibility of lived experience occurs for people because we have the ability to reflect upon what we have some sense of. In fact, as stated earlier Polkinghorne (1983) believes it is through the act of turning our attention to, or reflecting upon this sense of an experience that we take our awareness of the experience from a passive existence to an active conscious thought. Lived experience is recognized in retrospect and seldom grasped in its immediate present state. Since smoking, quitting, and restarting or continuing to smoke are experiences that smokers reflect upon and can tell their stories about, smoking, quitting, and restarting are lived experiences.

Data Analysis

As I considered analysis of the data generated by the semistructured interviews, I also considered the presentation of the meanings and stories revealed in the data. Content analysis could be one route that would provide many categories (Strauss and Corbin, 1990) about the stories and meanings held by the narrators. As I thought about

this, I realized that this would result in concise and clear categories for meanings found collectively within the data collected. However, I was more interested in providing a platform for individual voices to be heard in relation to personal stories and meanings; that is individual, rather than collective. As well, I decided to create coherent narratives rather than using verbatim passages to facilitate an experience of hearing a complete story for each narrator. Writing the narrative allows the reader to personally experience the richness of each individual's meanings in relation to the lived experience of smoking and cessation. I thought that the experience and impact of presenting coherent narratives would provide each reader the opportunity to draw her or his own meanings from their interaction with the narratives. Thus, the presentation would be more personal and powerful. To fulfill my desire for this type of presentation I decided to create coherent narratives from the data and in close relation with the narrators. This step addresses the first part of answering my research question. I then desired to, as can be seen in my research question, to expand upon these meanings to include my process as it has been impacted first by the narratives and then relevant literature. Here I present the process employed for each analysis process.

Generation of the Narratives

Humans live in a realm filled with meaning that we desire to interpret; thus, knowledge developed through conversations is based on shared meanings (Polkinghorne, 1983). In fact, Kvale (1996) believes that conversations are an ancient way of obtaining knowledge. Conversations are a basic mode of knowing; they provide a space where knowledge can be constructed. Holstein and Gubrium (1995) state that conversations are the beginning point for co-construction of a meaning making process

and that this process is collaborative in nature. In my study, I used the vehicle of conversations as a starting point to co-generate each narrative in order to reveal the narrator's story.

In guiding the generation of the narratives, I used a semistructured question guide to assist with initiating conversation (Appendix A). The key reason for the conversations was to capture individual stories and cultivate that voice to be heard in the narrative. The interview guide was used as a starting point, like an ice breaker to begin the conversation. After the conversation began, I was interested in the narrator showing me what was important to discuss, rather than strictly adhering to my predetermined directions.

There are two features to generation of the narratives that support the narrator's individual voice and help it to remain clear and strong. First, to support my ability to focus on an individual's story, each set of two interviews and writing the narrative occurred within an isolated two week block of time. In this way, I only interacted with one person and one set of transcribed data at a time. This allowed me to focus on the details of one person's story and assisted with keeping each story separate from another. I realized the benefit of this process during the first conversation with each narrator when I was often amazed at the new angles taken in relation to smoking and cessation. The second feature of narrative generation, used to ensure that the individual's voice was heard more strongly than my own interpretation, was to ask the narrator to read the written narrative and verify that her or his voice emerged clearly in the story. The second interview began with a review and discussion of the narrative, which led to clarification of revisions to be made. This review also led to further discussion about the

narrative. After the second interview and the incorporation of the revisions and new ideas, one last review by the narrator occurred to verify this version of the narrative. Lastly, two of the narrators had a close friend read the narrative and shared with me that the friend agreed that the narrative captured what the individual had to say about smoking and cessation.

The development of narratives holds other concerns. Linguistic data, like stories, are fragile when transformed from one mode to another (Kvale, 1996; White & Epston, 1990). For example, in transformation from an oral text to a written text the data may not retain inflections, or non-verbal communication can be lost. The process of transcription will affect the meaning and knowledge being generated. As well, with this study, the further transformation into a story changes the context again. Thus, it was important for the narrator to work with the narrative both in draft and final form to verify that it portrayed her/his voice. Storytelling is a collaborative process as the telling of meaningful stories unfolds (Holstein & Gubrium, 1995).

I acknowledge the parts I play in the development of the narratives. First, through my involvement in the conversation, I assist in framing how the lived experience is approached. Second, I develop the narratives, which means I am imposing another layer of structure by framing how the story is told. Kvale (1996) thinks that the degree of sensitivity to the topic and the amount of knowledge about the topic a researcher has influence the stories that are told. The narrators involved in this study would likely agree with Kvale about the importance of my experience and knowledge. Support for this agreement can be heard in the passage, “I only called to participate in this study because you were a smoker; if I had not known this piece of information, or if

you had not been a smoker, I never would have called you.” I believe that this sensitivity and knowledge speaks to the ability to relate with the narrators in the development of a narrative which reveals their voice. Thus, an interview, which is an exchange of views, reflects upon both the narrator’s and researcher’s ideas and meanings of the lived experience (Kvale, 1996).

My process of going from taped conversations to written transcripts and then transformation into a narrative is outlined below. First, I personally transcribed conversations verbatim. The transformation from transcribed conversation to narrative occurred with much reflection upon what was being said and what I thought I was hearing. After transcription was done, I began by just reading the conversation. Next I began to code the conversation based on the four areas of interest to me: smoking, cessation, cessation program, and restarting or continuing to smoke. As I did this, I noticed what parts of the conversation stood out and did not fit within these four areas. The extra parts needed to become pieces of the narratives as well (that is, hearing what was important to the narrator and not just about what I wanted to hear). As I made notes and pulled the conversation apart eventually I began to feel lost and overwhelmed. At this point I generally went back to the whole conversation and read it again. Then I would leave it alone for a while—take a walk, have a sauna, or a nap. The next step was to begin to write the story, a somewhat intuitive process to begin with, and eventually return to my notes to ensure that all the parts pulled out earlier were present in the developing story. Then I returned to the whole transcribed conversation, reading it again to see if there were any missing pieces and/or to consider whether words used to describe specifics reflected the narrator’s version rather than mine. The last step was

feedback from the narrator regarding the feel of the narrative, asking whether it felt like their story or not. Some parts within the first draft always required change, which supported my belief that the narrative in the end was more strongly the narrator's voice than my interpretation. The narrator's willingness to suggest changes also reflected her/his sense of openness, trust, and collaboration found within our relationship. The creation of the narratives was the first part of this study's analysis.

My Meaning Making Process

The second part of this study's analysis is my meaning making process. I realize that through the collaborative process of co-creating the narratives, my meaning making process likely began at the first interview and not when I began to consider the finished product. As Polkinghorne (1983) states, understanding is derived, and seldom can one discover an absolute starting point. These narratives (both during development and in the finished state) interplay with my previous ideas about smoking, cessation, cessation programs, continuing or restarting smoking, and other poignant ideas brought to light in the narratives. The focused process of my meaning making begins with reading the narratives many times, taking notes, writing some passages, taking breaks, talking with others, and going back to the narratives. These steps were not done in any order but in an ongoing reflective process of reading, conversing, and writing. Eventually, as some key themes began to emerge from the narratives, I turned to pertinent literature to see how ideas from other studies related to my interpretations of the lived experiences revolving around smoking and cessation as revealed by these narrators.

van Manen (1990) states that research aimed at generating an understanding of a lived experience is primarily a writing process because of the reflexive nature of writing.

Perhaps this explains the several false starts I had when writing the chapter regarding my meaning making—I thought I knew how to present my ideas and that they were finished percolating, only to find that as I wrote the chapter, I found other layers of interpreting the meanings. This process reflects the notion of listening for a reply and really hearing what is being said. I believe that the meanings displayed represent the ideas that have evolved over the last several months of working with the narratives. The themes and ideas I discuss are those that I found important or that stood out like neon signs, triggered by my previous knowledge and experiences.

Shaping My Methodology

As this process of narrative inquiry demonstrates, my methodology began to take shape with the thought that people have experiences as well as some awareness of the experience. At a later time the experience may be thought about and reflected upon, resulting in the development of meanings. These meanings may be attached to previous stories, or the meanings may filter through a process of organizing and making sense of one's lived experience and could result in a new story. I call this process internal dialogue. Internal dialogue can reoccur many times; with each occurrence, meaning, stories, and understanding may become more sophisticated, diverse, or concise. People can and do have dialogue about personal meanings and stories with external audiences as well. Again, each telling or re-telling holds the potential to influence the understanding of the experience, the story attached, and further meanings created. The exploration and development of understanding, stories, and meanings can be considered as knowledge of the experience, which I see as useful to realize actions taken and inspire further generation of meaning or actions taken regarding a lived experience.

Chapter Three

Methodological Applications

*If I want to know something,
I must ask and be willing
to listen for and hear the reply!*

The methodological discussion in the last chapter outlined my rationale in support of my approach in answering this study's research question. The following chapter addresses issues of application which arise when using semistructured interviews and co-creation of narratives as a research method. The following issues are discussed: the narrators, ethical concerns, use of self, creation of coherent narratives, authenticity and trustworthiness, benefits for the narrators, and the potentially never-ending creation of meaning.

The Narrators

This study provides a vehicle for four people to voice their experiences of smoking and cessation. These people all had attempted to quit smoking within six months prior to participation in the study. Three of the narrators recently attended Fresh Start, which is a smoking cessation program offered through the Canadian Cancer Society. The fourth person, who actually was the pilot narrator, had not attended Fresh Start but had recently attempted quitting on her/his own. The pilot narrator was the first person to go through the process of interviews and co-creation of a narrative, thus testing my approach. Participants of Fresh Start were targeted by this study mainly because this program is regularly offered in Victoria.

The first step in recruiting narrators was to contact the Cancer Society and request their support in inviting recent Fresh Start participants to become part of this study. Ethically, I could not have direct access to names of Fresh Start participants, due to confidentiality constraints, so I and the Fresh Start coordinator decided that a letter of invitation would be sent out by the Cancer Society regarding this study (Appendix B). The letter described the study and invited recipients to call me if they were interested, met the requirements of having attended a program, and were presently smoking. The letter went out to all lower Vancouver Island Fresh Start participants from the last six months, totaling 75 letters. I received 12 phone calls to inquire about the study. Of these twelve, three lived too far away to participate, six people were currently not smoking, and the other three were eligible and willing to participate in the study. Although these three people had attended a Fresh Start smoking cessation program, each attended a different session and had a different facilitator. The fourth narrator heard about the study and my need for a narrator to pilot test my approach through a mutual acquaintance and approached me about being involved in my study. Since this person had recently attempted to quit and was reflecting upon experiences of smoking and cessation including the recent attempt to quit, I decided that this person met the criteria. I decided to co-create narratives with four people first, based on advice from other researchers and second, to keep the amount of information collected manageable for a thesis, along with providing enough data to provide a variety of ideas as well as reveal some patterns. I was not interested in generating statements of generalization but in questioning current notions, which is fitting with this type of qualitative study (Wolfe, 1993).

Thus selection occurred through voluntary means (Morse, 1991) and was purposive in nature; I selected only people who had the specified experience (Morse, 1991). Human science studies use this type of sampling procedure to ensure participants have had the appropriate lived experience. These participants also needed to be able to analyze critically and to verbalize their experiences, thereby demonstrating an ability to participate as a co-creator of their narrative (Morse, 1991). Munhall (1994) describes this as readiness; the person is willing and able to speak about the experience. Thus, the narrators were required to have the necessary lived experience, volunteer to participate, and demonstrate an ability to be co-creators of their narratives to be eligible and able to participate fully in this study.

Ethical Considerations

Research that involves human subjects must attend to ethical issues (Munhall, 1994). Part of the preliminary requirements in setting up this research project was to obtain an ethical review approval (Appendix C). The following three areas of concern were addressed within this study: (a) to ensure that safety, welfare, and rights of narrators were sufficiently protected, (b) to monitor the procedure to ensure that informed consent was obtained, and (c) to ensure that narrators were aware that their involvement was voluntary and that they might withdraw at any time with no consequence (Polit & Hungler, 1991).

Within this study the safety, welfare, and rights of narrators were protected. The first concern is confidentiality. Narrators shared personal experiences with me; conversations were transcribed and narratives were created from these conversations which have become a part of my thesis document. Therefore, identity protection of the

narrators had to be attended to from the interviews to the creation of the narratives. To do so, no actual names were used; during data collection and transcription a code was used so that no one but myself knows the names of the narrators, and in the finished narratives no names are attached to the stories. The welfare and rights of narrators were considered. The costs to the narrators in this study were: time commitment consisting of two interviews and review of the narrative, and the personal cost incurred from sharing of one's personal story about smoking and cessation. Benefits included telling their personal story to a captive and interested audience, and allowing them to rethink and hear the story differently (a benefit that all echoed during the debriefing time).

Originally I did not think the topic was particularly sensitive, and yet, due to the degree of honesty in the telling of the story, each narrator felt a sense of having been heard and seen after reading the narrative. That is, they felt vulnerable and revealed in what this lived experience means to them. Each said it is one thing to think personally about smoking and quitting; it is quite another thing to sit and talk about smoking and quitting for two to four hours followed by a documented story which reveals their ideas in black and white. Since I explained what participation in this study would include, how data was to be used and why I was doing the study, deception was not apparent with this study.

Informed consent and voluntary involvement are dealt with together. One of my sampling procedures required the narrators to initiate involvement in the study; a voluntary act. Narrators were invited to call me, and it was up to them to make first contact with me. Written informed consent was obtained prior to the start of the first interview (Appendix D). For those who agreed and signed the informed consent, a

participant form that outlined the details of the study and informed consent was given (Appendix E). We discussed the purpose of the research: (a) who I am and my interest in the topic, (b) the fact that this study is part of my requirement to complete my Masters of Nursing thesis, (c) the requirement of at least two interviews, and (d) the invitation to review the narrative one last time to ensure that the narrator's voice was reflected in the narrative as much as possible. I answered any questions a narrator had about this process prior to obtaining written, informed consent. Narrators were also reminded that their participation was completely voluntary and that they could withdraw at any time with no consequences.

Use of Self

Kvale (1996) clearly states that qualitative research interviews are not merely free flowing open conversations between two equal partners. The interviewer defines and controls the situation and comes with a structure for the conversation, perhaps as simple as the topic to be discussed. Through this purposeful conversation, knowledge is being constructed. As well, this knowledge is being created within the context of a relationship; the more comfortable and trusting a person feels with a researcher, the more open and giving that person will be in sharing personal experiences (Polkinghorne, 1983). Tending to the development of this relationship affects the richness of the data collected which in turn informs the understanding that can be drawn about the human structures of the experience being studied. Therefore, it is important for an interviewer to acknowledge how she or he has used self as a tool in the creation of the knowledge. For example, possible role metaphors for use of self during emergence of stories is as either

a fellow traveler or a miner (Kvale, 1996). I could be there as an observer of what another reveals to me, or I could be there in search of something specific only to me.

The first place in which I noted influence was in how I focused the conversation (reflected in the research interview guide [Appendix A]). The initial stages of development of the guide resulted in a very detailed and lengthy document. As I thought about the conversation and my purpose for talking with these people, I simplified the guide. My rationale for this is that I wanted the narrator to guide the conversation within the four areas. I wanted to hear what was important to the narrators and not what they thought of what I thought was important. Yet, as can be seen in the guide, I had some potential probes available if the conversation did not get started or stalled—neither of which occurred.

Another way I used self as a tool was in the building of the relationship with the intent to facilitate trust and respect quickly. I wanted to encourage a willingness to share personal experiences openly during the conversations with the narrators. The initial letter sent to inform people of the study demonstrated respect for those reading it and my interest in their lived experience. I relayed empathy for people who tried to quit, and confided that I personally knew how hard it is to quit (the narrators told me that the fact that I had been a smoker was a requirement of their decision to participate in this study). I did not tell them how easy it is to quit or tell them the right way to quit. It was essential to get past these barriers in order to obtain rich story generation (Kvale, 1996). Other things I did were: negotiate a neutral, private, and relaxed setting to have a conversation. The location needed to allow the narrator to smoke if necessary and to ensure that the necessary time for each conversation was set aside with minimal distractions. Also the

use of an unstructured interview guide allowed narrators to talk about what was important to them, thus emphasizing my interest in hearing their story and not what they might think about my ideas. These assisted in setting an atmosphere of respect and trust. Finally, if narrators had questions, I answered them. This also assists with building rapport and trust, leading to an open relationship (Oakley, 1981).

During the conversations I was aware of feeling pulled in the two directions of being very present within the story they were telling and of being mindful of the minimal structure I set out for the conversation. I wondered how to remain somewhat removed to keep the conversation on cue with some predetermined direction, while being present with the narrator and able to follow that person's lead. So I was faced with the apparent dilemma of remaining mindful of my position within this relationship yet wanting to build an open and trusting rapport with the narrators. I realized after the first set of conversations (my pilot) that I could let go some of my concerns. I talked with each narrator more than once and asked for feedback on the final narrative regarding congruence with the narrator's voice being heard in the narrative. Therefore, I found that after transcription of the conversation, I could reflect upon specific areas of interest to this study and ask specific questions during the next meeting. This allowed me to be present and go with the flow of thoughts during a conversation and not attempt to remain somewhat removed. I found while reflecting upon transcriptions and writing narratives that I stepped outside of the conversation and listened for what was and was not being said. This process of stepping outside continued to occur during my own meaning making process. In this manner I think I found a balance between listening to and hearing the stories told by the narrators and being mindful that I was there as a

researcher with my own story to be told. In the end, a process of interchanges of views between the narrator and myself (Kvale, 1996) resulted in both of our stories being told. Atkinson (1993), who also co-created a document, realized a similar result of two stories being told, in her experience there was a “coming-together of the two agendas; my agenda, to build a collective account—and theirs, to tell personal stories” (p. 68). Thus, I see that I am used both as a fellow traveler discovering what is shown to me and simultaneously looking for pieces of coal that I could transform into diamonds. So for me it is not an either/or situation; as a researcher I use the role metaphor of self as both traveler and miner.

Creation of Coherent Narratives

In the last chapter I discussed my underlying rationale for co-creation of coherent narratives, a brief overview of the process used and important philosophical issues I considered in creating the narratives. To assist the reader in knowing the process, I present the development of one piece of one narrative. This is included as an example of the transformational process and demonstrates the involvement of myself and the narrator during the process of narrative creation.

Each narrative (in its entirety) went through at least two revisions by narrators and likely about three or four of my own. The process of creating the narrative began during the interview followed by transcription of the interviews. Next I read and reread the transcription to pull out ideas. When I felt that I was full, overwhelmed, or lost as to where to go next, I would stop with this process and read the whole transcription again. Next I took a break from looking at this interview and the ideas. When I came back, I began writing initially from an intuitive place. Later, I went back to my notes about

ideas to ensure that these were present in the narrative I was writing. Finally, I went back to the transcription to ensure that pieces were not missing, and more importantly to see if words used in the narrative reflected the narrator's actual words and not my interpretation of her or his words (for example: "calmed me down" my words versus "zeroed me" narrator's words). Examples of changes to a passage in a narrative are presented below. Here is the first rough draft of a passage from one of the narratives (Smoking: Social Activity to Social Issue, p. 62).

"As the intolerance grows from outside, internally my self-condemnation also grows; I am fearful of not being able to quit, leading to anger at feeling pushed to quit, and viewing myself during self critical moments as a gutless, spineless or ??? for not being able to do anything about this issue."

This passage reads like only a string of ideas at this time. The next passage reflects a more coherent version as a result of going back to the notes and the transcripts.

"As the intolerance grew from the outside, internally self condemnation also grew. I became very afraid when I thought of quitting, which led to anger because I felt pushed to quit and at moments I saw myself critically as a gutless wonder, or spineless for not being able to do what would shift this issue."

Here one can see how I have begun to clarify the ideas presented. Also, I have included the narrator's words; for example, earlier I only used the word "gutless," and the words in the second version of the passage were "gutless wonder." The next version came after the narrator read the passage and suggested revisions.

"As the intolerance grew from the outside, my internal self-condemnation and defensiveness also grew. I became very afraid when I thought of quitting, which led to anger because I feel coerced to quit. At moments I critically saw myself as a gutless wonder, or spineless for not being able to do something to shift this issue."

Here the changes were to include “defensiveness also grew,” and the narrator did not just feel “pushed to quit,” but that the narrator is feeling coercion in relation to quitting. Another change was to shift from “not being able to do what would shift this issue” to “not being able to do something to shift this issue.” These changes placed different emphasis within the passage. The importance of the difference is simply that now the passage reflects the narrator’s voice more strongly than my interpretation of the narrator’s voice.

Authenticity and Trustworthiness

In discussing authenticity and trustworthiness I believe what is at issue is the soundness or rigor of a study. There is a wealth of information that discusses the rigor of qualitative studies and what the criteria should be used in evaluating or judging a study (Kvale, 1996; Leininger, 1994; Lincoln, 1995; Lincoln & Guba, 1987; Sandelowski, 1986). To address the soundness of this study I discuss authenticity and trustworthiness in relation to this study. For me authenticity is demonstrated by the degree to which a study genuinely represents the area of intended study as stated in the research question. For example, in my study I wanted to capture meanings and stories about a specific lived experience, not just any lived experience. As for trustworthiness I see two important pieces: one piece is to ensure that a reader can follow the process of interpretation by making it transparent, that is revealing the decision-making process, and the second piece is that interpretation is grounded in the data collected.

Authenticity for this study includes how genuine the narrators themselves are and how representative are the narratives of these genuine narrators. First, I needed to ensure that the narrators were in fact experts regarding the defined lived experience, namely

that they were smoking and had attempted to quit recently. Since the narrators smoked during the interviews, I knew they were currently smokers. Regarding recent quit attempts, since narrators found out about the study via a letter which they received from an organization that hosts a cessation program they had recently attended and they all reported that they had attempted to quit, it seems reasonable to believe that they had experienced the lived experience of interest to this study. The second area questions whether the narratives actually reflect the narrator's stories and experiences. Are the narratives authentic to those people's voices whose lived experience is being told through the narrative? I do not see the answer to this question as an either/or situation (meaning either their voice or mine); rather, I see it as one of degree, where I facilitate the individual's voice to be stronger than my framing influence. The steps I employed to check authenticity and maintain a high degree of authenticity were: (a) I spoke with the narrators more than once; (b) the narrators reviewed the narratives at two stages and were encouraged to give feedback; and (c) all of the narrators' feedback was incorporated into the narrative. Two of the narrators on their own asked close friends to read the narratives and received feedback which indicated the narrative sounded like the narrator. For me, the point at which I knew that I had captured the narrator's voice was when they first read the initial draft of the narrative. At this point each narrator expressed various versions of, "Wow, it is not every day that one is given a mirror image of one's consciousness." This statement was usually accompanied by an expression of feeling rather vulnerable and shy. I knew by these reactions of recognition what the narrative said was accurate for that person in regard to their story about smoking and cessation.

To address trustworthiness there are two areas I discuss. First, regarding the transparency of my interpretation process, I have clearly stated in chapters 2 and 3 the process I went through to develop the narrative and how I approached my meaning making. Therefore, I think that others could follow the steps I employed for interpretation, and I have received feedback that this is apparent. The second area, reveals checks to demonstrate how grounded the narratives are in data and how grounded my meaning making is in the narratives are dealt with separately. Since I solicited and received feedback from each narrator about her/his narrative, I trust that the narrative is grounded in the narrator's story or data. As a check for myself regarding how grounded my interpretations are in the narratives, I asked two people to read the narratives and they found similar themes or patterns which spoke to them. This supported me in trusting that what I was talking about indeed was grounded in the narratives.

Benefits the Narrators Experienced

One benefit for people who participate in the process of co-creating narratives about their lived experiences is that the narrator is given an opportunity to realize new aspects of their story and may see relationships that were not consciously known previously (Kvale, 1996). The narrators in this study reflected this sense of understanding their stories about smoking in a new light. Partially this occurs through lengthy focused conversation and the creation of the narrative (a mirror of their consciousness). The experience of focused reflection on smoking and cessation allowed the narrators to hear their stories differently. These ideas can be heard in the following feedback from the pilot narrator and were echoed by the other narrators as well. After

completion of the pilot interviews and narrative creation, I asked for feedback from my pilot person whom I name Chris for this discussion. The comments were very encouraging regarding Chris' experience of interviews and co-creation of a narrative. Chris had never talked about smoking in such detail, which pushed this person to new places of thinking. Also by talking about this and then reading the narrative, Chris was given a new position from which to view this aspect of life. The position was one of observer, instead of being central within the story, which opened new abilities to think of options. Thus the dialogue was lifted out of the circular motion of the bits within the personal dialogue, into sharing with another and then into a cohesive story. Chris realized that the story will probably continue to change as time goes on and new experiences are faced. All of the narrators reflected this idea during the debriefing period. A result of this experience which was specific for Chris was a new idea about quitting smoking in a piecemeal fashion, which is working at this point in time (four months after the interviews were completed). Piecemeal fashion means not smoking only during specific daily activities and then smoking as usual the rest of the time. Through this process this person has cut down on the amount of smoking.

A second benefit mentioned by Kvale (1996) is that this type of conversation can *be a rare and enriching experience since it is not often that another person will sit and talk with someone in a focused manner for at least an hour about their life.* I would agree that the experience of talking about smoking and cessation in a non-judgmental conversation might be considered an affirming experience, and the narrators of this study confirmed this thought through their feedback to me. All of the people stated—once they realized that I was not looking for specific answers and that what I wanted to

hear was what they thought—that they felt very comfortable talking with me and knew that it was OK to say whatever was on their minds. This experience was new for them in regard to talking about smoking. I think the strongest concrete example here is that people were able to think in new ways during our time together and perhaps after. A specific example comes from one narrator (whom I call Pat for this discussion) who had never considered how losing weight and quitting smoking might be both different and similar. Realizing this led Pat to understand how smoking grips Pat more than cutting out certain foods for a while does. This provided a useful insight for Pat to consider how it was possible to lose weight so easily and so difficult to stop smoking. Pat now has new insight into these experiences which may lead to different actions.

The Potentially Never-Ending Creation of Meaning From the Narratives

One last thought to which I want to draw attention is that from this point forward every time the narratives are read they open up the potential to generate a new set of meanings. Every text holds a degree of ambiguity in that the degree of implicit meaning reflects the potential for ambiguity (White & Epston, 1990). Since every reader comes with her/his own story about an experience, literary texts, while providing details about an experience, also evoke performances for the reader. This leads to creation of meanings based on the information present within the reader. Text does not contain just formulated static meanings within its passages. Each performance of a text (that is reading) is a re-narrating of the textual passages. In this way, creation of text introduces us to an intertextual world. First, it demonstrates that the lives of people are situated in a text which exists within many other texts. Second, every telling or re-telling of a story, through its performance, is a new telling that encapsulates and expands upon the

previous telling. Thus, the original generation of stories reflects an individual's meaning, and every read of the final stories provides opportunity for a new interpretation by the reader.

Chapter Four

Writing Narratively About Smoking and Cessation

A man who tells secrets or stories must think of who is hearing or reading, for a story has as many versions as it has readers. Everyone takes what he wants or can from it and thus changes it to his measure. Some pick out parts and reject the rest, some strain the story through their mesh of prejudice, some paint it with their own delight. A story must have some points of contact with the reader to make him feel at home in it. Only then can he accept wonders.

John Steinbeck (1961)

The following four narratives were co-authored with the people who chose to spend time talking with me about smoking. We all found this process creative and revealing, generating much excitement and embarrassment. Each person was surprised and felt a bit shy upon reading the first draft of the narrative. One said it felt like “having a mirror of my consciousness held up for me to see.” As they discovered, to think about smoking or to talk briefly with someone is considerably less revealing than this process. The process includes thinking and talking about smoking for many hours (which were taped), followed by transformation of the oral text into written text and development of a cohesive story. So, while the narratives accurately reflect narrators’ experiences, the narrators found that it was a bit overwhelming to see their ideas presented together in a story—as some said, in black and white. I share their reaction and remind the reader of the courage and willingness these people demonstrated in honestly sharing their inner thoughts and private dialogue about the controversial topic of smoking. In reminding the reader of this, I hope it sets the stage for these narratives to be read with openness, curiosity and compassion for their fellow humans. For me it has been an honor and a privilege to meet and talk with these people.

Narrative One**Smoking: Control and Choice**

I see three distinct faces when I reflect upon smoking in my life; each has its place depending on where I am situated. The first I call the private face; as the name implies, this face is visible when I am by myself and smoking. Its features are that I am free to smoke as I choose. I can indulge my addiction with no need to think of others and the effects my behavior has on them. I enjoy a sense of freedom, along with a subtle undertone of control. The second face is the public one. Here I become aware of constraints the world places on my ability to feed this addiction: public building restrictions, whether any of the people I am with smoke, the weather (if I need to go outside to smoke), or others who will be stepping out to smoke. During these times I have little to no enjoyment; smoking is purely about feeding IT. The last face comes out with my parents; there I transform into the non-smoker. Yes, my parents and I do not openly acknowledge this part of my life; we share a secret.

So a predominant feature of my smoking is its relationship with my parents and me. My smoking is taboo and yet I know they know, they are not stupid. See, my mom is a very strong anti-smoker advocate, likely because her father smoked and died of lung cancer. So I choose not to approach the subject to avoid conflict. I really hate having a secret with my parents and sneaking behind their backs, I feel like a child. When I go out to visit my parent's or they come here I have a ritual. I rid myself of evidence of smoking (by showering, shaving, using after shave, brushing my teeth, and wearing freshly washed clothes) and if they come to my place, the ritual extends to my house. I also ensure that I have nicorette gum with me; which is my surrogate. I have this ritual down to a science and, you know, as I go through this process I think, "Yes, this is my opportunity to quit." I feel good about chewing nicorette, you know, free, I am choosing. All of this so that I can maintain the secret-or is it a fantasy?-that I do not smoke.

I did not always have this secret with my parents. At one time we openly acknowledged that I smoked. There have been two time periods in my life that I have not smoked and the secret is a result of the second time. The first time was over ten years ago, I quit smoking cigarettes for six months. I used a surrogate of cigars and pipes. I was very determined to not smoke cigarettes. The key trigger was the effects I felt upon my breathing, I smoked about two packs a day at this time. The second time was about four years ago, I quit for six weeks. At this time I had been in a bad accident and was immobile, and out at my parent's home. They knew I smoked prior to the accident. When I went to their home during the convalescent time they said we will not buy cigarettes for you and you cannot go and get them so you will not be smoking. We had a big fight at that time and I did not smoke during the six weeks there. You know, the first thing I did after I was mobile again was have a smoke. During the last four years, while pretending I still do not smoke and the many times of quitting (whenever I see my parents), I have discovered that for me to quit I must be able to maintain a strong desire to not smoke and that conditions for not smoking must be of my own volition. So emotional manipulation will not work for me because I will respond with, like hell, no one will tell me what to do. My one fantasy of quitting: send me to a desert island for oh, two to four months. I imagine that this type of isolation would be necessary. At present most of these conditions are found in my program of becoming the non-smoker with my parents.

Smoking is considered a part of my normal life. When I think about myself and define who I am, smoking is a part of this. So to stop would be like giving up a piece of me. I spend a lot of time thinking about smoking or some part of the activities involved with it. Do I have enough cigarettes? Will I have enough for where I am going? How long will I be gone? Do I need to stop and get more? Do I have enough money to buy some? Late at night before I go to sleep I check to make sure I have some for morning and if not I must go out and get a pack. Smoking and thinking about it has been a long time constant companion. Smoking is an essential in my life like food,

toothpaste, toilet paper or gas to make a car go. Still my most salient thought about smoking is wanting to quit; fantasizing about quitting.

My primary motivation for quitting is health concerns, and here are the facts regarding the effects that smoking has had on my body. I start wheezing at any given time; I can hardly make it up one flight of stairs without experiencing some difficulty breathing, like wheezing. My hands and feet are cold; likely due to poor circulation. Oh yea, the accident I was in a few years ago—one result of this was that I had to have heart surgery. Then there is coughing. I really try to suppress coughing because at times I get coughing so much that I cannot stop, at times I have trouble catching my breath, my eyes get watery and I feel like I could cough up a lung, but I only cough up dark brown, tarry phlegm. Sometimes when I am watching TV and smoking, my chest will start to burn. And I ask myself, why, why do I do this to myself? So these are what could start the process of thinking about quitting.

There are several secondary or supportive motivations. One is the amount of money I spend on smoking. Another is remembering the anger that I have at the tobacco companies for making this stuff available when I think that I've been duped because I buy the stuff. Also, but by no means last, are the thoughts I have about smoking, which are wrapped up in who has control and what am I choosing. After all, I am an intelligent person who has found success in life and has knowledge about smoking and what it does. So as I contemplate quitting I realize that finding a way to overcome this psychological arena will be a key for me to free myself from smoking.

When I think of smoking, the words control and dominance scream back at me. You know, I tell myself that I smoke out of defiance. Like hell, no one is going to tell me what to do! I tell myself I am making the choice, no one has the right to dictate to me what I do and yet I realize that at times IT has control over me. I feel so dependent on IT. When I feel no control I am so angry. At times I turn that anger outward to those who would venture to talk with me about quitting because it must be my choice, I say. I also get

angry at tobacco companies for making this stuff available, which is destroying my health. I can feel the effects smoking has on my 34 year old body after 19 years. I worry that I may have cancer growing in me and am too afraid to go to the doctors. So I struggle every day with wanting to quit, wishing I could quit, knowing that I need to quit and succumbing to ITs constant demand on me. The control and dominance I experience is dialectical: one area is with others not controlling me by telling me what to do and the other area is the control I feel with IT, the addiction, the monster.

I have further thoughts on the control, the desire to smoke, the need for nicotine, IT, or the monster has over me. At those times of consciously realizing that I have no control and something else does, I feel out of control, pathetic and depressed. Most times I lift myself out of the destructive cycle of self loathing by recalling times when I have felt I have control. I think that one of the monster's strategies is for me to believe that I have no control, and I am pathetic and have no ability to say NO; that way it is ensured to be fed forever. This battle with the monster is a private one, I have not shared it before.

Smoking for me is partially a physical and behavioral addiction. As well, a third area of addiction for me is psychological or mental state. Really, everything that I have shared regarding my thoughts of smoking could fit into this realm, including the monster. Still there is one other piece, which I call "The Voice," an internal dialogue. The following are some examples of potential variations the voice uses: "Gee, wouldn't it be nice to have a cigarette?" "Have a cigarette, you can have just one?" "You don't have to listen to those who say it is harmful to your health, have one, just one?" or "You know you want one." At times I have the ability to say no and turn away from the voice and at others it wins and I smoke. Smoking is a part of my personality.

Starting again, having that first smoke, which I hate, is, in a nut shell, an impulsive and irrational action. You know, I never enjoy that first smoke, it tastes like hell, and I hate that I am smoking again. Planning to quit is a

rational and slow process of thinking of all the reasons not to smoke and all that I need to do to support myself in not smoking. I do not just wake up and say “Oh, I think I will not smoke today.” With starting to smoke again I don’t think about all the reasons to smoke; in fact, usually my thoughts are about the one urge growing stronger and more demanding along with the voice that is convincing me that “I Want” a cigarette. Sometimes I can turn away from the voice or impulse and say “No, this is an impulse and it will not last.” If this works it lasts for a while but usually, at least with my track record, I eventually cave in and have a smoke. Many times when I start again it is out of spite, I will do what I want and no one will tell me what to do.

So quitting is a planned process, not something that I just do. A good example of a plan is my ritual around going out to my parents. When I reflect upon the many visits, lasting between 24 hours and two weeks, I realize that the physical and behavioral arenas of my addiction are met with the use of a surrogate like nicotine gum. Obviously chewing the gum releases nicotine into my system, which meets the physical demands. The gum, which I carry in my pocket, put into my mouth, spit out, get to taste nicotine, worry about how many I have and whether this will last for the time I am out, supports the activities which have become second nature for me with smoking. So quitting for me is bigger than these two: physical and behavioral triggers. Earlier I mentioned that while at my parents’ I actually enjoy chewing the gum and feeling free from cigarettes. Still something changes when I leave their place.

Yes, it’s an interesting paradox, becoming the non-smoker out at my parents. As I think of it I know that this environment leaves me no choice; I do not smoke there, nor does anyone else. I actually, at least at this point in time, find it relatively easy and even enjoyable not smoking out there. I see each visit as an opportunity to quit. The trouble comes after I leave and the voice starts. “Have a smoke?” I reply, “No.” “Ah come on, just have one.” “Nope!” “You know you want one.” See, when I am at my parents’ and have

no option to smoke, in goes the gum and I ride through this. When I am not there sometimes I am able to pop a gum in my mouth and the voice goes or at least fades, but usually at some point over the next 48 hours I will have that first smoke. At this time I am usually smoking out of spite, I say “It’s my right,” or some other version of, “This is what I choose.”

Another surrogate to consider might be using the patch. When I think of this I worry and think the patch is not for me, at times I feel some fear. Reflecting upon my reaction I realize that use of the patch is too far a leap from smoking and all that is involved with smoking. I see four steps to using surrogates. First, there is the real thing, smoking cigarettes and all that is involved with that. The second step would be smoking cigars or pipes which is very similar but one does not smoke a new cigar every fifteen minutes, so the process is slower. Also by the end of a cigar, it is mushy and very strong tasting. When I smoke cigars I don’t inhale so although the taste is stronger I believe that the nicotine intake is less. Lastly, it is just not the same as smoking a cigarette. The third step is nicorette gum. This still supplies my body with nicotine and some of the behavioral activities but the one difference is that I don’t get to hang onto something, a behavior which in those times of emotional stress is a comfort. The fourth step would be the patch which still supplies my body with nicotine but no behavioral needs are met and I wonder what the effects of the constant supply of nicotine would be like. When I think of smoking I notice that a lot of emotion is involved. So when reflecting on the patch I wonder what one does when an emotion comes; there is nothing to reach for, no fresh hit of nicotine. Then again maybe with the constant supply of nicotine the emotional drive behind the need to smoke would not be there. So do emotions supply a need to smoke or is it the lack of nicotine in my system that elicits the emotion that drives the desire to have a smoke? Interesting thought to ponder!

After the first interview, I began to think about quitting in a piecemeal process, working up to stopping smoking altogether. I would start with not smoking during certain activities where I usually would smoke.

Then at all other times smoke as usual. Over time I could expand upon places and times that I don't smoke, so that I eventually would not be smoking. Of course in doing this I would need my surrogate which at this time is nicorette. I have come to appreciate that I need to be able to maintain my desire not to smoke cigarettes, this is really the key, I think. So by quitting piecemeal I need to maintain the desire not to smoke for short periods only and work up to longer times. See, I noticed that I set myself up to start again after being out at my parents. For example, I will be at my parents for 36 hours soon and one day later I leave for a weekend away with two smoking buddies. As I look at this I think, well, there is no way that I will stay quit this time. I start to prepare for that first smoke even before I go to my parents. Talking about this during the first interview made me think maybe there is another option. So when I was away for the weekend I decided to try chewing nicorette during specific activities. You know, it worked and boy did I feel great. I had more energy and thought "yes, this is my choice to not smoke, I am in a free environment." This recent success led me to try this in other situations and I have succeeded with not smoking for parts of a day. I use nicorette instead. I choose an environment where I usually smoke and where many others smoke. As I think about this way of quitting, I imagine perhaps after using nicorette for a while maybe I would switch to the patch. This could only occur when enough of the behaviors I associate with smoking have been altered from using gum. Sometimes I imagine that a lack of control over when nicotine is administered into my system might be useful in assisting me to overcome issues of control.

Over the years I have talked with health care professionals about smoking and quitting. Actually, I should say they have brought up the subject. One of them was willing to hear me and not push the subject. The other pushed the subject. My reflective thoughts are that I need to decide that I want to do this and then employ a health care professional to assist me. Again, I think that for me the decision has to come from me.

When I think of my early years of smoking, I know I was influenced by peer pressure. You know, being cool and not a wimp. Today, the opinions of others I don't think affect me as much. And yet I find it hard to imagine not smoking around my smoking friends. I think this is because it is hard not to smoke when someone else is. Hey, you know, we have this in joke—God hates a quitter. Nobody wants to be a quitter. All kidding aside, I believe that my friends would support me in not smoking because they know how hard it is not to smoke. In fact, they would likely be envious and pat me on the back. See, I believe that if you asked most smokers, at least those I know, all would say, "Yes, I wish I could quit," and that "I wish I had never started smoking in the first place." Yet, ex-smokers I know say they would smoke again if addiction and risks were not an issue. So it seems to me that smoking is something one loathes, even hates that one started, while longing for the next cigarette.

Talking about smoking and quitting has allowed me to have a new perspective upon a previously private dialogue. During the second discussion, I began to feel like I was a pathetic loser with many rationalizations for why I smoke and continue to even though I have knowledge about quitting and reasons to stop. As I felt these feelings, I had a discussion about being a loser versus a victim. I figure that this reflects some of the mental world of an addict (or at least me). The summary of that long monologue is that I am glad I am a loser most days. To be a loser means I believe that I can quit and at some time I will become a winner. To be a victim means that I can't quit; I have no battle with smoking for it has all the control. The point is, one version has choice, therefore, responsibility to try and quit. The other has none, I am not responsible and there is no need to try and quit for I can't. I imagine that I move between these two worlds. As I said before most days I am glad I am a loser because it means I can become something else. However, for today I am proud of my recent success, and remain hopeful as well as optimistic in my ability to quit smoking.

Narrative Two

I Love Smoking and I Live in a World Which Despises Smoking

I love smoking. This is my first thought when I think of smoking: I just love it. Smoking is connected to most emotional situations, both happy and not. When I think of vacations, holiday gatherings, going out for dinner, or being with friends I cannot even begin to imagine being there without cigarettes. It's like what do people do if smoking is not involved? In stressful situations, smoking zeros me. You know the stress and tension which develops during, say, a negotiation meeting? Well, I have a reward at the end, my token of appreciation: light up a smoke, inhale and I'm back to zero, mellow again. My image of life definitely includes cigarettes. They have been around for so long, in so many ways, and for so many reasons. One last notion is I like smokers, I generally find them a friendly bunch of people. I remember one work situation with segregated lunch rooms; some non-smokers would eat in the smoker's lunch room because the smokers were friendlier people; the atmosphere was more fun.

When I started smoking as a teenager, say, oh, about 25 years ago, peer pressure was the strongest influencing factor for starting. Continuing to smoke was influenced by the acceptance and ease of smoking in my environment. I mean, back then you could smoke anywhere, even the hallways of high school. Also I worked in a convenience store, so cigarettes were always around. My dad smoked and as I watched him I thought, "Well, if he can smoke then I can too." Smoking was definitely cool.

Today, however, smokers are being lambasted, I feel like we are the sacrificial lamb. We are disgusting, filthy degenerates. How can we smoke? Within the year in the city I live there will be a total ban on smoking in all public space: January 1999. This really picks me. I don't believe that it is government's responsibility to legislate this choice for places that serve the public. I mean, if people serving the public are aware of, are OK with the consequences and there are people who want to patronage the place then why can't we have that choice? Especially when other things also can

influence people's health (like drinking and driving!), I just do not get why smokers are being picked on. So I realize that I feel rage when I am not given a choice about smoking. It is not that I am disrespectful. If I am going out with many people and most do not smoke—no problem! I will not smoke. Or if I am around someone who can not tolerate smoking and they politely mentions this to me again no problem, I will not smoke. These situations are my choice though. Yet, I must admit this ban is what has lead me to think about and attempt quitting again. The rage that occurs when I do not have a choice is something I would like to avoid. For me at this time the best way to avoid rage about the smoking ban is for it to become a non-issue by becoming a non-smoker.

Yes, this seems to be my primary motivation for quitting, even when I reflect on earlier times of quitting. The most common and strongest motivation stems from how smoking is affecting my ability to move in the world or how the world I am involved in affects my ability to smoke. I love the freedom to be out in the world and do what I want. Unfortunately today this means, a lot of the time, I need to be a non-smoker to move freely (and not feel angry). Thus, the motivation to quit. There are secondary influences like potential health effects, and weaker still is cost of smoking. Sometimes I imagine if I had experienced some effect upon my health, I might be encouraged to quit, but this has never happened. In fact, health care professionals I have seen have never bothered me about quitting, so no pressure there.

I imagine that if I did not love smoking so much, I would have less trouble with quitting. That is, people who dislike the habit find it easier to quit than those who still really like it. When I think of this I wonder if I am fooling myself: is it that I love smoking or is the physical addiction a bigger factor than I care to admit? I wonder this because in other situations in my life will power is not a problem. For example, I have been able to lose weight and if I gain some I easily drop back down. In the line of work I do the only requirement is the job gets done, how and when are up to me, no

one is monitoring me. I have no trouble meeting deadlines. So what is it with smoking? Is it that I just love it too much? Or is there a physical dependency that I do not admit to myself? See, I can lose weight by not eating certain foods for a while but those foods I love I get to eat again after the weight is gone. It is those words “NO MORE” that scares the hell out of me; no more of anything does not work for me. So it is the long term prospect of giving up smoking that gets me. This is the barrier which diffuses my will power, ability, to quit. I have a belief, we should hang onto every enjoyment that we have, especially in our world today which does not have a ton of happiness in it. Also to each their own in where we find happiness.

So, yes, addiction, that’s what my relationship with smoking is about. I really dislike the dependence (which is what I call an addiction), I wish I had control over this behavior I love. Because, then I imagine that I could smoke only when I want and nothing would have to be taken away from me. Yet, I know I could not, not smoke or stop if I wanted to right now. I need the cigarette, the hits of nicotine. Once I tried nicorette gum and they did not do it. I missed the behaviors like inhaling when I wanted and sitting back enjoying the smoke. So, I guess, for me it is not just the hit of nicotine, there are other things, like the actions I having been doing many times a day for over 25 years, and that my image of who I am includes smoking. I have fear when I think of not ever smoking again. The fear is mainly about not having a cigarette, because what will I do then? My whole image of myself and my world would need to change.

When I think of quitting I experience fear and pain; these are about the amount of change required to quit. It’s partially about leaving my best friend, who has been non-judgmental, always there, and has a long history with me (many memories). It is also that if I quit now I can’t drink coffee, go to a pub and have a beer, or hang out with my friends who still can smoke—“Where do I go and what do I do on vacation?” and the list goes on. So I mean it is just that not only do I go through the hell of not smoking cigarettes and the cravings, but my whole world is turned upside down;

distorted. This is not a prospect one embraces easily. When I am not in a quitting frame of mind, I have thought that I would give up just about anything before I would give up smoking.

Still, you know, I think I would be happy to be a non-smoker, it is just the transitions required. I wish there would be some way of going through a specified time of hell and that would be it. But I have heard of so many people who quit for 6, 8, or 12 years and are smoking again, or if not smoking then they still crave a smoke. I quit once for 5 weeks. For about the last 2 weeks I had a recurring thought, I can just have one. So finally, I bought a package of the strongest brand, hoping I would get sick or hate it, you know choke on it. I was so disappointed when by the end of that day the package was gone.

You know, when I restart smoking or lift a self-imposed smoking ban, I feel like I've just gotten out of jail. Free again, life has returned to normality, reality as I know it is back: welcome, welcome. Another way to put this: I have just returned from a little trip to hell and survived, time to celebrate! Light up! Have a cigarette. Yea!

On that cheerful and positive note, I remember that I am currently looking at quitting and recently attended a program. There were several reasons for attending a smoking cessation program. The strongest for me was the hope of gaining more control over smoking; that is, I dislike the dependency and would like the ability to decide. Second was the pressure from society not to smoke. Third was potential health concerns; I have smoked for about 25 years and as I get older and continue to smoke someday I likely will experience some troubles. And of course along with the society pressure, soon the only place I will be able to smoke is my home, a thought I do not relish. One last notion was that sometimes I think I waste too much time smoking. This reminds me of a funny analogy regarding smoking: smoking is the commercials of the TV show called life. Anyway there is no one clear cut reason for why I am considering quitting, just several things that have built up.

When considering programs a few beliefs influence my decision about which program to take. I believe that every smoker understands the dynamics of smoking and what smoking can do to your health. Also smokers know that currently it is viewed as a disgusting, filthy habit. I believe this does not need to be hammered into us anymore. Since I believe this, I was a little leery about who the instructor would be. I really believe the person facilitating a course needs to have been in the trenches and know what it is like; personally know the battle. This means not someone with a holier than thou attitude who has never smoked.

I attended a program recently. While I did not stop smoking, I did cut down for a while and I learned a few things about smoking. I learned the difference between smokes I need and those that are stupid. These are the ones you find yourself smoking and do not remember even lighting up. I guess they are just habit. One very interesting piece of information is to view quitting as choosing not to smoke at this time. That is, not that I will never smoke again, just that for now I will not. Thus, I make a conscious decision, the responsibility is mine and it is not some outside struggle. I am not sure this will ultimately work for me, but for now I like this new way of looking at quitting. For example, one can begin with, "I will not smoke for the next four days, then at that time decide if I want to smoke or continue for another four days" and so on. This is especially appealing for me because I have always worried about not smoking ever again, which generates big time fear.

These days when I think of quitting I fluctuate between cutting down and quitting cold turkey. I even toy with the idea of trying nicorette gum again. Perhaps today with a different head space and motivation (that being the smoking ban in public places) maybe my experience would be different. Still, I think one thing for me to do is stop looking into the future and take it one day at a time, or even one minute at a time. I choose not to smoke in this moment. And if I have a bad day and smoke again to let it go and restart the next day with my quit plan, instead of seeing it as a failure, me as a failure and that I will never quit.

I think someday I will be a non-smoker. My decision to attend a smoking cessation program was new for me. I always thought I would manage to do this on my own, then I said to myself logically, “You have not quit so maybe some help or other information would be useful.” I have considered an idea I got from the program, which is of cutting down as a step in committing to quit. This idea is appealing because then nothing is taken away, at least initially; yet, I wonder if I’m committed to quitting then why not just quit. Then I would cut the dependency and reduce any risk of slipping back to smoking. So I go back and forth in my head about how to quit: cold turkey or cut down. I believe that this internal argument prevents me from actually getting on with it; diffusion of my will power to quit. I am looking for a clear definitive answer to quitting. Still, when I really begin to consider quitting I realize it is only a big deal when I talk with someone, like now. Otherwise quitting ideas flash through my brain and leave quickly. So in all honesty quitting does not seem to be a real high priority in my life for any sustainable length of time. Having said all of these disjointed thoughts about quitting and especially reflecting on the first sentence I wonder what needs to go down between now and when I quit for me to quit, to make that committed move? I sometimes wonder if external constraints would work for me, like financial inability to buy cigarettes, the up coming smoking ban, or health concerns, either my own or someone in my immediate world. These thoughts lead me to wonder why others have quit?

When I think of the program I took there are a few things I would like to say. First, while the program did address the medical side of smoking (through videos and conversation), it used a self-analytical process of learning about yourself and smoking. I found this process very useful for me. The instructor I have respect for, he knew his stuff, he was very supportive and had been a smoker. People were encouraged to shift their view of smoking from one that was pleasurable to dislike. If you hate smoking it will be easier to quit. We were encouraged to realize that no one can make us quit, that decision lies with each person and it’s up to each of us to make that

choice for ourselves. The overall approach was to assist me to realize that the ball is in my court. I now have some tools and ideas that can assist me in quitting, but it is up to me. My one disappointment is that the program was only 4 weeks long. I mean, something I have been doing for 25 years and after 4 weeks that was it. The group had just begun to open up and then pouf it was done. I really think that some type of gathering for about a year would be a huge benefit in supporting people in quitting. Lastly, it was useful to learn about the physical symptoms and other issues that occur when one is quitting smoking, but I think that the information generates more fear and makes quitting even harder. I think that support and information about how to deal with things is very necessary. For example, thank-you for letting me know that I may have trouble sleeping, so that in the middle of the night while I lay awake I know this normal but it does not help me get back to sleep. Someone should corner the market on this type of support for people quitting smoking. Then again when I get talking about quitting I wonder maybe I am full of crap. The bottom line is I love smoking so why would I quit?

As I read this narrative in a draft stage I said “Wow, if I had picked this up off the street and read it I would think, ‘Who is this poor sucker, he needs help, what an addict!’” Sad statement isn’t? I was especially struck by words like anger and rage. As I read the narrative, I have to admit yes this narrative accurately reflects my experience and feeling about smoking. What the narrative does is it brings all of my disjointed internal dialogue into a unified external picture. Thus, I realize the effect smoking has on my life, that is, how invasive smoking and quitting is for me. Smoking used to be no big deal, you bought cigarettes and smoked them. Today this is not so, I have much more to consider.

I have a few last thoughts about this topic. I feel there is a real lack of understanding of smoking. Smoking and the desire to light up is not something I can turn on and off at will, god knows, I wish it were. In my experience there is a different view for different addictions, like for

alcoholics there seems to be some sympathy that shows an understanding about the addiction and addict that I do not see for smokers. I think people who are generating tobacco legislation and who are setting up smoking cessation programs do not always get it; what smoking is about. It is like they have no idea what it is like to smoke. I wonder how many of them have smoked. I have little time for those who have never smoked telling me anything about smoking or quitting. As I have said “I imagine that I will be a non-smoker” (even though I love it), and I am not sure what needs to happen for me to realize this. As I search for assistance in quitting I am struck by the minimal amounts of genuinely caring support for smokers who are thinking of quitting.

Narrative Three

Smoking: Social Activity to Social Issue

I started smoking over 30 years ago. Since then society's and my own relationship with smoking changed. In the early years when I smoked, it was no big deal; some people smoked, some people didn't, just like some people paint their toenails and some people don't. Then about 10 years ago I began to notice a change in society's attitude to smoking and smokers. With the change I noticed that the fact that I smoked superseded any other part of who I was. People made judgments of me without even knowing me; words that come to mind are scum ball, pariah, and inconsiderate. As the intolerance grew from the outside, my internal self-condemnation and defensiveness also grew. I became very afraid when I thought of quitting, which led to anger because I feel coerced to quit. At moments I critically saw myself as a gutless wonder, or spineless for not being able to do something to shift this issue. The issue is that I feel alienated and angry because I can no longer move freely in my world, society has become conditioned not to accept smoking or people who smoke. Since I prefer to live without anger and I cannot change society or people's attitude the only

option is for me to quit; which would result in this situation becoming a non-issue for me by dissipating my anger.

I know that smoking is bad for my health. Yet many things are potentially bad for your health and there are things one can do to improve health. Like, I currently jog 4 miles once a week, and have jogged at least this often for 25 years. People used to tease me and say I ran faster than I needed to because I wanted that smoke at the end. I golf four times a week. I eat healthy foods. Also I try to maintain balance in my life. Still one area that is out of balance revolves around smoking and how I think about it; I call this the psychological aspect of smoking. As I stated before I have unresolved anger and it seems the only resolution for me is to quit smoking which I fear. Thus, stress and defensiveness is a big part of smoking for me now. Especially in the light of a society that insists that I better damn well quit smoking.

I quit once about 7 years ago and I didn't smoke for about 3 years. I found that making the decision to quit was the hardest part of quitting. See, I have a huge, I mean really huge fear of failing, that is, of continuing or restarting smoking. Four years ago when I restarted smoking, a sibling of mine had died. I knew when I bought my first package of cigarettes that I would smoke till I got tired of it. I was not buying just one package. An analogy is like when you fall off the wagon and get right back on, I jumped off and was not returning any time soon. Then within the next year my 20-some-year marriage ended. Needless to say, to weather the effects of these storms, I was not willing to lose another constant in my life, smoking cigarettes; my friend. When I reflect upon the last 4 years and my smoking I realize that my attachment to smoking is much stronger and there is anger wrapped around it. I do not believe I was angry before I quit 7 years ago. There are two reasons for this change; one is the pressure from society's disrespect for smokers and the second more personal, smoking has replaced the companionship of my husband and my brother. Can I lose another long time friend? Do I want to? I wish there was some compassion for smokers.

So smoking has become a big deal in my life. I think about it more than I care to. Smoking touches every second of my life. I hardly do or plan anything without considering the fact that I smoke. Do I have my cigarettes in my bag? Is the place I am going non-smoking or can I smoke? Who am I doing whatever with and do they smoke? Do they tolerate smoking? How well do they tolerate it? All of this information assists me in planning my day and where I will smoke—how to create the space to sit, relax and smoke. In social situations with others who really dislike smoking, I have trouble. I get agitated, a trigger for me to smoke so I can calm down; it is almost like an unconscious rude response to people's adamant need to control my smoking. I am a bit embarrassed at times and at other times I figure, "Well, fuck it! Who are you to judge me? Damn you for making me feel less of a person because I smoke." I don't want to be dishonest with myself but the opposition from others costs me relaxation and enjoyment in my life; where is the balance?

There are 3 parts to this addiction to tobacco. The physical, which I see as a chemical need. Then there are the rituals, the billions of times I light up and sit in my favorite spot to enjoy a cigarette, or have one after a fine meal with a special coffee. I feel fairly competent that I can beat these parts, because of my quitting experience last time. The last area I call the psychological addiction. This one gives me the most trouble. Here I include the emotions involved, and, as you can tell, anger is a big part of this, as well as the calming effect. Smoking is something I do for myself in times of stress and is a positive reinforcement associated with comfort for me. I include here other mental processes; I think about smoking a lot. These thoughts could be about how to arrange my day to allow for my rituals of smoking, to the self-condemnation of smoking especially in a society that I feel is pushing me to quit. I have really created a terrible self image regarding smoking; I am a pariah of society. There is a battle within about wanting to do what I choose to do and still be an accepted part of society.

Smoking has become a stressful situation for me, which then triggers me to smoke more.

The decision-making process of choosing to quit or not is interesting. I wonder sometimes how much of a choice this is. I mean society purports life is about choices and regarding this area, I guess the only choice allowed to me is to quit. At times I feel like my right to choose has been invalidated by the push I feel. So here is where my fear of committing to quit comes up. I mean so yea, I can commit today and what happens in three weeks when my determination wanes? Well, then I have just wasted three weeks, which have been crap. Still I realize that this justification allows me to not get on with quitting. The first time I quit, I made a deal with myself that if not smoking becomes too tough I could just start again. This seemed to work for me. Although during this time I was aware of how easy it would be to allow myself to step back into smoking, by saying "Oh, it's too tough, so I will smoke now." Since I can be fairly unforgiving of myself, I watched myself closely during this time because I was afraid that I might take the easy way out, and start smoking again.

When I quit 7 years ago, I did not tell anyone. Even at work, I would go down with the smokers during breaks. Some would ask "Oh, did you quit smoking?" I would say "No, I just don't feel like smoking right now." That was how I saw it, especially in the beginning, I am not smoking for now, because not smoking has not become too tough yet. Also I didn't want them to know, because if I started again, it would be horrible to have people say "Oh, too bad you have restarted." That thought escalates the pressure of potential failure. I attended a program when I quit 7 years ago, which proved to be supportive and I got some good information. That program did not expect you to announce the quit attempt to the world. This was not the case with the more recent program (Fresh Start) where right from the very first day, I was to commit to a day, draw up a contract and tell the world. This approach did not work for me and in fact I became very anxious about the prospects. I believe this is part of why I could not commit

to quitting during the program. Too bad, because I find the group environment supportive, you know, we are all quitting and dealing with the same experience. I was too angry and anxious to gain any support from the course I took recently.

One thing I like about Fresh Start was a tape that was shown. It was of two people who were going through the process of quitting, over several weeks and the two talk about their experience. I liked meeting twice a week, I find that the frequency is useful in supporting people (the first program I took was this way too). As I said, the group is a huge resource of support and information about quitting. Things I did not like are, first, the organization of the program. I waited over 6 months to get into a course, I was told several courses were canceled during that time. Then one day I got a phone call telling me a course was starting in a week. I find that one week is not enough time for me to prepare psychologically to quit. You know, over the 6 months there were times I was prepared and ready to quit and then there were other times that I was filled with self-degradation. Also, the course I think could be longer so that there is ongoing support. If people entered into the course fully prepared to quit from week one then 4 weeks might do it, but I think most do not and it takes a few weeks to make the commitment, by which time the course is almost done. Lastly, I found the instructors a bit too exuberant in their desire for people to quit; I mean, there appeared to be little to no room for not succeeding and still being accepted. So at this point I am not convinced that a program is the route for me to take for future quit attempts. There is nothing a course can do to make someone commit to quitting, and I think that a person's commitment to quitting is the most important element in being able to quit. A course can only supply tools to support the personal commitment.

I wonder at times if anger is an excuse for not quitting, the thing that creates a barrier for me. When I am in a fighting mood about smoking then I am not interested in quitting. People figure that I am being insensitive to their needs when I smoke, and they are right, when I need a smoke I am not

thinking of them, I am thinking about me. Yet, my needs are easily swept under the carpet and out of sight. I wish there could be a balance here. I wish there was some compassion for me. I am and consciously try to be a good person in society and a good friend, I resent that anything I do is discarded or not even considered because of the fact that I smoke. A thought that occurred during the interview was are there other visible behaviors people do which others easily dismiss them for? I could not think of any that are readily visible upon first meeting.

One of the things I hate the most about smoking is what I think about myself in relation to smoking. I am this horrible, weak spineless wonder, who cannot even commit to quitting, because she is worried about failing, in which case I would be a total loser. I am so self-condemning. I realize that this has developed over time, I was not like this years ago. Also I notice when I am over in Europe where people are far more accepting of others, I am less agitated, smoke less and find a greater sense of well being. So the mirror works both ways. Here I mirror society's rejection and they mirror my self-condemnation. My desire to quit mostly stems from this pattern of self degradation.

In my life I have few regrets and one is that I ever started smoking in the first place. When I started smoking 30 years ago there was little information about how harmful smoking was and it was socially acceptable to smoke. Today, there is plenty of information about the harms of smoking to the smoker and others as well smoking is not socially unacceptable. So, today, I regret starting because if I had never smoked and had not developed this attachment to smoking, then this issue of quitting would not be a part of my life. See, with the information I know today I believe that I should eventually quit, since I am not neglectful of my health in general. I figure with time, acceptance and gentle, support I would quit. Or at least I would be more capable of quitting than I feel I am with the current societal pressure to quit smoking. Primarily I think this because then I would be quitting because I want to and not from outside pressure which I can rebel against. I really

balk at being pushed into anything. So I feel angry that the current situation of a strong societal push to quit, sets up an environment that is not supportive of me quitting. Isn't this an interesting paradox. I find when quitting usually there is agitation and one does not need added anger and pressure; one needs calm and gentle support believing that s/he can do it. Otherwise, with pressure comes times of wanting to lash out and how better to do that than to smoke. Especially when the message from society is one of "Quitting is good for your health," yea, well, I do not really think that society gives a damn about me.

It's like smoking has become a societal power struggle. I do not like being the door mat who is expected to always give into others' desires and wants. I figure that today most people feel fairly impotent because of the many injustices they see occurring around them through criminal activity (personal safety) or governmental decisions. Generally people do not have any say or influence in these events. So in events which affect their daily lives they become adamant because here is one place they can exercise power. This is some of why I think that smoking has developed into the social issue it has. This idea is supported when I hear very rude comments directed at smokers and feel the anger that is projected into this issue. Sure, smoking has a smell and so does manure, car exhaust, pollution, sweat, and even garlic. These are some of the odors of the times in which we live. Besides I figure that because I smoke I may die younger and land up costing society less. I also really believe that with the amount of taxes paid through tobacco sales, any health costs are more than covered. So you see this issue has nothing to do with smokers personally or their health, it has become a way for people to have some power in their life. Again as I reflect upon this I get angry and want to rebel, I am in a fighting mood and then I want to smoke.

When I quit 7 years ago feelings of self-degradation and anger were very minimal compared to today. I remember that quitting led me to feel enormous jubilation, I was free, liberated. I no longer thought, "Gee, do I

have my cigarette? Where am I going and how will this affect my ability to smoke or relax?" This sense of freedom assisted me in overcoming temptations to smoke. Also I was amazed that I was not particularly agitated in the beginning, I guess because I so thoroughly made the choice and commitment that there actually was a sense of peace that came over me. I felt solid and confident. I used my tool of, "If it gets too difficult you can smoke again." Also I told myself as support to maintain not smoking, "Since I have not smoked it must not have gotten too difficult, way to go girl, keep it up." I did a lot of self talk in the early days of quitting. Other self talk included things like, "Well, you know you sleep for 8 hours and do not wake up in the middle of the night with a craving, so it has only been 3 hours since you got up—what is this craving about? Let it pass, just as it does when you are sleeping. Get a grip, girl." One last thing about that non-smoking time is, I was aware of my interactions with smokers, never once did I ever make a smoker feel less about themselves when around me. They smoked or not, whatever suited them. I was never going to do to a smoker that which I so resented being done to me; that is, to make people feel less valued. In fact, when I am with people who are currently trying to quit and have just had a cigarette I say, "Look it doesn't matter, that was just one cigarette, carry on or don't carry on with quitting, as you feel, but don't look at this as a failure, look at it as just a part of the process."

When I think of quitting now, I imagine being unconscious for about a month. Then the worst of it would be over. Still, I suspect that the psychological aspects would still need to be dealt with. The month would ensure that only the physical addiction would be over. So maybe this would not work. I really need to figure out a way for me to feel ok with myself whether I succeed or fail at a quit attempt. This really is my first huge step. It is like the decision to commit to attempting to quit, for me the time I quit 7 years ago. Smoking and quitting has been magnified by me over the last 4 years as I have built up anger and resentment regarding myself and smoking in this world. So the whole experience of smoking has changed and the issue

of quitting is much larger; daunting. You know, usually I am not a timid person, there are many things I jump right in and do. For example, I own my own business. However, with smoking and quitting, I am very timid, afraid of trying, I feel so weak and gutless as I say this, but it is true. Now is when I realize how unforgiving I am of myself, my lack of self-forgiveness comes out loud and clear. This is an ugly part of my life. Smoking has grown psychological, meaning I do not smoke less or more, it's just that the thoughts and images are different today. At one time smoking was a social activity, something to be enjoyed, and at times I still do. However, smoking is now a social issue with smoking and smokers being alienated; pariahs of society—including me.

Narrative Four

Smoking: To Use or Be Used

I have been a smoker for about 30 years now. During those years there have been many reasons for using smoking. This is how I see smoking—it is something I use to meet needs or to help me cope in certain situations. I am what some call a part-time smoker. For example, I never smoke upon getting up in the morning, unless I want to do nothing—that is, procrastinate. I do not smoke while I am at work all day; in fact, I rarely think about smoking while I am at work. Even when I am out with non-smoking people, I do not smoke and that is ok, I do not experience trouble with not smoking then. As I have looked at smoking over the years I have come to the conclusion that people start smoking for a specific reason and over time new reasons develop that support the continuation of their smoking. So, smoking may start out as a simple behavior, then turn into a complex and intricate one. Thus, quitting can be hard because it is only in quitting that one comes to realize the many reasons for using smoking.

Originally, as a teenager, I started smoking to lose weight and be included. A simple enough use; and so to quit I would need to find other

ways to maintain my weight, right? I mean, especially for me, because at times I do not even smoke every day. Well, I am fairly health conscious and have tried things to replace this reason, like jogging, nutrition courses, weight training, karate and none have worked so far. I also have tried laser therapy, hypnotherapy and acupuncture; again most of these worked for a couple of days only. You know, it's so strange, that at work I never smoke or even think about it; so what is the story? Why is it that I do not quit smoking? To answer this question I ponder the reasons why I started smoking and smoke today. Which leads me to realize that through quitting and being chased back to smoking by needs and desires, I become aware of my uses for smoking and, therefore, what I need to do to quit.

As I think of my reasons for smoking and ponder what I have heard others say I begin to see how smoking infiltrates one's life. For smokers there is little that one can do without some thought regarding smoking. It may be where they are going; is it smoking or non-smoking? Who is going to be there? Do they smoke? Do they tolerate smoking? Answers to these questions can lead some people to restrict their choices. For example, I know people who will not fly because of the smoking ban. Or others who do not hang out with certain people because of those people's inability to tolerate smoking and the smoker's inability to not smoke. These are sad situations; how smoking restricts one's life. While at work, I watch people rush outside to the loading docks every possible moment to have a few puffs. I am so grateful that smoking does not have this effect on me. At my sister's, where smoking is only allowed on the verandah, I have watched people out in the rain smoking. Once I found myself out there with others in the rain and when I realized what I was doing—out went the cigarette and in the house I went. When I do smoke, like when I am talking on the phone or at home pondering something, I must ensure that all the necessary pieces are with me to smoke, like an ashtray, lighter, cigarettes and comfortable place within my environment. All of this must be considered prior to settling into an activity of either smoking or smoking along with something else like talking on the

phone or writing. Also in general smoking effects people's energy levels; either giving them a boost or as for me slows them down.

Currently, I have nailed down three primary uses for smoking cigarettes: I smoke when I am alone, I smoke when I want to procrastinate, and I smoke when I am feeling anxious. When none of these conditions are present I do not smoke, usually do not even think about it (like at work). As I said earlier I could be classified as a part-time or situational smoker. There are times I go through a whole day without smoking or caring if I smoke, for example, as I mentioned earlier when I am out with people who do not smoke. As I have analyzed this I realize that when I am out with others I am focused on other people and situations, and not my own life; thus I have no reason to use smoking in that situation. I will smoke socially if I am with others who are smoking, but this is more a social interaction than a use for me. I notice though with this social interaction I do not usually smoke for the sake of smoking. That is, I am aware of choosing not to smoke, for example, like when out on the verandah at my sister's home.

My longest non-smoking period, about 18 years ago, lasted for 4 years. Prior to stopping smoking I had started jogging and knew that I was going to quit and one day I gave my last smoke to someone who asked to share it. I said "Here, have it, I quit!" and that was it for 4 years. The year prior to restarting smoking was very stressful, finishing with the ending of a relationship and my putting on weight. I began to lose weight, and had gotten about half way to my goal weight. Then one night, I still remember that night, driving home to the place where my ex-partner and I still lived (until I could find a new place), I was set to buy some chocolate and I noticed the cigarettes behind the counter. I decided that instead of blowing my diet I would buy cigarettes. So I did and smoked one, wow, what a high. Well, my state of mind regarding my life shifted. That was how I smoked for some time—one at night, to alter my frame of mind. Well, that was 18 years ago, who would of thought I would still be smoking. Today, as I reflect upon this I figure it's easier to stop eating chocolate than to stop smoking.

The biggest effect smoking cigarettes has on me is this mind altering, mellowing result. It really is like a drug high. I become lethargic and spaced out. So, you see, if my mind is going around and around then I like to smoke because my mind stops. I become calm. You know, some people say they could not face the day without that first cigarette. For me if I smoked upon getting up I likely would never get up and do anything, or at least not for several hours. My energy would be zapped and I would not care to do anything. But there is one time I will chain smoke, when I am feeling pressure to decide or figure something out and I am alone writing my ideas down. Yea, then it is one after another after another. At first I find this to be a comfort, almost like a friend there with me. But after, oh, say, the 6th or so cigarette my lungs begin to burn and I do not feel so good. Sometimes at this point I get so mad that I tear up the package of cigarettes vowing to not smoke again. Of course, this lasts till the next day and I am on my way home to be alone again, with the situation that is pressuring me.

As you have been able to tell I have a love/hate or should I say need/hate relationship with smoking. At times I enjoy smoking, like when I want to sit back and relax, or at least I like that first one. This is about the only time I would say I like smoking. I really hate the fact that at times I feel like I need a smoke. I use smoking as a way of coping with certain situations as I mentioned earlier. I hate how smoking makes me feel physically; tired, dizzy and lethargic. I hate being addicted to something, meaning that smoking is something I cannot say no to at times. I feel trapped. Logic tells me that there is nothing good about smoking and yet I am still unwilling to let it go. Even when I am using smoking to procrastinate I am mad at myself. I wish I could just say to myself, "Look you do not feel like doing this and this, so sit down and just relax, do it later," but no, I smoke and really achieve the same end result—I don't do whatever it was to do. Man, I get frustrated with myself sometimes. It's like I know so much about smoking, my reasons for smoking and still I smoke! Weird!

The times when I have been a non-smoker I feel great. I breathe easier. I am able to work out for longer and more intense periods of time. I get more stuff done because my energy level is more consistent. I think clearer. I find that I sleep better. Also, I find I am happier. So why can I not let this go? I would think the fact that I have this need/hate relationship and knowing that I feel so great when I am not smoking I could quit. While these seem like logical statements, I guess there are fears or anxieties that I need to face so that then I do not turn to smoking as a means of coping. Smoking seems to involve a struggle between logical and illogical statements, realizations, or thoughts about whether to smoke or not smoke.

I guess part of the answer for me lies in living alone and how I feel about this. I dislike living alone and am unhappy about this part of my life. However, this is changing and I believe that I will let go of smoking with this change. I am moving in a month—a big move back to where I grew up. It has almost been a year since I went back for the first time. For some time I had been looking at my life and wanting to change it. Then after last summer, which was particularly horrible, a change presented itself to me, that was to move. The decision to make the move and begin a new relationship has been anxiety producing at times and I have both quit and restarted smoking over the last year. As I look at the two worlds I have been involved in over this year I notice a few things. First, here I live alone, not much in my life outside of work, not much support for quitting, and of course I have a long history of smoking while living here—this picture would need some changes to assist me in quitting (and I smoke when I am here). Second, back east, I am surrounded by people who do not smoke, I am not alone, I am very busy and I do not have a history or memories of smoking in this place—this picture supports me in not smoking (and I do not smoke when I am there). I believe I will continue to be a non-smoker after the move there. During this past year I attended a stop smoking program. At the program we were encouraged to make changes to daily life to support

ourselves in becoming a non-smoker. Well, this is my change, probably a bit larger than what they were thinking. I believe it will work for me.

I decided to go to a smoking cessation program after last summer because I knew it was time to make changes. Prior to going back east I enrolled in a Fresh Start program for November. Then I went back east and the change presented itself. I began the program in November. At that time I quit for 2 months and then restarted again. The stress of needing to make a decision regarding moving was too much and as a way of coping I started smoking. Also interestingly enough I had put on some weight. I have been back east twice since this time and I have not smoked when there. I have found it easy not to smoke there. As I reflect upon this I realize that I hardly notice physical cravings when I am in certain situations (like being back east), so I conclude smoking for me is predominately a mental addiction. There is a mental process that generates a physical desire to smoke. I call it a memory pattern, I have a thought and then a physical reaction occurs. I believe these do change over time so that the body becomes reconditioned to expect different things when those trigger thoughts occur.

When I restart smoking there are a few things I have noticed. First, dieting and not wanting to blow that diet seem to be present when I have restarted; gee, similar to when I first started smoking to lose weight as a teenager. I don't go through a big internal battle of should I smoke or should I not smoke, generally the situation is ripe for me to want a smoke and I go get a package. The situation is usually one of worry, anxiety, or pressure to make a decision. I reach for a cigarette to get out of that state of mind. So you see the process for me is a mental one. This reminds me of the fear I have around quitting smoking, which is not always very strong and yet is there. The fear is about what will I do with wants, desires or needs that come up when I am not smoking, how I will deal with them. I guess I need to find new ways to deal with them. This reflects my earlier statement that it is only in quitting that I learn about the reasons why I smoke. Those things that

chase me back to smoking are the ones that need to be addressed for they are the cause and smoking is just the symptom.

So I call this relationship with smoking an addiction, that is, I can't say no to smoking at times. Some people call this situation being out of control, not capable of stopping smoking. I have looked at this and have decided that for me I would rather say that I do have control. If I am smoking I know that at some level I have made the choice to smoke. The thought of having no control, pardon me, really screws me up. See, if I have no control then I am not responsible. I would rather have responsibility for my action because then I can do something about it. This concept is something that I have been working with in my life generally for several years now. So, if I find I am smoking, I tell myself I made this decision. I know that at some point I will make a different choice and decide not to smoke. So saying I am not in control is like giving up responsibility, which is not something I want to do in my life.

My biggest reason for quitting is health concerns. As I said earlier I am fairly healthy and do things to assist me in maintaining an active life. The second reason would be money, particularly right now with this big change. Smoking is expensive, especially when I think of all the cigarettes I have ripped up, I think wow what a waste of money. The last reason is that smoking has become socially unacceptable. While I do not smoke in public much, I feel like a closet smoker, which I hate. You know, most people do not even realize I smoke and when they find out, well, I feel uncomfortable with their comments about how shocked they are that I smoke.

So with all the changes and attending the stop smoking program I have learned a few things about smoking and quitting. Still, I must admit I am frustrated with myself that I am not able or willing to let smoking go while I am here. I know that I will quit when I leave here to move back east. I am still feeling pressured and anxious about the move and along with the other living conditions here, I am supported more to use smoking than not. Sometimes I imagine that smoking and not smoking are a continuum, on one

end I smoke with no thought of quitting and at the other end I am a non-smoker with no thought of smoking. I do not see this as a hill or anything tricky, just a flat, straight line that I move along. I guess for now I have not reached the midway point so my desire to smoke is stronger than not to.

Things I learned at Fresh Start are to use deep breathing when I have a craving for a smoke. Also to talk out loud to myself when I am wanting to smoke, or, as I mentioned earlier, to make changes which could be as simple as taking a different route to work, changing where you sit or big like moving. I enjoyed the videos shown, some of the information was useful, although at times the information was common sense. I really enjoyed the interaction with others, the sharing of our experiences with smoking and quitting was very supportive. There was a lot of positive support. The self-analysis portion of the program was at worst tedious and at best very useful in understanding smoking. During the program I took, 2 people quit the first week and so we all got to track their progress for 4 weeks, very useful.

Changes I would like to see to Fresh Start would be the intensity of time. I think the 2 nights could be spread out over the week better. Also I wonder if more times per week would be useful, at least in the beginning. I compare it to AA where some people attend every night to assist them with not drinking. Smoking is as unhealthy and deadly as drinking or using other drugs. In fact, I wonder about a residential program, would this be useful for people to quit smoking? I really do think that people need support in quitting and that there is a grave lack of support for smokers. As I said, smoking is just a symptom and the cause is what needs to be dealt with. Counselling would be useful. The lack of support for smokers surprises me; sometimes I feel like people are saying "just quit, you can do it, it is simple." Well, it is not, it is like every other addiction, complex and one needs support to succeed in quitting. I see quitting as an unraveling of all those reasons that have supported me in continuing to smoke over the years. This unraveling begins when I begin quitting and continues as I continue to quit. In fact, another part of this process for me after I have quit could include being

involved with others who are beginning to look at unraveling their issues around smoking when quitting. As I said, smoking becomes a complex activity and so too, is quitting smoking.

A Few Final Thoughts About the Narratives

These narratives bring forth a voice that is not often heard today, the voice of people who smoke expressing their experience within our society. I hope that in presenting this forum for these voices to be heard, its readers remain open to these fellow members and hear what is being said by this segment of our society. I am reminded of something I read once about living stories, that is, about letting them influence your own experience (Frank, 1995). One can read a passage purely to dissect information from it, or one can open up and embody the story, allowing it to shift one's personal experience of the topic. While a degree of dissection always occurs as people make sense of an experience (such as reading a story), I share this notion in the hope that people will remember to enter into their own understanding of the narratives with the idea that "this, too, could be my experience, if only certain events had been different in my life." After all, we are all members of one society.

Another thought addresses the phenomenon of similarity of words used by each narrator. An example is how each spoke about the three aspects of the addiction to smoking. These words (as well as the other similarities) are the actual words used by the narrators. As I reflect upon this occurrence I wonder if this is due to indoctrination from attendance of a Fresh Start smoking cessation program. Yet, the three who attended a Fresh Start program attended different sessions and each had a different facilitator. Also the narrator voice found in the pilot narrative had not attended any formal smoking

cessation program and the similarities are found in this story. I have no answers regarding this occurrence, only questions. Even though I have questions I believe that these stories are what are providing support for the narrators' actions regarding the lived experience of smoking and cessation.

Chapter Five

My Meaning Making and Stories From the Literature

*It is better to understand little, than to misunderstand a lot.
Chinese Fortune Cookie, 1998*

This chapter expands meaning making beyond the narrators' processes to examine how my thinking and understanding have been influenced. My path of meaning making has included listening to the stories, co-authoring the narratives, rereading them numerous times, talking with various people who were willing to listen to my ideas, and relating both narratives and my ideas to stories found in literature regarding smoking, cessation, and other relevant areas. I believe every reader will find some significance in the narratives, generated by the experiences brought to her or his reading of them. Revealing my meaning making assists the reader to follow the specific signs I noticed as I read and worked with the narratives. Thus, the themes discussed in this chapter, while taken from the narratives, are representative of my process and do not exhaust the potential ideas that could be gleaned from this rich source of stories. To present my process in a concise and readable way, I create two sections. The first is a précis covering the themes from the narratives that have influenced my story. The second section expands on the themes by integrating stories from pertinent literature which relates to the themes and which has expanded my meaning making or understanding of the narrative themes.

Narrative Themes That Influenced My Meaning Making

The multitude of potential themes one could distill out of these stories can be guided in part by the angle taken: that of a psychologist, a policy analyst, a smoking cessation programmer, a health care professional, a smoker thinking of quitting, a new non-smoker, a non-smoker who wants to understand smokers, a sociologist, a tobacco company researcher—the list could go on. My key perspectives in reading and working with the narratives include: being an ex-smoker, a health care professional, and a graduate student conducting her first research study. Through these points of view I desired to gain an understanding of the experience of people who have recently attempted to quit: “What is smoking for them?” “What is quitting for them?” “What is it that prevents them from or does not support them in quitting?” The themes discussed in this chapter are those that stood out for me (like neon flashing signs) and have guided me in this construction of my story about smoking and quitting.

To refresh readers’ memories, my original story of quitting involved the idea that quitting is a personal journey of understanding one’s relationship to smoking. That is, the relationship one has with smoking includes how one relates to the world, how one relates to smoking, and how one uses smoking in relating to the world. In my experience, as understanding grows one can develop new ways to relate to smoking and to the world, perhaps leading to letting go of smoking. I definitely see this as a process; it took me about four years from actively thinking about quitting to having my last smoke. I have discovered through this study that quitting smoking and uncovering the role it has played in my life is ongoing and perhaps will last a lifetime.

Paradoxes

The first theme to emerge concerns the paradoxes I heard regarding smoking in the narrators' lives. For the individuals interviewed, smoking seems to have two main uses: stress reduction (either to alter emotions during stress or as a reward after a stressful situation) and self care (sitting back to take time or space for self). Paradoxically, smoking also creates stress for smokers. On the one hand, smoking is believed to reduce or alleviate stress; on the other, stress results from the fact that smoking is socially unacceptable, making it difficult to smoke in public and leading to feelings of self degradation. A second paradox is that these people are very aware of current health information about the effects of tobacco use on smokers and those around them. So, on the one hand, smoking is personally defined as self-care; on the other hand, it is also defined as potentially health debilitating. This notion that smoking negatively affects health can be heard regularly by external sources. A third paradox found in these narratives is a desire to quit on the one hand; on the other hand, there is stated fear in never smoking again. Along with the thought of quitting comes the notions of "What will I do; I am scared of the thought of never, ever smoking again; what will I do as I go about my life?"

These paradoxes reflect a way of relating; smoking is, as some of the narrators said, a love/hate or need/hate relationship. The smoker's relationship with their world could also reflect this sentiment at times. Smokers need to be out in the world, and yet, since they cannot move freely and do what for them is natural, that is to smoke, they can begin to resent the public environment. So the participants appear to have one set of

personally defined relations with smoking and another, contradictory set defined and influenced by their external world.

Pervasive and Insidious Nature of Smoking

A second theme that influenced my thinking is how pervasive and insidious smoking is in these people's lives. A significant indication for me is the reported amount of mental activity that smoking demands daily. The planning required for smokers to move in the world and create space to care for themselves by having a relaxing smoke is enormous. Another sign is the strength of their personal image in regard to smoking. They see themselves as smokers and find it hard to imagine not smoking; they wonder what they would do with themselves or who they would be. A final sign shows up when they define the addiction to smoking as physical, behavioral, and psychological. While one is required to overcome all three parts, the psychological effect is the most feared. That is, the thoughts, images, and emotions attached to smoking add to a preconceived notion that quitting is difficult; perhaps, at times, it feels like an impossibility. Thus, smoking is not just about buying cigarettes and smoking them; smoking reflects a way of being. Smoking is also not just a physical health concern as it influences and touches many parts of a person's life as a social stigma. As our conversations deepened I came to understand more clearly that smoking is a distinctive personal statement and a way of relating with the world.

Ideas About Quitting

The third theme that caught my attention includes ideas about quitting. All of these people had made a committed attempt to quit within the last six months—which demonstrates a desire to quit along with a plan to support themselves in this. Yet, I

clearly heard strong feelings of fear of failing and, in general, a fear of never being able to use smoking again as a way of coping. Some think the various fears that they have are part of what needs to be addressed to successfully let smoking go. As one participant said, “through quitting and being chased back to smoking by needs and desires, I become aware of my uses for smoking and, therefore, what I need to do to quit.”

Another notion I hear in the narratives is that smoking is judged to be an irrational or illogical process and quitting is judged as something planned, rational, and logical. So the two processes are perceived as opposites (another paradox), and the perceived illogical one seems to win, or at least it had so far. When paradoxes are present and a decision or change is being considered, the situation becomes a dilemma: each choice holds results that a person desires and results that a person is not interested in or even fears. This is what is embodied in the expression, like being between a rock and a hard place, and I began to see that letting go of fear or moving into what is feared probably is required for people to change a behavior.

Issues of Control

The fourth influential theme to be discussed is the multi-layered issue of control. Each individual questions who is in control: is it the need for nicotine or the person making a choice to smoke every time she or he smokes. So each wonders, “Am I in control or out of control?” I was very intrigued with a couple of discussions about the belief that if one has control and is choosing to smoke, then one has some responsibility in this behavior. Responsibility means that change could happen and that one can and will do something about this: “I know at some point I will make a different choice and decide not to smoke.” These people are not interested in being seen as or in feeling

powerless, even though at times they feel as if they cannot say no to smoking. Another area of control is felt via current public alienation of smoking and smokers. One of the narrators sums up her or his perception as a power struggle. Since, she or he believes, people in general feel impotent regarding the larger structures that influence their lives (for example, government and legal systems), they exercise power in their private environment, and smokers are an obvious target. With an inundation of information about the harm caused by smoking, one area where people could feel justified in exerting power and venting frustration is towards smokers and smoking. The last area of control felt is through the government and current trends of tobacco reduction through legislation banning smoking in public places. Smokers feel pushed into quitting and experience very little compassion. I am struck by the felt layers of control that these smokers live with: first the struggle with nicotine/smoking, second with their social world and being able to move freely or not within it, and third with society at large telling them constantly how an activity which is a part of their every day life is awful leaving them feeling ostracized. As a smoker who is currently not smoking I can empathize with these people regarding how these experiences do at times likely generate an environment conducive to continued smoking, to deal with the stress.

Effects of Tobacco Reduction Strategies

A fifth theme that has had impact on my thinking is the effect of the tobacco reduction movement. Through working with the narratives, I am left with a sense that the tobacco reduction movement and other health promotion activities have resulted in an environment that does not support people who want to quit smoking. This lack of support is felt by these narrators through a sense of being coerced and of not being cared

for. I too would like to live in a world where people do not smoke, and I am a bit perplexed at times at the way in which tobacco reduction strategies have progressed. Currently a missing piece, for me as well as for these smokers, is support and compassion for those who smoke and for those who want to quit. As one narrator said, “I feel like people are saying just quit, you can do it, it is simple.” As smokers attest, it is not easy, can take time and requires support. Unfortunately, the degree of hostility felt in the environment does not lead to quitting. Instead, it leads to people who feel pressured into the attempt to quit and then potentially rebel against that pressure (from which they receive no sense of care, compassion or understanding). Of course, the best way to rebel against this pressure is to smoke. While the stop-smoking movement started out with a desire to promote health, it has paradoxically landed in another area for some—the promotion of stress. That is, tobacco reduction strategies could be perceived as a monitoring device to ensure that people choose certain professionally or publicly defined behaviors required to attain and maintain health. As can be heard in the narratives I am led to the conclusion that at least for these smokers current reduction strategies are about influencing at best, coercion at worst, and certainly not about supporting smokers in quitting smoking.

Wish List For Cessation Programs

This sixth and final area covers the wish list generated by these smokers for cessation programs and support in general for quitting smoking. All of the people who attended cessation programs found the group interaction enjoyable, supportive, and informative. They felt that facilitators had to have been there personally, that is to have battled with smoking and quitting. These smokers are indeed interested in obtaining

support in quitting and techniques to cope with the experience of quitting. But a program alone will not convince people to quit, since a wealth of information is readily available daily to do this. In addition, the commitment to quit can only be made by oneself and cannot be imposed from an external source. One thing that could create change would be the length of time for which support is available; instead of being available for four weeks, preferably it should last up to one year. Also the inclusion of a counselling component to assist people in dealing with what has kept them smoking, that is, the psychological aspect of this addiction, would be beneficial. Lastly, these smokers look for compassionate support, understanding, and interest in smokers as they go through the experience of quitting in general as well as in cessation programming.

One common thread I find in these smokers' lives is struggle, a struggle with smoking, with themselves, and with society. The struggle is over who has control of smoking and what choices are being made based on what information. These struggles undoubtedly contribute to and aid in maintaining indecision or lack of movement toward the goal that each at some level has made: to quit. I am also struck by how curious these people are to learn about smoking and quitting, one reason for which they agreed to participate in this study. They also know that quitting is hard and feel it is something that one day they will do. I am not convinced that we (various health professionals) as a part of their community are doing all that we can to support smokers in quitting; this is perplexing, since there seems to be a strong desire to rid our world of smoking (this desire no doubt would include current smokers). In fact, I feel certain that public education and government legislation in some ways creates an environment at odds with reducing tobacco use, at least through encouraging smokers to quit.

Speaking from Stories Heard in the Literature Which Relate to My Themes

Given my conviction that as a society we have created an environment essentially hostile to those who smoke and that this does not always facilitate successful quitting, it is necessary to examine these themes in relation to the current research literature on smoking and cessation. This section relates the themes discussed above to current research literature in smoking and cessation (Centre for Behavioral Research and Program Evaluation [CBRPE], 1995; Curry, 1993; Finlayson, 1988; Fisher, 1995; Greaves, 1996; Ho, 1998; Klein, 1993; Lichtenstein & Glasgow, 1992; Lowther & Dunn, 1991; O'Connor & Daly, 1985; Perkins, 1993; Poland, Taylor, White & Eyles, 1996; Robbins & Kline, 1991; Shiffman, 1993; Shivel, 1997; Stewart et al., 1996; Taylor et al., 1998). The stories from the literature that I tell here either reflect what the narrators are saying and/or expand upon what the narrators hint at by exposing deeper potential meanings.

Smoking Uses

The first area to be discussed is smoking and its uses. In a review of several studies (CBRPE, 1995; Curry, 1993; DiClemente et al., 1991; Finlayson, 1988; Greaves, 1996; Lichtenstein & Glasgow, 1992; Marlatt & Gordon, 1985; O'Connor & Daly, 1985; Perkins, 1993; Robbins & Kline, 1991; Shiffman et al., 1985; Shivel, 1997; Stewart et al., 1996), I arrived at one overall impression—that smoking is a complex behavior. Still, within the apparent diversity, I find that the literature reveals two primary underlying themes regarding the uses of smoking. First, smoking is perceived to reduce stress: smoking is a way to deal/cope with stress, monitor relations, cope with chaos/crisis, and manage emotions (CBRPE, 1995; Finlayson, 1988; Greaves, 1996;

O'Connor & Daly, 1985; Robbins & Kline, 1991; Shivel, 1997; Stewart et al., 1996).

The second underlying theme is self-care: smoking provides enjoyment, autonomy, camaraderie with others, or gives one time to relax (CBRPE, 1995; Finlayson, 1988; Greaves, 1996; O'Connor & Daly, 1985; Shivel, 1997). Thus, the main uses discussed by the narrators of this study, stress reduction and self-care, are reflected in the literature. However, I wonder if this demonstrates that the general public has been educated about why people smoke and are able to articulate it or if these themes are actually reflective of the narrators' personal experiences. Regardless, they are reflective of the stories these narrators and others tell about smoking. Now I turn to see if the paradoxes related to stress reduction and self-care are also heard in stories from the literature.

Stories About the Paradoxes

Regarding awareness of potential health risks from smoking, many studies show that people are very aware of this information (Finlayson, 1988; Greaves, 1996; Ho, 1998). Specifically, one of Finlayson's findings was the paradox that smoking can be a form of self-care and yet smokers know that smoking negatively affects health. Some literature also demonstrates that public alienation of smokers is growing (Greaves, 1996; Robbins & Kline, 1991; Robertson, 1994; Shivel, 1997). As well, Greaves (1996) and Shivel (1997) both refer to stories of how smoking creates stress for smokers because of negative smoking experiences around non-smoking people and when smoking in public spaces. Therefore, both uses and related paradoxes of stress reduction versus stress creation, and self-care versus health harm are not unique to the narrators of this study but have been heard in other smokers voices.

My own considerations about these two paradoxes are that in our world, smoking is used as a way to cope with stress and for self-care; these uses are maintained by some smokers even in light of strong opposing information about harm and despite being alienated. So, is it that these people are irrational, are unable to control themselves, have no will power, or are rebellious? Possibly. And yet I think, “Well, I am this way at times, that is, I behave in ways that might not make sense to others.” Another possible explanation of this behavior specific to smoking put forward by Klein (1993) is that the condemnation of cigarette smoking to encourage people to quit or to discourage starting can in fact strengthen or reinforce the opposite reaction whereby people continue to smoke and/or start to smoke. As my focused conversations with smokers so poignantly illustrated, the story of quitting or not smoking would be different if we asked people who are smoking to frame the problem and looked for ways to support them in developing solutions. Instead, society seems to be bombarding people with information and generating legislation to coerce smokers into quitting for their own health, the health of others, and the health of the collective community. Who is attempting to control whom?

The Nature of Smoking

Another strong theme emerging from this study which was discussed earlier in this chapter is the pervasiveness and insidious nature of smoking. Greaves (1996) found that smoking is part of the creation of an identity; through being a smoker, images are projected and values are reflected. Smoking becomes a personal statement. In Klein’s (1993) book, Cigarettes Are Sublime, he demonstrates through pictures, poems, and stories how pervasive smoking is in peoples’ lives: “One must not forget that the pack of

cigarettes, the ceremony that extracts them, lights the lighter, and that strong cloud which penetrates us and which our nostrils puff, have with powerful charms seduced and conquered the world” (p. 4). As well, he states several times that “there is nowhere in the world where people do not smoke if they are allowed to” (p. 4). This speaks to the pervasive nature of smoking not only in peoples’ private lives but globally and was strongly supported in the narratives which form the heart of this study.

According to Klein (1993) further evidence of the pervasive nature of smoking is realized through the various images, perceived charms, or symbols that people hold regarding smoking is another demonstration of the pervasiveness of smoking. Specifically people manipulate the sense of “I” to include the cigarette, somehow shifting the image of the cigarette and/or self to new dimensions. Klein (1993) also notes how in movies smoking and cigarettes almost create their own identity; cigarettes have their own role on the big screen. Klein (1993) states that it is only through entering into the process of giving up smoking that individuals begin to realize their personal symbols. The narratives in this study illustrate that it is through quitting and the sense of loss that people realize what needs to be replaced (what their symbols and images for smoking are) in order not to be seduced by smoking again, thus illuminating the pervasive influences. Smoking is not confined to buying cigarettes and smoking them. A culture, identity creation, and way of living revolves around the act of buying a package of cigarettes, obtaining the appropriate paraphernalia, finding a place that one can sit back and indulge, taking one out of the package, lighting up, sensing the smoke filling your lungs and then watching as the cloud of smoke dissipates into and infiltrates the entire background of a life. In this study the narratives demonstrate that it has been

through quitting or thinking of quitting that people have come to understanding smoking and what it means to them as well what will likely be required for them to quit.

This pervasiveness reflects the insidious nature of smoking. Klein (1993) believes that the charm of smoking holds one to the habit, that is, until one begins to quit or stop. The simple behavior of having a cigarette for stress reduction or self-care turns into a not-so-simple act. This act becomes a part of one's identity and it affects life through influencing health, who one hangs around with, who one cannot hang around with, where one can go, how one functions at work, one's experience of using public transportation, and how society views and treats one because one smokes. Smoking is not just a health issue anymore.

Three Aspects of Addiction

Reported by the narrators in this study and confirmed by authors in the smoking literature, three aspects of addiction are important: physical, behavioral, and psychological (CBRPE, 1995; Finlayson, 1988; O'Connor & Daly, 1985). Smokers tend to feel addicted to smoking (CBRPE, 1995; Finlayson, 1988; Greaves, 1996; O'Connor & Daly, 1985), and it has been shown that nicotine is a very addictive drug (Franklin, 1992; Lichtenstein & Glasgow, 1992; Lowther & Dunn, 1991). It is significant that this study's narrators commented that they feel confident in their ability to overcome the first two aspects of addictions—physical and behavioral aspects. They felt that through previous quit attempts, through the information and physical supports available, these two aspects do not pose a barrier to quitting. Only the psychological aspect generates fear when thinking of quitting; a lack of belief in one's ability to overcome

psychological barriers is daunting. The psychological barrier can be seen as a reflection of the insidious and charming nature of smoking in our world.

Integration of these Stories

At this point I want to integrate the points raised so far. The literature demonstrates that the two primary uses of smoking, stress relief and self-care, are not unique to this study's findings. The paradoxes relating to these two primary uses, alienation of smokers (stress producing), and smokers awareness of potential harmful results of tobacco use, have also been found in other studies interested in smoking. The fact that people live with these paradoxes has led me to ponder what that might be like for them and how these paradoxes might have come to be. The result of my pondering was to notice the difference between internally defined uses and externally defined problems and how they relate to each other. It appears that the more we as a society condemn smoking, the stronger the seductive side of smoking becomes for some individuals, and how hard it is to let go. Klein (1993) demonstrates how smoking is pervasive both on personal and global levels through constant messages of the harms of smoking, as well as through arts, and culture which create a space, through image building, for smoking to have its own place in our world. Smoking bestows its own personality whether a character in a movie smokes or not, the emphasis shifts and a statement is made. This role play can be reflected in people's lives as well where smoking cigarettes generates an identity. One identity that I remember hearing in the narratives is that of rebellion encouraged by opposition in our current society where smoking is publicly unacceptable. Another common perceived role is that to smoke is cool; the cool kids smoke (personal communication, November 1998). Klein also

believes that it is only through quitting that people become aware of the symbols they have created in their relationship with cigarette smoking. Klein's discussion supports the feelings of the narrators that only through quitting does one realize, and become cognizant of, the reasons for smoking and that it is the psychological aspect of smoking that generates the most fear and the greatest barrier to quitting.

Framing the Problem

I want to expand upon one area regarding the points raised so far. As I reflect upon the named paradoxes and Klein's discussion of the subliminal nature of smoking I am led to question the current framing of the problem of smoking, namely, that smoking is harmful to the smoker's and to others' health, therefore people need to stop smoking. In her study, Greaves (1996) found a lack of involvement of smokers in the development of cessation programs or other educational activities as well as in the development of tobacco legislation. This means that those who are framing the problem of tobacco use are not smokers, or are smokers convinced or pretending that they should not be. Mueller (1988) demonstrates that those who are responsible for the definition of problems are usually directly responsible for the development of solutions. So the people who define the problem of tobacco use and how to solve it are probably mostly non-smokers or pretenders; as I said earlier, who is attempting to control whom? I wonder what the problem and resulting solution would be if smokers framed the problem or were at least included in the process of defining the problem. When I reflect upon the narratives, I imagine that these people have defined part of the problem of quitting smoking in recognizing the psychological aspect of this addiction and that any cessation program must address this aspect of addiction along with the pervasiveness of smoking

in people's lives. On a positive note however, where health professionals' have defined smoking cessation, both the physical and behavioral aspects of this addiction have been addressed, and from what these narrators report, the solution to overcome these aspects has been developed and is available.

Further Stories Found in the Literature Which Relate to My Themes

As a further exploration of my emerging thoughts about smoking and cessation I include several other stories from relevant literature. The stories included come from literature about the COMMIT research project (Fisher, 1995; Poland et al., 1996; Taylor et al., 1998), relapse theory (Marlatt, 1985; Marlatt & Gordon, 1985; Shiffman, Read, Maltese, Rapkin, & Jarvik, 1985), stages of change theory (Bandura, 1995; DiClemente et al., 1991; Prochaska, DiClemente, & Norcross, 1992; Richmond & Mendelsohn, 1998), control and self-efficacy (Lupton, 1995; Shelton Smith, Wallston, & Smith, 1995), and health promotion criticism (Allison, 1982; Bopp, 1989; Crawford, 1977; Davison, Frankel, & Davey Smith, 1992; Grace, 1991; Jackson, 1995; Labonte, 1993; Labonte & Penfold, 1981; Lupton, 1995; McCormick, 1994; Naidoo, 1986; O'Brien, 1995; Veal, 1993). These stories either reflect what the narrators are saying and/or expand upon what the narrators hint at by exposing deeper potential meanings.

COMMIT Trial

A relevant community based intervention research project, this trial employed health promotion strategies to influence the quit rates of heavy smokers (Fisher, 1995). Interventions studied in this project can be grouped into the following areas: public education, interactions with health care providers, programs through work sites, and promotion of resources to aid quitting within smokers' communities. The project aimed

to strike a balance between standardization of intervention (there were 58 mandatory activities) and allowance for flexibility (options to implement additional activities). It was hoped that this would create the space for communities to define the situation and its solution. The interventions implemented by this project occurred over a five year time period. Eleven pairs of communities were selected; in each pair one community received the interventions, and the matched community was the control or comparison site.

The quit rates for heavy smokers in intervention communities were modestly greater than the rates of heavy smokers in comparison communities, and the difference was not statistically significant (Fisher, 1995). This result was somewhat disappointing and has been the topic of discussion. One possible reason for such a modest influence is that North America has witnessed an increase in public health education and awareness of the effects of smoking, the possible ill effects of smoking, and promotion of cessation (Fisher, 1995). Thus, specific education has resulted in only modestly higher quit rates when compared with a control community. Yet, as Fisher (1995) points out, 3000 people have quit who would deem COMMIT a success. Also the rates of light to moderate smokers showed a statistically significantly higher quit rate in intervention versus comparison communities (Fisher, 1995).

Although much documentation is available about this project, two studies hold relevance to this thesis. First, a study was conducted that looked at the community's change in attitude regarding smoking as a public health problem, and at norms and values which support non-smoking (Taylor et al., 1998). An underlying theory of this study is that beliefs, and attitudes about smoking are determinants of changing smoking

behavior (Taylor et al., 1998). Findings showed that heavy smokers' attitudes towards smoking being a public health problem increased: that is, heavy smokers' attitudes favoring legislative control of smoking increased over the five years (Taylor et al., 1998). Thus, community based interventions affect people's attitudes, even those who would apparently be most resistant to change; it remains to be seen if this shift in attitude will effect behavior changes (Taylor et al., 1998).

The second project addressed here is a qualitative evaluation, which focused on smokers' perspectives of interventions (Poland et al., 1996). The following are some of the results from this extensive study. First, most of the respondents felt they needed more intensive support than was available through COMMIT intervention. Having said this, more intense interventions already available in the community were poorly utilized, like a twelve step program, which leads one to wonder about the reasons behind the request of these smokers. A more interesting question concerns the barriers to utilization. This question supports the consideration of community mobilization (working with a community) and not just supplying services based on stated needs (working for a community). Second, it was realized that further study into perceived benefits for continued smoking and into fears generated by the proposition of quitting is required. A thorough understanding of these approaches might be perceived as compassionate and supportive, rather than being perceived as not meeting needs or not being intensive enough. Third, a consideration of issues of control, both for smokers and within health promotion initiatives was realized. Fourth, respondents commented on the empathic and non-confrontational approach of the project and interventions, in that this was a welcome experience and in contrast to the hostile environment due to legislative

changes regarding smoking. These four points support some of the findings from my study: (a) smokers need more intensive assistance, (b) the fears and costs of smoking and quitting need to be addressed to support quitting attempts, (c) various levels of control influence smoking, and (d) due to the current hostility, smokers appreciate and perceive the need to be treated with compassion and empathy as they battle between continued smoking and quitting on a daily basis.

Relapse Theory

This theory has influenced the area of addictions for over a decade, and since it has influenced my thinking about smoking cessation, it merits some discussion. Relapse theory (Marlatt & Gordon, 1985) approaches addictive behavior through behavioral methods. This theory claims that addictive behavior is an overlearned habit pattern and not an addictive disease (Marlatt, 1985). One key result of this conceptualization is that the person with addictive behavior can take responsibility for changing the overlearned behavior through self-management and self-control. This theory considers and includes the following three strategies: (1) learning new coping skills to replace addictive behavior; (2) cognitive restructuring regarding both the nature of the habit and the belief in one's ability to control one's life; and (3) daily lifestyle changes to enhance positive self-care activities. Upon reflection, these strategies begin to address the psychological aspect of addictions as described by the narrators of this study. However, since these ideas have been around for over a decade, influencing the area of addictions and programming, and cessation programs still at best have a cessation rate of 30% (NCTH, 1994; Shiffman, 1993) —I ask where is the gap? Is it lack of funding to incorporate use of these strategies with the intensity required to have an impact upon smokers? Or is it

that these strategies work for only some smokers and that those who could be helped by them have already been helped? Something is missing since this theory influenced the development of the cessation program attended by the narrators, and I can hear echoes of relapse theory strategies in the narrators' stories.

Specific information regarding the application of relapse theory to smoking can be found in Shiffman's et al. (1985) chapter which discusses smoking, quitting, and relapse theory. One key point that Shiffman et al. (1985) makes is that smokers, in general, are very unrealistic about their expectations of quitting. Smokers think that when they quit they should not have any temptation, and if they experience any temptation, they think they have failed or failure is only a matter of time. Thus, it is difficult to maintain a belief in one's ability after the first strong temptation to smoke is felt. In my experience and that of others who have quit, temptation will surely occur. My question then is, "Why is this not public knowledge and as widely quoted as statements about costs to health care and deaths due to smoking?" Would this not be useful health education information to pass on to smokers trying to quit, those who are around smokers who are trying to quit, and the general public. If it were, perhaps more compassion could be found for those who are currently attempting to quit smoking; which is one of these narrators' wishes regarding cessation and support.

Stages of Change

A second conceptual model, Stages of Change, which has influenced my thinking about smoking and cessation, and, as well, has influenced the professional world of smoking and cessation was birthed from a desire to understand change and how

people change addictive behaviors. Due to its influence within smoking and cessation professionally and personally it warrants some discussion here.

The transtheoretical “Stages of Change” model (DiClemente et al., 1991) was developed to expand upon the dichotomous version of people’s attempts to quit smoking: that is, people either remain a smoker or become a nonsmoker. In this model five stages represent where a smoker can be in relation to quitting smoking: a precontemplative stage, a contemplative stage, a preparatory stage, an action stage, or a maintenance stage. This theory is seen as a spiral and not a linear progression. That is, people will move between the stages, possibly returning to a previous stage; they return with a greater awareness during a second visit. The excitement that came with this model was that when developing cessation programs for smokers, programs could be tailored to the specific stages and developmental needs associated with that stage (Prochaska et al., 1992). Thus, program development would be more effective and people more motivated because their specific needs would be addressed by the program. Intervention would be doing the right thing at the right time.

When I reflect upon the stages of change model and descriptions of each stage, I find that they make sense and that I can imagine how people move through these stages. Yet, I am leery of placing people into stages; it begins to feel like labeling them. The benefit of stage models that I see is that they reveal an overview of the quitting process and a description of the experience. However, as Bandura (1995) states, stage theories can only describe a process and do not reveal personal explanation for a situation. For example, knowing that one is in the precontemplative stage does not assist that person or a health professional to know why that individual is there and thus what might need to

be done or not done to assist in movement. Also, along with the designated label of a stage, could come a prescribed treatment. A label could be helpful in one-on-one intervention if it includes interaction focused on personal exploration or meaning; however, people might use a label to explain why a person will not change and assistance may not go any further.

A recent study about health care professionals' use of programs based on the Stages of Change model (Richmond & Mendelsohn, 1998) found two key reasons for its lack of use. Health care professionals who were knowledgeable about the stages of change model found they were too busy and that their clients were not responsive when strategies were suggested. This means that health care professionals addressed what the client's concerns were as stated during the visit. Time to explore and then address actual unhealthy lifestyle choices such as smoking and drinking is hard to find. As well clients are not very responsive to these initiatives, especially if smoking or drinking are not why the client went to the health professional in the first place. So why spend the time? As I reflect upon this study I query who best knows what is important to the client, the client herself or himself (a stated concern) or the health care professional (actual unhealthy behavior)? Usually, to effect change one needs to come from where the person is and not from some well intended notion of an outsider (Bopp, 1989; Hartrick et al. 1994; Labonte, 1993), that is, if one is interested in empowerment and long term change rather than simply immediate short-term effects. Once again, I ask the question of who is defining the problem and therefore responsible for the solution?

Another area of concern is that while the stages seem clearly defined in writing, I find that in peoples' lives stages appear less clear. Prochaska et al. (1992) note that

people can/will shift between stages over time. I wonder what influences these shifts. For example, I wonder if a person's story would shift based on the audience, especially when talking about a sensitive topic like smoking in a world that ostracizes smokers. Would the smoker's story differ if talking with a cessation program intake worker versus another smoker? Or the story could differ based upon current experiences a person has had. If this is true, then what effect does this have on tailoring smoking cessation programs? Again, I think that the stages describe a process and are limited in their ability to provide personally tailored solutions. I found with this study's narratives that I would have a difficult time in pinpointing where I would place some of the narrators. For example, a person who displays anger about a need to change and feels a need to change based on outside influences might be considered to be in a precontemplative stage. Yet all narrators have made a committed attempt to quit smoking in the last six months and all state that they will try again; so then this might be a contemplative stage. In summary, while in theory I cannot disagree with this model, I am not convinced of its usefulness for assisting people in quitting smoking. I find it minimally useful to label people's behavior from a snapshot view of their position regarding changing a behavior.

Control and Self-efficacy

In discussing the narratives, I describe control as a multi-layered feature as experienced by the narrators. A detailed critical analysis of control as discussed in the narratives would be fascinating in relation to this study and well worth much more time than I can give it here. However, several points are relevant. Lupton (1995) states that one response people have to feeling that the world is beyond their control is to smoke. So she claims smoking can be a way to release the anger and frustration associated with

not having control leading initially to a personal sense of control. However, while smoking, these people then question their choice and sense of control around the act of smoking: is it a personal choice or an addiction to nicotine that dictates the choice to smoke. Thus smoking is connected to emotions not merely because of the physical effects on the body but also because it is a symbolic marker in people's lives, like rebellion (Lupton, 1995). Lupton reveals several layers that control can exhibit in relation to smoking.

The theme of control that Lupton (1995) discusses also relates to self-efficacy and health behavior. Self-efficacy, according to Shelton Smith et al. (1995), is found when a person experiences a sense of competence, and has been found to be related to many positive outcomes, especially in the area of health behavior. Along with self-efficacy, a sense of who has control over one's behavior (locus of control) is also seen to be a predictor of changing behavior (Shelton Smith et al., 1995). Locus of control is defined in terms of a person's perception of personal power to influence an outcome (internal locus of control) versus perceiving minimal ability to influence an outcome (external locus of control). Specifically, it is thought that a high level of internal locus of control is associated with successful change in behavior (Shelton Smith et al., 1995).

Reflecting upon the narratives, clearly the narrators were not convinced of their inherent ability to control their behavior regarding smoking, and they believed that outside forces were influencing their choices. Also they really did think that at some point they would successfully quit and they were not clear about what needed to occur so that they could stop smoking. These points would lead one to believe that they might not be successful in quitting, that is, in changing behavior at this time. Based on the

information from the Shelton Smith et al. (1995) study, I think that it would be useful to incorporate strategies that support smokers in increasing their sense of internal locus of control. The current strategies of tobacco reduction, legislation and media health information campaign neglect this realm of influence. An example of a different strategy regarding health related information about smoking could be to provide ideas about smokers' beliefs, temptations and quitting, namely, that people who are attempting to quit generally have an unrealistic view of quitting, that temptations arise for many reasons and the influence these have on quit attempts. This information could assist in shifting perceptions and expectations of quitting experiences and processes, thus strengthening a smoker's belief in her/his ability to quit. So I am left doubting that society and health promotion strategies have served these people.

Health Promotion

This leads to concerns over current ideas in health promotion, and to one of my main queries of how do we, as a society, support people in smoking and/or quitting. Labonte (1993) quotes the Ottawa Charter for Health Promotion definition of health promotion as "the process of enabling people to increase control over, and improve, their health" (p. 5). Health promotion is described as being driven by the person or people who are to benefit from strategies and not driven solely by health professionals who are charged to help people. It is thought that people know their life situation best and possess many resources that can be actualized if given support to do so. Thus, if health promotion strategies are truly being employed, then the people with whom a health professional is working are responsible for naming the problem to be addressed. That is,

no prescribed issue must be worked on, decided prior to, and/or exclusive of direct input and interaction with the “client.”

While Labonte (1993) states that this is the preferred method to realize the outcome of empowerment and improvement of health and life, it has been demonstrated in the literature that this is not always what occurs in the name of health promotion (Allison, 1982; Bopp, 1989; Crawford, 1977; Davison et al., 1992; Grace, 1991; Jackson, 1995; Labonte & Penfold, 1981; Lupton, 1995; McCormick, 1994; Naidoo, 1986; O’Brien, 1995; Veal, 1993). Tobacco reduction strategies could be considered a health promotion movement in that one purpose is to assist people to make healthy lifestyle choices: not to smoke. Yet, the narrators of this study, people who are to change their lifestyle, are feeling pressured to make the choice not to smoke due to societal influence that, ultimately, produces a feeling of ostracism because one smokes. As one narrator stated, “I feel there is no real choice as the only choice is to quit.” Based on these sentiments and the presence of external control, I question the validity of typical tobacco reduction strategies in a health promotion movement (at least based upon Labonte’s [1993] definition), since the strategies are not being directed by smokers. Other communities of people may be included in decision making processes and, as I see it, smokers make up part of the community influenced by these health decisions.

According to Labonte’s (1993) version of health promotion strategies, the people with whom a health professional is working would define health within a situation. In our society, heart disease is defined as a major leading cause of death and therefore is to be addressed (Lupton, 1995). Health is also seen as the absence of disease at times, to live a long life and not to die of cardiovascular disease (McCormick, 1994). With these

three definitions driving funding for programs, little room exists for the definition of health by the client. Lupton (1995) has found that a client's definition of health usually includes aspects of being an integral and contributing part of a functioning community of people. Employing strategies based on any of the definitions of health found within the first set of definitions or based on the example of client's definition of health each would result in different outcomes for community relations. The first would result in dividing the community into those who follow the prescribed way and those who do not (O'Brien, 1995). The second would work at fostering communication lines between people in the community, realizing the importance of building relations (Labonte, 1993).

The result of having a prescribed definition and prescribed actions for people to achieve improved health serves to identify and stigmatize a group of people who are then considered to be unhealthy or risk takers (Grace, 1991; Lupton, 1995; O'Brien, 1995). This group then can become the target for others to project anxieties about chaos, forbidden desire, or lack of control over death and disease. The deviant group becomes the scapegoat for society, resulting in a decreased sense of control felt over various parts of these people lives; this could increase the pressure projected upon smokers (Crawford, 1977; Lupton, 1995). Thus, health promotion can be seen to valorize rational, controlled, and disciplined lifestyles (Grace, 1991; Lupton, 1995; O'Brien, 1995). Those who do not follow the script are seen to be rebelling (Davison et al., 1992): "How could they still decide to smoke with all the evidence they have and pressure they feel regarding the ills of smoking? They must be irrational, impulsive, and irresponsible people, all that we do not want in this society." Thus, the result is a divided community with poor lines of communication, which is what we have heard in the narratives.

Health promotion strategies and the wellness of people become commodities, something to advertise and sell to people (O'Brien, 1995). If the public buys into the information, then they can gain control over their lives and become healthy, live long, and likely not die from cardiovascular disease. The development of a package that can be sold could result in politicians who build campaigns around the support and encouragement of programs and situations that promote healthy lifestyle choices (O'Brien, 1995). This can lead to development of legislation which supports defined healthy lifestyle choices—resulting in defined health choices becoming legislated to ensure people are healthy. This is an end result which, of course, we all want and so how could we disagree; the only trouble is with whose definition of health is being employed. People are no longer consumers of a product regarding which they have a choice; they do not have a choice about subscribing to a strategy, as it is now mandated in their lives (Lupton, 1995). Thus, health becomes a political, economical, and social interest issue; as O'Brien (1995) calls it, a “critical mess.”

Health promotion could eventually result in strategies that foster surveillance of people (Grace, 1991; Lupton, 1995; McCormick, 1977; O'Brien, 1995). This occurs publicly as we watch our neighbors for conformity and if they do not conform, then we can vent frustration in that direction. An internal stage can also be set; people feel pressure through legislation as well as in growing public alienation regarding certain behavior choices, leading to individuals' monitoring themselves (Davison et al., 1992). This can set up conflicting internal messages (or paradoxes) about what to do and how to act. According to O'Brien (1995), health promotion strategies go through a process, starting from subtle persuasion, moving to overt coercion, and eventually to

surveillance, that is, for the benefit of those who still have not changed as suggested by the strategies (Allison, 1982). An example of this process can be seen in our society today with new legislation regarding smoking (Wright, 1997). While these strategies are supported by empirical information, some people nonetheless question the influence of the political field surrounding reported research (Jackson, 1995). This means reported findings, while true, may not tell the whole truth and are used to support a health promotion campaign.

In the end, I ask what happened to choice and the development of people's internal resources in health promotion programs (Labonte, 1993). As can be seen in the narratives, these are not being fostered through current strategies or programs. While health promotion is a great theory, the reality is that structures and institutions support and fund projects. This results in efforts to find the best and most cost efficient way to address situations; that is, outside forces control and shape policy and program development (Grace, 1991). A result is that health professionals enter a situation with preconceived ideas of how best to get people on board. Yet choice is what we desire, the opportunity to select from options that seem like possible realities to us (Sapolsky, 1993). It is ironic that a discourse that articulates a concern to promote health in the name of freedom and wholeness functions to alienate people from their capacity to engage in protest and effectively operates to subject them further to political and economic order (Grace, 1991).

Labonte and Penfold (1981), over a decade ago, stated that the most effective learning comes from engaging people in a process, not passively feeding them through either mass media messages or through sitting in a lecture given by a professional.

People need to be involved, valued, and find value in the process. The process needs to be non-hierarchical; professionals are not working for any one, they work with others. We, as professionals, need to realize that others' struggles to achieve health are our struggle as well. As the words of Lily Walker, an Australian aboriginal woman, so elegantly portray: "If you are here to help me, then you are wasting your time. But if you come because your liberation is bound up in mine, then let us begin" (Labonte, 1993, p. 41). We, as professionals, have a responsibility to respond to people and their needs rather than determine for people what their needs are and therefore what will assist them (Labonte & Penfold, 1981).

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Appendix A

Interview Guide

Smoking: Tell me about your experience of smoking.

Possible probes: When did you start smoking? Tell me about starting. What does smoking do for you? What does smoking symbolize for you? Tell me a fantasy you have about smoking.

Cessation: Tell me about your experience of wanting to quit.

Possible probes: What factors were considered in the decision to try quitting? Have you tried to quit before? How many times? What might need to happen for you to quit smoking? Tell me about a fantasy you have about quitting smoking?

Cessation Program: Tell me about your experience of the quitting smoking program.

Possible probes: What was useful? What was not useful? What would you suggest remain the same? What changes would you suggest for the program? What was your experience of being in the program and continuing to smoke? Why did you decide to attend the program?

Continued smoking: Tell me about either starting to smoke again or continuing to smoke.

Possible probes: What factors influenced this action? Will you try to quit again? Tell me about the process involved with your next quit attempt. What is your plan? How will it differ from this time? What are the messages in our society about smoking: both positive and negative?

Appendix B

CANADIAN
CANCER
SOCIETYSOCIÉTÉ
CANADIENNE
DU CANCER

BRITISH COLUMBIA
AND YUKON DIVISION
VANCOUVER ISLAND DISTRICT
207 - 225 Canada Avenue
Duncan, BC V9L 1T6
Telephone: (250) 746-8078
Fax: (250) 746-8104
Toll Free: 1-800-663-7892
Email: edncanuo@islandnet.com
http://www.bc.cancer.ca/ccs/

PRESIDENT
Richard Burke
MANAGER
David Cheperdak

DATE

FIELD (Mr./Ms.) FIELD (First Name) FIELD (Last Name)
FIELD (Address 1)
FIELD (Address 2)
FIELD (City), BC
FIELD (Postal Code)

Dear FIELD (Mr./Ms.) FIELD (Last Name):

A University of Victoria graduate student, Annette Schultz (Certificate of Approval attached) is doing a research study called "A Fresh Look at Smoking Cessation." Annette is seeking the assistance of people who have participated in the Canadian Cancer Society's "Fresh Start Quit Smoking Program" within the last 6 months.

Annette was a smoker for over 14 years, and tried to quit many times over those 14 years. For her study, Annette is interested in learning about the experience of smoking and quitting through talking to people who have attended a Fresh Start Quit smoking Program, and have continued to smoke. She is not interested in telling you about smoking/quitting - rather, Annette wants to hear about your experiences with smoking and quitting.

She needs volunteers to participate in this study. Volunteers will be interviewed twice for about one hour each time, and will have access to the final report.

If you are interested in participating in this study, please contact Annette Schultz at 250-598-7942 (graduate student) or Isobel Dawson at 250-721-7965 (thesis supervisor).

Please rest assured, the Canadian Cancer Society has not disclosed any Fresh Start participant information/mailling lists to Annette. You are under no obligation to participate in this study. If you decide to participate in this study, please contact Annette directly.

If you have any questions, or concerns please do not hesitate to contact me at 250-592-2244 or Mona Sachdeva at the Division office (1-800-663-2524/235).

Sincerely,
Claire Avison
Fresh Start Coordinator

cc: Mona Sachdeva
Division Manager, Information and Advocacy
Annette Schultz

Appendix C



University of Victoria

Human Research Ethics Committee

Certificate of Approval

<u>Principal Investigators</u> Annette Schultz Grad student	<u>Department/School</u> School of Nursing	<u>Supervisor</u> Dr. I. Dawson
<u>Title:</u> <i>A Fresh Look at Smoking and Cessation</i>		
<u>Project No.</u> 152-97	<u>Start Date</u> 6 Jun 97	<u>End Date</u> 5 Jun 98
<u>Approval Date</u> 6 Jun 97		

Certification

This is to certify that the University of Victoria Ethics Review Committee on Research and Other Activities Involving Human Subjects has examined the research proposal and concludes that, in all respects, the proposed research meets appropriate standards of ethics as outlined by the University of Victoria Research Regulations Involving Human Subjects.

Michael Corcoran,
Associate Dean, Research

Alex McAuley,
Associate Vice-President, Research

This Certificate of Approval is valid for the above term provided there is no change in the procedures. Extensions/minor amendments may be granted upon receipt of "Request for Continuing Review or Amendment of an Approved Project" form.

Office of Research Administration
Room B115, Sedgewick Building,
P.O. Box 1700,
Victoria, BC V8W 2Y2

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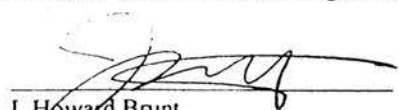
University of Victoria
Human Research Ethics Committee

CERTIFICATE OF APPROVAL

<u>Principal Investigators</u> Annette Schultz Graduate Student	<u>Department/School</u> Nursing	<u>Supervisor</u> Dr. I. Dawson
<u>Co-investigator(s):</u> n/a		
<u>Title:</u> A Fresh Look at Smoking and Cessation		
<u>Project No</u> 124-98	<u>Start Date</u> 6 Jun 98	<u>End Date</u> 31 Dec 98
<u>Approval Date</u> 24 Apr 98		

Certification

This is to certify that the University of Victoria Ethics Review Committee on Research and Other Activities Involving Human Subjects has examined the research proposal and concludes that, in all respects, the proposed research meets appropriate standards of ethics as outlined by the University of Victoria Research Regulations Involving Human Subjects.


 J. Howard Brunt,
 Acting Associate Vice-President, Research

This Certificate of Approval is valid for the above term provided there is no change in the procedures. Extensions/minor amendments may be granted upon receipt of "Request for Continuing Review or Amendment of an Approved Project" form.

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Appendix D

Informed Consent for “A Fresh Look at Smoking and Cessation”

I understand the purpose of this research project is to learn about the experience of smoking and quitting from the perspective of a smoker who recently attended a Fresh Start program. I understand that I will be asked about my experience as a smoker regarding: smoking, participating in a smoking cessation program, quitting, and continued smoking. Conversations will take place in private. I realize that there will be two main interviews and that there could be one other interview or a phone call to clarify information. All conversations will be with Annette Schultz. I understand that I will be invited to review and give feedback on preliminary reports regarding analysis of interviews. My feedback is requested regarding the accuracy of my experience. I also understand that I will have access to final results of this study.

I understand that my participation is completely voluntary and that I can choose to stop participating at any time with no consequence to myself in regard to the study or in future involvement with the Cancer Society. If I choose to withdraw any data collected from me will be destroyed and not used in this study.

I understand that my interviews will be audio-taped and that the tape will be erased after analysis is complete.

I understand that the information gathered during the study will remain confidential; interview details will be kept in a locked filing cabinet. I also understand that neither my name or identifying factors will be used in any written documentation about the study results. In written reports pseudonyms will be used for each research participant. Information gathered will become part of a Masters Degree thesis at the University of Victoria, School of Nursing. For further information contact Annette Schultz 474-7212 or Dr. Isobel Dawson 721-7965 (thesis supervisor).

Date: _____

Signature: _____

Researcher: _____

Appendix E

Research Study Information Sheet for “A Fresh Look at Smoking and Cessation”

The purpose of this study is to understand the experience of smoking and quitting from people who have attended a smoking cessation program and who continue to smoke.

Participation in the study will involve a minimum of two interviews which will be audio-taped and then transcribed by the researcher, Annette Schultz. Audio-tapes will be erased after the conversation has been transcribed into written form. Each participant will be invited to review the written story generated from their interviews. Participants may choose to stop participating at any time with no consequence.

Information gathered will remain confidential. Names will NOT be used in reporting the findings of this study. Participants will have the opportunity to review the results of the study.

The information gathered will become part of a Masters Degree thesis at the University of Victoria, School of Nursing. For more information call Annette Schultz 474-7212 or Dr. Isobel Dawson (thesis supervisor) 721-7965.

Vita

Surname: Schultz

Given Names: Annette Susan

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Educational Institutions Attended:

Wascana Institute of Applied Arts and Science
University of Victoria

1979-1981
1992-1999

Degrees Awarded:

RN
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Honors and Awards:

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Gertrude Helen Robertson Graduate Scholarship

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1998

Publications:

Schultz, A. (1995). What is Health Promotion? The Canadian Nurse, 91(7), 31-34.

Schultz, A. (1995). Charity or Poverty Alleviation: Social Interest in Communal Action. The Canadian Journal of Adlerian Psychology, 25(2), 77-85.

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Title of Thesis:

A Fresh Look at Smoking and Cessation

Author



Annette Susan Schultz

December 17, 1998.