# AN INVESTIGATION OF HOW SPIRITUALITY SUPPORTS SMOKING CESSATION

by

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An Investigation of how Spirituality Supports Smoking Cessation

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Smoking is a worldwide problem with major economic impact. Smoking cessation is difficult to attain, with the majority of smokers desiring to quit smoking. Religiosity has consistently shown some association with decreased smoking levels and increased smoking cessation, but little was known about how spiritual practice or religiosity could be incorporated into smoking cessation interventions. The purpose of this study was to describe the aspects of spirituality that were reported to be helpful by those who said that God or their spirituality supported them in smoking cessation, and to describe other factors that combine with spirituality to accomplish success in smoking cessation.

This study followed an exploratory design, using a qualitative descriptive methodology. Data were generated through taped interviews using open ended questions, focusing on how spirituality and factors other than spirituality contributed to success in smoking cessation. The sample consisted of 19 participants (11 women and 8 men) who had stopped smoking for at least a year. Thirteen of the participants were Seventh-day Adventists at the time of the study. Data were coded using Ethnograph 5.0. The codes were organized into categories and examined for patterns.

Spirituality as "connection" was supported by this study, including the domains of Connection with Self, Connection with God, Connection with Others, and Connection with a Church. Connection with God was the most salient domain. All participants

expressed a decision or commitment to stop smoking. Half of the participants had little or no struggle in smoking cessation. God was believed to have provided power above human power. Personal prayer was prominent in connection with God. Connection with others in smoking cessation and medication were most helpful to the three in live-in smoking cessation programs. Connection with a church was increased after smoking cessation. The other factors (besides spirituality) that contributed to success were considered less important and were not unique to this study, including exercise, drinking increased amounts of water, dietary changes and dealing with triggers.

The form and content of this abstract are approved. I recommend its publication.

Approved: Marlaine Smith

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# CHAPTER I

## INTRODUCTION OF THE PROBLEM

"I can't stop smoking!" How many times have nurses heard these words from patients whose health depended on their smoking cessation? Lena was recovering in the hospital after quadruple bypass surgery following an attack of severe pain in the neck and arm. She had been told many times by her physician that she needed to stop smoking. And she **had** tried. She quit for several days four years ago, and she quit for a month last year. But the habit which had been part of her life at least 20 times a day for the last 40 years was so intertwined with every activity and emotion, that she saw no way to overcome it's power. She had started smoking as a girl, never imagining that the "cool" white shaft between her fingers would become such an ineradicable part of her life and her "best friend." This typical story illustrates the internal struggle of one-quarter of the adult population whose health depends on smoking cessation.

Smoking cessation is so difficult to attain, that far more effort and resources are legitimately put into prevention of smoking than into its cessation (2000). Nicotine is said to be more addictive than alcohol, marijuana, or cocaine (Kandel, Chen, Warner, Kessler, & Grant, 1997). The level of intervention needed by health professionals to assist smokers with cessation is almost impossible to achieve (Niaura & Abrams, 2002). For some people who have had difficulty in smoking cessation, spirituality has been an important factor in their success (The National Center on Addiction and Substance Abuse at Columbia University, 2001). Ellison and Levin (1998) have suggested that one of the ways religious involvement may lead to positive health outcomes is through the changes in lifestyles and health habits that decrease risk factors. Are these changes in lifestyle a

result of socialization effects?; Is increased religious activity a result of the stress involved in making a change in lifestyle?; Are those who smoke repulsed from religious membership and activity?; or Does spirituality provide some support for religious people for help in making lifestyle changes? There is a lack of understanding related to how spirituality supports people in their quest to stop smoking, and how it is described by those who have been supported by it in this process. Therefore, the focus of this study is to develop knowledge about how spirituality contributes to success in smoking cessation.

## Background

Tobacco is the leading cause of noncommunicable disease and premature death. The use of tobacco is still responsible for over 430,000 deaths per year among adults in the United States, mainly from cancer, heart disease and lung disease (Centers for Disease Control and Prevention, 2000b). It is also linked to infant and childhood prematurity, asthma and sudden infant death syndrome.

Even though public awareness of the problem has increased, more than 1 million young people become regular smokers every year. The use of tobacco among teens has increased from 27.5% in 1991 to 34.8% in 1999. Nearly one quarter of adults continue to smoke (Centers for Disease Control and Prevention, 2000a).

The goal of Healthy People 2010 is to reduce the use of cigarettes by adults to 16% and to reduce the use of cigarettes by teens to 12%. The goal for smoking cessation in the adult population is 75%. The goal for teens is 84% (Centers for Disease Control and Prevention, 2000b). At the present time only slightly more than 2% of smokers successfully quit each year (Centers for Disease Control and Prevention, 2000a).

The majority of smokers desire to quit smoking, and 97% of those who quit smoking, quit on their own. Very few utilize help with treatment. Seventy per cent of smokers visit their doctors every year, and Fiore (The Tobacco Use and Dependence Clinical Practice Guideline Panel, 2000) urged health-care providers to ask patients about their smoking and assess their readiness for smoking cessation at every visit. A recent review of smoking cessation interventions based on research evidence (Niaura & Abrams, 2002) indicated that there is an "acute need to provide the motivated smokers with the means to quit and to reach...the less motivated smokers in ways that guarantee contact" (Niaura & Abrams, 2002, p. 495). The interventions must be conducted at a community level through cessation resources, events, media and work site programs, etc. In addition, all health providers and others involved in health promotion activities should focus on smoking cessation.

Smoking cessation is an intense, complex problem. All interventions that have been developed to this point fall short of achieving the desired success goals. In some studies counseling (even telephone and group counseling) has shown promise, with improved success as the number of sessions increase. But the content of this counseling needs to be improved and tested in future studies. Multicomponent programs have demonstrated greater effectiveness than single component programs. Many pharmacologic interventions have demonstrated efficacy, but need to be combined with behavioral techniques to improve effectiveness (Niaura & Abrams, 2002).

Religiosity has consistently shown some association with decreased smoking levels and increased smoking cessation (The National Center on Addiction and Substance Abuse at Columbia University, 2001), but little is known about how spiritual practice or

religiosity could be incorporated into smoking cessation interventions. This is an important question for study.

## Significance of the Study

The study of how spirituality contributes to smoking cessation is important for several reasons: (1) to increase the reduction of tobacco use and its resulting disease and other costs to society; (2) to examine theoretical linkages between addiction and unmet human needs; (3) to explore spirituality's relationship to health and healing; (4) to develop strategies that are effective in substantially increasing smoking cessation; and (5) to develop nursing interventions based on evidence so nurses might support people who want to quit smoking by recognizing their spiritual resources. As more is learned about the process of smoking cessation, the percentage of those successful in stopping smoking can increase. Therefore, the hope is that problems related to smoking may be exponentially decreased. These points are elaborated in the following sections.

### *Costs to Society*

Smoking is a worldwide problem with major economic impact that has been given high priority by many governments and the World Health Organization (World Health Organization, 1999). This conundrum includes costs to the public's health, social costs, and monetary costs to individuals (both smokers and non-smokers), business, and government (Collins & Lapsley, 1997). These costs can only increase in the future without carefully planned strategies.

The social costs of smoking are manifold and varied. Among smokers the medical treatments, medications and hospital services are more complex and expensive than among non-smokers. Those who smoke increase industry production costs related to

absenteeism, unemployment, and reduced on-the-job productivity. Sickness and unemployment among smokers results in increased welfare costs. The costs of home and workplace fires, along with brush and forest fires from carelessly discarded cigarette butts, account for significant losses to society. Smoking also creates increased litter and pollution (Collins & Lapsley, 1997).

The highest costs of smoking are the loss of life, pain and suffering. Peto, Lopez, Boreham, Thun and Heath (1994) reported "about half of all regular smokers in developed countries are eventually killed by the habit... (and) lose about 8 years of non-smoker life expectancy" (Peto et al., 1994, p. A.5). The proportion of female deaths attributed to smoking is increasing in countries where women have been smoking for a longer period of time, compared to countries where smoking is less socially acceptable for women.

Eighty percent of smokers begin smoking during the teenage years (Balch, 1998). The earlier they start smoking, the less likely they are to quit smoking (Breslau & Peterson, 1996; Taioli & Wynder, 1991). Most teenagers believe that they can quit at any time. When they attempt to stop smoking they realize that the battle is much tougher than they imagined (Oezcan & Oezcan, 2002). Teenagers who attend church more frequently, in various religions, are more likely to not smoke, and to have successful smoking cessation (Atkins, Oman, Vesely, Aspy, & McLeroy, 2002; Juon, Ensminger, & Sydnor, 2002; Sutherland & Shepherd, 2001; Whooley, Boyd, Gardin, & Williams, 2002). It is clear that finding interventions that can effectively support smoking cessation may be one of the most important efforts to reduce health-care costs to society. Much more

knowledge of the unmet needs that smoking fills is needed in order to more effectively help those who are attempting to stop smoking.

Recommendations have been made that churches become involved in tobacco cessation (Schorling, Roach, Siegel, Baturka, Hunt, Guterbock, & Stewart, 1997; Swaddiwudhipong, Chaovakiratipong, Nguntra, Khumklam, & Silarug, 1993; The National Center on Addiction and Substance Abuse at Columbia University, 2001; Vakalahi, 2002; Voorhees, Stillman, Swank, Heagerty, Levine, & Becker, 1996; Winett, Anderson, Whiteley, Wojcik, Rovniak, Graves, Galper, & Winett, 1999). The advantages of this type of intervention, presented by Vakalahi (2002), are: 1) the possibility of reaching more people, especially in the lower socioeconomic status; 2) the opportunity of using churches' space for meetings and scheduled health-promotion activities; 3) the large number of churches, and 4) the potential for greater group support in already developed social units. But the involvement of churches in smoking cessation could be improved with greater understanding of how spirituality enhances smoking cessation.

The World Health Organization (WHO) conducted a meeting May 3, 1999 in Geneva, Switzerland (World Health Organization, 1999) on Tobacco and Religion. The goal of this meeting was to explore partnerships (and strengthen existing ones) to facilitate tobacco control activities with representatives of major religions and members of WHO. The protective beliefs of each religion were reviewed, and recommendations were made for all religions to call for liberation from addiction and respect for the integrity of life, "out of deference to the source of all life which religions call by different names, God or the ultimate reality" (World Health Organization, 1999, p. 19)

### *Theoretical Linkages between Addiction and Unmet Human Needs*

Finding answers to the question of why people begin and sustain a smoking habit when they know it is harmful is a critical theoretical issue in nursing. The Roy Adaptation Model (Roy & Andrews, 1999) submitted substance abuse as an indication of a compromised process of interdependence. This means that substance abuse signifies an unmet interdependence need. Roy and Andrews (1999) claimed that in a person prone to addiction:

> the basic need for relating to others in mutual love, respect, and valuing is intensified. When this need goes unmet through a lack of meaningful significant others and support systems, the person can develop a condition known as insatiable longing. Insatiable longing is a vague yearning or gnawing sensation that keeps a person in a constant state of anticipation, which is never fulfilled and cannot be fulfilled in an ordinary way. The individual with insatiable longing is vulnerable to addiction or being taken over by some substance or activity (p. 498).

This concept of the association of interdependence needs and substance abuse is rich for development. This is an exciting theoretical proposition that could be explored in studying how spirituality was helpful with smoking cessation. The spiritual development that could give strength to overcome addiction needs more study, but the association of addiction with the need for connection invites additional theoretical development on the subject.

### *Nursing's Relationship to Smoking Addiction*

#### *Nursing Practice*

Since "spirituality is at the heart of caring for the whole person" (Burkhardt & Nagai-Jacobson, 2002, p. 1), there must be continuing research into the concept of spirituality. Nurses recognize that spirituality, as a concept, is vitally important to their

work as holistic nurses, but are often unable to define it and sometimes feel unprepared to participate in spiritual care (McSherry, 1998; Narayanasamy, 1999a).

The experience of smoking addiction is one that nurses often touch when caring for patients, because those who are addicted are often overcome with challenging and even fatal disease conditions as the result of their addiction to harmful substances. Nurses are often the first, and frequently very effective in their efforts, to assist those who are attempting to stop smoking (Lancaster, Stead, Silagy, & Sowden, 2000). The results of this study will potentially provide practicing nurses with a greater knowledge base of how they can increase their effectiveness in understanding and assisting those who are attempting to stop smoking while considering and incorporating the spiritual aspect of care.

*Nursing Education*

Nursing students are taught about smoking addiction, its effects, and the importance of encouraging smokers to quit. What has been learned about smoking cessation is an important part of the curriculum of nursing students. Spirituality has also found its place as an important part of nursing education, but is not taught in connection with overcoming addictions. It is conceivable that as the experience of spirituality that is salutogenic (health producing) to a person caught in an addiction is better understood, nursing educators could consider the inclusion of more specific information about how a person's spirituality could be helpful in overcoming an addiction like smoking.

## Purpose of the Study

The purpose of this study is to describe the aspects of spirituality that are reported to be helpful by those who say that God or their spirituality helped them stop smoking,

and to describe other factors that combine with spirituality to accomplish success in smoking cessation.

## Research Questions

The research questions are derived from the purpose of this study:

1. How does spirituality contribute to efforts in smoking cessation?
    - What aspects or dimensions of spirituality contribute to efforts in smoking cessation?
    - Does spirituality help meet needs for connection that reduce certain motivations for smoking?
    - How was spirituality described by those who successfully stopped smoking?
    - What are the spirituality factors that occurred prior to and following smoking cessation? Are these factors antecedents or precursors?
2. What other factors (in addition to spirituality) contributed to success in smoking cessation?

## Researcher's Perspective

Everyone can relate to the experience of doing something they don't really want to do. This experience can be agonizing to a person caught in an addiction. They may see that their behavior is destructive, but the few minutes of "high" become an incentive to continue the behavior despite its destructive effects. The researcher's experience with addiction has not been dramatic. I have never been addicted to smoking, but have found myself caught in other addictions at various times in my life. Since I have found spiritual

power available to me at times when I needed to make a change that seemed humanly impossible, I believe that there is a spiritual power available to those who want to stop smoking. I want to learn more about this experience from those who are trying to recover from one of the most difficult addictions.

As a student nurse I remember feeling very troubled as I cared for a man dying of lung cancer who could barely breathe, but pleaded for a few puffs from a cigarette. To me it was such a pitiful sight as he choked and coughed on his "one pleasure." As my younger brothers and sister began smoking and then attempted to stop, I learned more about the difficulty of stopping. Through the years I have worked in many stop-smoking programs and have become much more aware of the struggle involved in smoking cessation. I can identify with this struggle, and want to be a resource to those who need help for overcoming addictions.

Because what I believe could affect the way I approach knowledge, my beliefs about spirituality and smoking will be made explicit. I am a Seventh-day Adventist Christian who believes that the struggles humans experience in our world are only a small part of a great cosmic conflict. I believe that the Bible story of Jesus Christ reveals that he spent more time healing than preaching, which places value on the health of the body as well as the spirit. Seventh-day Adventists weekly celebrate the power of God, based on the Bible's promise in Exodus 31:12 (*The Holy Bible*, 1984): "You must observe my Sabbaths. This will be a sign between me and you for the generations to come, so you may know that I am the Lord, who makes you holy." I believe this is a promise that provides humans with power from God. I also believe in the resurrection of Jesus from the dead, which made "resurrection power" available to God's children, making character

changes in their lives possible. I believe that the restoration of humans to God's ideal way of living is God's goal in his interaction and messages to his children.

I believe that spirituality is a loving connection with God and with others, working for the benefit of others, as I receive strength and value and inspiration from God, through frequent prayer, Bible study and fellowship with other Christians. I attempted to consciously set aside my own beliefs in order to learn from the study participants about their experiences.

## Conceptual Foundations

Spirituality (or religiosity), in a nebulous sense, is identified as influencing smoking initiation and cessation, but an understanding of its function is limited. Religion is generally understood as a set of beliefs about God or a higher power that are shared with others in practices, rituals and expressions (The National Center on Addiction and Substance Abuse at Columbia University, 2001). Spirituality in its simplest form, according to the definitions and concept analyses, is connection (Burkhardt, 1989; Loyer, 1995; Narayanasamy, 1999b; O'Brien, 2003). The term spirituality has been used in this study and included religiosity as an aspect of spirituality (Emblen, 1992; Meraviglia, 1999). Spirituality has been defined as:

> A distinctive, potentially creative and universal dimension of human experience arising both within the inner subjective awareness of individuals and within communities, social groups and traditions. It may be experienced as relationship with that which is intimately 'inner,' immanent and personal, within the self and others, and/or as relationship with that which is wholly 'other', transcendent and beyond the self. It is experienced as being of fundamental or ultimate importance and is thus concerned with matters of meaning and purpose in life, truth and values. (Cook, 2004, pp. 548-549).

Roy and Andrews (1999) and Swora (2001) discussed inadequate relationships as a cause of addiction, and Swora (2001) posited healing relationships as a part of recovery. Since spirituality is conceptualized as connection, its development could mean a lessening of the need for addiction. This relationship is in agreement with the conclusions of the large study by The National Center on Addiction and Substance Abuse at Columbia University (2001), which summarized what is known of the relationship between substance abuse, religion and spirituality. More research is needed to examine spirituality in relationship to addiction and addiction recovery. What aspect of spirituality brings strength to overcome these overwhelming, or "insatiable longings?" How are interconnection needs met by spirituality? Is freedom from addiction an outcome of spirituality?

## Overview of the Method

Even though a relationship between religiosity and smoking cessation has been observed, little is known about this relationship. In reviewing the work that has been done in the past on the religion-health connection and making recommendations for future research, Ellison and Levin (1998) recommended the usefulness of qualitative data. Qualitative descriptive methodology was chosen as a way to investigate the process of spirituality in smoking cessation. The focus of the qualitative descriptive method is on the social process involved rather than on the actual participant's experience (Parse, 2001), which was helpful in evaluating the personal experience in association with other relationships that have been helpful during smoking cessation. This study drew on the experience of those successful in smoking cessation to discover the part that spirituality played in their success and the dimensions of spirituality that were involved. The

qualitative descriptive method used in this study is based on the methods suggested by Sandelowski (2000) and Parse (2001).

## Overview of the Structure of the Dissertation

The remainder of this study will begin with a review of the most relevant literature on smoking cessation, spirituality, combinations of addiction and spirituality and smoking cessation and spirituality. This will be followed by a presentation of the methods used in the study of the research question, presentation of the findings, a discussion of the findings, and a summary with implications of the findings for nursing.

## Summary

In this chapter the researcher has presented the need for further study into contributing interventions for smoking cessation. The purpose, the research questions, the perspective and the methods which will guide this investigation of spirituality and smoking cessation have been explicated. The following chapter contains a review of the literature related to addiction, smoking cessation, and how spirituality has been shown to be effective in smoking cessation. Research related to smoking cessation and spirituality will be critically examined to determine what is known about the process of smoking cessation and how spirituality is helpful. What are the current gaps in the knowledge base, and what needs to be learned about the process of spirituality in smoking cessation?

# CHAPTER II

# REVIEW OF THE LITERATURE

## Introduction

Tobacco use is the leading cause of preventable illness; hence there is great research interest in the initiation, experience and cessation of its use. The research interest is shared by physicians, public health workers, psychologists, nurses, educators, neurobiologists, and most recently, geneticists. This chapter will review the literature relevant to smoking cessation and spirituality.

To obtain the most relevant literature, a search was made through CINAHL, Medline, PsycInfo and Web of Science using the subject headings smoking cessation, tobacco use cessation, and smoking combined with religion and religions, religion and psychology, religion and medicine, religion and science, and spirituality. These word searches were limited to the English language from 1993 to 2004 and then updated in January 2006. The majority of literature including the concept of spirituality in studies on addiction has been published since 1999 (Cook, 2004). Review was made of 28 abstracts from CINAHL, 82 abstracts from Medline, 35 abstracts from PsycInfo, and 218 abstracts from Web of the science. The references were entered into EndNote 7, duplications and irrelevant articles were eliminated, and pertinent articles were copied or ordered and reviewed.

The theoretical work that has developed in connection with smoking cessation was first reviewed, followed by a review of the neurobiology of smoking addiction, addiction models, research on addiction, smoking cessation, and spirituality, and a critical review and table of studies that included religion or spirituality in studies of smoking

cessation, concluding with the knowledge gaps in the available literature of research on smoking cessation and spirituality. Chapter III will describe the research methods used in this study. Chapter IV will present the findings of this study and Chapter V will discuss the findings. Chapter VI will explore the implications of the findings.

## Theoretical

Several theories guiding smoking cessation research have been reviewed in this section: the Transtheoretical Model, the Revelation Readiness Model, and Reversal Theory. The observed components of motivation will be delineated. Other theories have been used in connection with smoking cessation research, such as Self-Efficacy, or Social Cognitive Theory (Bandura, 1977; Bandura, 1982) and Flay's (Flay, Phil, Hu, & Richardson, 1998) stages of smoking initiation.

### *Transtheoretical Model*

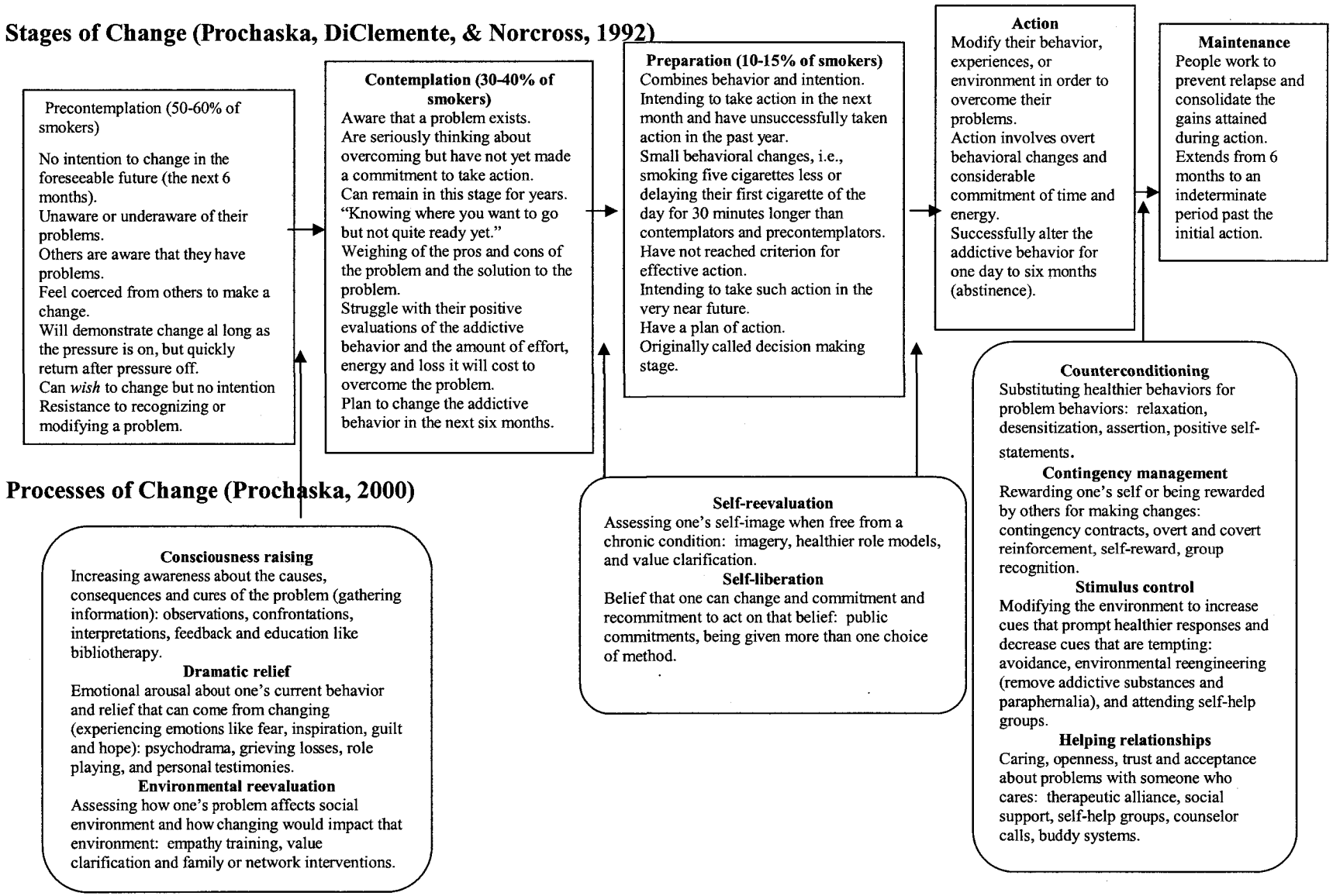
One of the theories that has emerged out of the history of social change theories is the Transtheoretical Model (TTM) which was authored by Prochaska and others (Prochaska, Velicer, DiClemente, & Fava, 1988), who are psychologists and continue to study the process of change in relationship to smoking cessation. This model was developed inductively and deductively from psychotherapy literature, including "the self-efficacy construct from Bandura's social-cognitive theory (Bandura, 1977) and the decisional balance concept from Janis and Mann's theory of decision making, conflict and commitment" (Prochaska, 2000, p. 110), from data on self-changers (Prochaska & DiClemente, 1983) and other work in theory development by Prochaska, et al. (Herzog, Abrams, Emmons, Linnan, & Shadel, 1999). The authors "sought a model that could account for how people change without therapy as well as within therapy, since the

majority of people with clinical disorders do not seek professional assistance" (Prochaska & Norcross, 1994, p. 457). It was developed to understand and examine the process of change for smoking cessation and other behaviors. Many researchers have used this model in the study of smoking cessation and related interventions (Andersen & Keller, 2002; Andersen, Keller, & McGowan, 1999; DiClemente & Prochaska, 1982; DiClemente, Prochaska, Fairhurst, Velicer, Velasquez, & Rossi, 1991; Dijkstra, Tromp, & Conijn, 2003; Herzog et al., 1999; Leech, 1994; Leech, 1996; McIver, O'Halloran, & McGartland, 2004; Pallonen, 1998; Prochaska & DiClemente, 1983; Prochaska et al., 1988; Prochaska, Velicer, Fava, Ruggiero, Laforge, Rossi, Johnson, & Lee, 2001; Velicer, Prochaska, Rossi, & Snow, 1992). Nurses who have used this model have found it useful in planning counseling strategies for patients who need to stop smoking (Cote, 2000).

The TTM proposes that there are two interrelated dimensions that intersect to adequately assess this behavior modification. One is called the "stages of change" and the other is called the "processes of change" (See Table 1) (DiClemente et al., 1991). Research strongly supported the TTM for smoking cessation (DiClemente et al., 1991; Velicer et al., 1992).

The TTM concepts are concrete, and tools have been developed to measure both the stages of change and the processes of change. The theory clearly, operationally defines the five stages of change, which represent the dynamic nature of change and conditions that do not change as easily without "special efforts or interventions" (Prochaska, 2000, p. 110).

*Table 1.* **Relationship of the Stages and Processes of Change**



Relapse has also been well described as a spiral model, since most people with substance abuse "do not successfully maintain their gains on their first attempt"(Prochaska et al., 1992, p. 1104). A majority of smokers recycleback through precontemplation (15%) or contemplation and preparation (85%) stages, but "most relapsers do not revolve endlessly in circles but "learn from their mistakes and can try something different the next time around" (Prochaska et al., 1992, p. 1105). The time spent in the various stages may vary, but in the model "the tasks to be accomplished are assumed to be invariant" (Prochaska et al., 1992, p. 1105). Smokers who are successful in quitting smoking usually average five or six attempts (Prochaska, 2000).

The TTM model assumes that the treatment cannot be the same in the different stages, and research has shown which interventions are most effective in each stage. Matching the intervention with the appropriate stage has enhanced the success in substance abuse recovery (Prochaska, 2000). Success in progressing through the stages of change predicts the success in a change of behavior. The principles and processes of change are designed to help patients progress from one stage to the next. Since the stages of change call for the application of different interventions at different stages, it will be important to notice the stage of smoking cessation as participants in this study mention things that facilitated their smoking cessation.

A review was made of the utility of the TTM model (Andersen et al., 1999) using a non-statistical meta-analytic approach to examine its use. Sixteen reports fit their criteria of clearly using the framework with a specified intervention and a specified outcome. Conclusions were that more research is needed to determine the usefulness of this model. More knowledge is needed about the mediators of behavior change, and more

research is needed into how the interventions can modify the theoretical variables. The utility of the model for clinical practice was judged as being limited.

*Revelation Readiness Model*

Marsh (1989) developed a similar model (Revelation Readiness Model) of lifestyle change consisting of four stages: 1) Stage 1 – Recoiling, in which there is recycling between problem awareness and relapse with efforts to change a negative habit; 2) Stage 2 – Readiness, in which there is escalation of tension between the person and their environment; Stage 3 – Revelation from without or within, in which new knowledge or a mystical experience gives power to participate in a belief system change; and Stage 4 – Sustained lifestyle change, in which the change is maintained for at least 6 months. This model focuses more on the actual change attempts than on the attitudes toward change that precede attempts to change developed in the TTM. The concepts in this model were illustrated in a qualitative study by Koski-Jannes (1998), even though the Revelation Readiness Model was not mentioned. As participants describe their smoking cessation in this study it will be important to notice whether there was any knowledge or experience that produced a sudden change in behavior.

*Theoretical Constituents of Motivation*

Nezami, Sussman, and Pentz (2003) reviewed four theories of motivation that have been applied to smoking cessation: Classical Direction-Energy Notion; Transtheoretical Model (TTM); Intrinsic/Extrinsic Motivational Framework; and Self-Regulation Models of Motivation. In their analysis they identified seven constituents of motivation which are both unique and overlapping in these four theories:

1. Discrepancies – Motivation exists as a distance between what is and what could be, and one desires to reduce discrepancies.
2. Goals – Motivation exists as goals that are pursued, and surmounting obstacles to achieving those goals.
3. Energy – Motivation exists as energy, a wanting, drive, activity.
4. Stages – Motivation may be viewed as a series of stages that lead ultimately to an end point. Different goals may operate at different stages
5. Ambivalence – Motivation may be conceptualized in terms of ambivalence between two or more goals or behaviors.
6. Sources – Motivation can be examined in reference to its sources, intrapsychic or environmental rewards (intrinsic/extrinsic)
7. Set Point – Motivation may refer to the notion of maintaining an optimal set point within a regulatory system (Nezami et al., 2003, p. 37-38).

These constituents of motivation are also represented in the Revelation Readiness Model (Marsh, 1989). Marsh's model contains overlap with the other theories of motivation analyzed by Nezami et al. (2003) with more focus on the actual change attempts which includes an emphasis on the sources of motivation. This analysis will be helpful in comparing the components of spirituality revealed by the study participants with the components of motivation in smoking cessation.

*Reversal Theory*

Reversal Theory has also been used to predict lapses during smoking cessation (Burris & O'Connell, 2003; O'Connell, Gerkovich, Bott, Cook, & Shiffman, 2000; O'Connell, Gerkovich, & Cook, 1995). This theory assumes that a major portion of

human behavior is irrational and inconsistent – alternating between opposite "metamotivational states" of 1) "telic (serious minded) versus paratelic (playful)"; 2) "negativistic versus conformist"; 3) "mastery versus sympathy"; and 4) "autic (self-centered) versus alloic (other-centered)" (O'Connell et al., 1995, p. 311). The theory attempts to predict "metamotivational states" when, during a particularly tempting situation, a smoker would be more likely to relapse, especially when cigarettes are available. Reversal theory would assume that smoking cessation is not based solely on motivational models, but is complicated by a shifting emotional experience. Since the Reversal Theory assumes the prominence of the emotional experience, it will be useful when considering the emotions involved in smoking cessation, and how these emotions might be met from spiritual sources.

## Neurobiology of Addiction

The experience of smoking addiction, as in many other addictions, is rooted in a neurobiological chemical dependence (Koob, 2000; Koob & Le Moal, 1997; Kreek, 2001; Sachs, 2000). It is a balance between physical and psychological dependence. Addiction has been defined as "a pattern of chronic, compulsive drug use that is continued despite adverse consequences" (Flagler, Hughes, & Kovalesky, 1997). There are five characteristics of an addiction (Tomer, 2001): 1) It is a habit; 2) It is harmful); 3) The user is dependent on the addicting substance or activity; 4) It involves compulsion and craving; and 5) Deprivation of the addictive substance or activity involves withdrawal symptoms. Tobacco addiction clearly fits into this category of addiction.

Nicotine affects the brain at the cellular and genetic levels. Smoking is the fastest drug delivery systems, and the nicotine reaches the brain in seven seconds after inhaling

the first puff. Nicotine receptor sites are increased two to three times with smoking, and this proliferation does not seem to be reversible with cessation (Sachs, 2000). The nicotine increases dopamine release (as well as increases in other neurotransmitters in the brain), which brings a sensation of pleasure and alertness. It is stimulating to the entire brain. When nicotine is withdrawn, most people experience symptoms of anxiety, irritability, depression, difficulty concentrating, etc (Sachs, 2000). Genetic difference in an individual's physiology may make some more prone to smoking than others (Kreek, 2001; Sachs, 2000), as has been noted in several genetic studies (Heath, Madden, Slutske, & Martin, 1995; Maes, Woodard, Murrelle, Meyer, Silberg, Hewitt, Rutter, Simonoff, Pickles, Carbonneau, Neale, & Eaves, 1999; Rietveld, Koopmans, Maes, & Boomsma, 1996). About 90% of cigarette smokers are physiologically dependent on nicotine (Sachs, 2000).

Since withdrawal from nicotine results in low levels of dopamine, norepinephrine and serotonin in the brain and related symptoms such as craving, anxiety, depression and hunger (Ferry, 1999), many medications have been tested to minimize the affective withdrawal.

1. Nicotine replacement – attempts to alter the "short intense bursts of free-based nicotine" to constant levels of nicotine that are slowly decreased (Ferry, 1999, p. 654; Lancaster et al., 2000). Includes transdermal nicotine, nicotine gum, nicotine inhaler, and nicotine nasal spray. The nasal spray is the fastest delivery system, but is much slower than the delivery of a cigarette (Sachs, 2000).

2. Bupropion (Zyban) – modifies the reuptake of dopamine and norepinephrine resulting in the more positive, rewarding pleasure pathways (Ferry, 1999; Lancaster et al., 2000). It also reduces weight gain after smoking cessation, which continues for at least a year after smoking cessation (Sachs, 2000).
3. Clonidine – decreases craving and other withdrawal symptoms, but has many side effects (Ferry, 1999; Lancaster et al., 2000).
4. Nortriptyline – relieves depression, which improves abstinence rates (Ferry, 1999; Lancaster et al., 2000).

The chemical components of the brain neurophysiology are very important in the process of smoking cessation.

**Addiction Models**

The addictive process involves more than a biological component. The behavioral causes and responsibility also affect the course of addiction. Flagler (1997) reviewed the major perspectives of addiction that had been grouped by Brickman, Rabinowitz, Karuza, Coates, Cohn and Kidder (1982) into four models according to attribution of responsibility for the problem and attribution of responsibility for the solution: 1) The Moral Model, where the person addicted is responsible for the problem and the solution; 2) The Enlightenment Model, where the addicted person is responsible for the problem but not the solution; 3) The Compensatory Model, where the addicted person is not responsible for the problem, but is responsible for the solution; and 4) The Medical Model or disease perspective, where the addicted person is neither responsible for the problem nor the solution). The Moral Model stigmatizes the addicted person, and implies

minimal involvement of health professionals. The Medical model combines the gene-linked predispositions and the body chemistry changes in addiction and seeks to solve this with pharmacological measures, sometimes viewing those addicted as victims. The Enlightenment Model is consistent with the perspective of the 12-step programs, since those in the 12-step program submit themselves to a higher power for change. The Compensatory Model views the addiction from the perspective of cognitive, environmental and biophysiologic variables with recovery as a process rather than a goal, since behavior can be learned. In this model, the addict is not responsible for the problem, but is responsible for the solution. The Compensatory model is proposed as most consistent with nursing's holistic view because people are not blamed for their problems, but skill training and reconditioning can be taught to them for improved coping responses. But no one approach to smoking cessation can successfully prevent or solve all of the issues involved.

According to Gorsuch (1995, p. 77), "religions may offer alternative mechanisms to deal with suffering" and "meet the same need for a focus and purpose in life" as substance abuse. Other aspects of religion may be to exert social control, especially if the parents are religious, and provide opportunity for socialization without drugs. In his review of substance abuse and religiosity, Gorsuch (1995) summarized that programs that educate about substance abuse may be counterproductive, but value clarification, social skill training and peer resistance training programs may be effective. Gorsuch (1995) proffered that we don't really know what it is about spirituality or religiosity that is helpful in overcoming addiction. To better understand the spirituality that gives power in overcoming addiction, more research is needed.

Chatters (2000) reviewed five basic models of the relationship of health to religion that have developed from a more analytic approach: 1) The suppressor model (or stressor response) – as a result of stress an individual increases religious activities and stress is reduced; 2) The health effects model (or stressor effect) – stressors reduce religious activity and social support; 3) The distress-deterrent model (or counterbalancing model) – religion has an independent positive effect on health which can partially compensate for the independent negative effect of stress on health; 4) The moderator model – religion decreases the effects of stress on health so it is especially useful for those with high stress; 5) The prevention model – religious involvement influences positive lifestyle changes, provides stress-reducing activities, and decreased exposure to stressful circumstances.

## Empirical

### *Smoking Cessation*

A major contribution of nursing research may be the development of a holistic understanding of smoking addiction from different perspectives. The research in nursing about smoking is as varied as the many fields of nursing. Nurses have studied smoking cessation in relationship to various medical conditions, i.e. heart disease, pulmonary diseases, complications of pregnancy, etc. They have written about the nurse's role in smoking cessation (Cote, 2000; Lenaghan, 2000), and have learned that counseling by nurses is effective (Lancaster et al., 2000). They have also studied the incidence and experience of smoking among nurses (Adams, Bell, & Pelletier, 1994; McKenna, Slater, McCance, Bunting, Spiers, & McElwee, 2001). McCarty, Hennrikus, Lando, and Vassey (2001) studied the attitudes of nurses in assisting hospitalized smokers with cessation.

The importance placed on the study of smoking cessation is demonstrated by the fact that the NIH has funded seven nursing studies on smoking cessation in recent years. New programs are being developed that enhance the team approach in improving the health of society and promote patient self management, such as the Chronic Care Model spearheaded by Dr. E. H. Wagner (ICIC, 2003).

The exploration of this phenomenon within the discipline of nursing is very diverse and broad including over 2000 references on "smoking cessation" when searching CINAHL. Since eighty percent of smokers began to smoke before the age of 18 (Balch, 1998), much of the study of smoking initiation, smoking experience, and smoking cessation has been conducted on adolescents. Studies have examined the reasons and predictors of smoking initiation, and have compared these in a few contrasting ethnic groups. Some of the predictors of smoking initiation are peer influence, tobacco availability, use of illicit drugs and alcohol, psychiatric illnesses, adverse social conditions, and parental use of tobacco. Parental smoking during pregnancy and childhood, has been compared in a longitudinal study with smoking initiation and progression in children (Kandel, Wu, & Davies, 1994). Almost an equal number of studies have examined the experience and predictors of smoking cessation. Some of the predictors of successful smoking cessation even after the use of medication for smoking cessation are a lower number of cigarettes smoked per day, lower scores on the Fagerstrom tolerance questionnaire (Prokhorov, Pallonen, Fava, Ding, & Niaura, 1996), the longest time previously abstinent, absence of other smokers in the household, and a greater number of previous cessation attempts (Dale, Glover, Sachs, Schroeder, Offord, Croghan, & Hurt, 2001).

Although there are many descriptive studies, there is only one concept analysis of the addiction experience (Chalker, 1997), and this concept analysis is not specific to smoking addiction. A study on psychiatric patients (Lawn, Pols, & Barber, 2002) exemplified smoking as self-medication. In some studies the cigarette was personified and seen as a friend (Bott, Cobb, Scheibmeier, & O'Connell, 1997; Lawn et al., 2002). Pletsch et al. (1996; 2003) studied smoking during pregnancy in both Latinas and African-Americans. Smoking was seen as a personal resource during times of stress in both studies. The participants in both studies discussed health problems with smoking and felt personal responsibility to quit. Significant relationships were a more salient theme among the Latinas.

Pullen, Modrcin-Talbott, West, Fenske and Muenchen (1999) used Roy's Adaptation model to study the relationship between religiosity and tobacco use among adolescents both in clinical and nonclinical psychiatric settings. They found this theory a useful guide for their exploratory study because of the complex interplay of the various adaptive modes in the model and the holistic approach to interpreting behavior. The self-concept mode includes the concepts of beliefs and feelings, which were important in the study. This study will be reviewed with the literature on smoking cessation and spirituality.

Many literature reviews in different fields of research have investigated various aspects of smoking cessation, i.e., the cost-effectiveness of various pharmacological interventions (Song, Raftery, Aveyard, Hyde, Barton, & Woolacott, 2002), relapse and abstinence in untreated smokers (Hughes, Keely, & Naud, 2004), effectiveness of practice nurses in smoking cessation (McDonnell, Crookes, Davies, & Shewan, 1997),

the impact of incentives in smoking cessation (Bains, Pickett, & Hoey, 1998), treatment, lipid profiles, fracture risk, workplace interventions, telephone counseling, antidepressants, self-help interventions, mental disorders, acupuncture, nursing interventions, opioid antagonists, nicotine replacement therapies, aversive therapies, etc.

Kim, Shin, and Shin (1998) used Parse's Theory of Human Becoming to investigate the experience of smoking cessation among Korean adolescents. They found Parse's human becoming theory helpful in considering the creation of meaning in stopping smoking as a part of its multidimensional relationship with others and clarifying their own beliefs. They saw evidence of three of Parse's principles at work in this experience. From this theoretical perspective they viewed smoking cessation as a 'phenomenon of struggling to change or considering making a change" (Kim et al., 1998, p. 108).

The participants in one study (Bott et al., 1997) described the experience of quitting as overwhelming and overpowering, requiring planning and practicing in quitting. In their most recent experience with quitting they felt more commitment, determination and hope. In this study the cigarette was personified and seen as a friend. The learning process in smoking cessation has been promoted in California's cessation motto of "Learning to Quit." This process of relapse and "re-cessation" has been described by Prochaska as a spiral pattern for progressing through the stages of change (Prochaska, 2000).

A large clinical trial by nurses using nicotine replacement therapy, provider advice, self-help materials and follow-up phone calls to test the efficacy of nurse-managed smoking cessation and relapse prevention on 277 women with cardiovascular

disease (Froelicher & Christopherson, 2000; Froelicher, Christopherson, Miller, & Martin, 2002; Froelicher & Kozuki, 2002; Froelicher, Li, Mahrer-Imhof, Christopherson, & Stewart, 2004; Mahrer-Imhof, Froelicher, Li, Parker, & Benowitz, 2002; Martin, Froelicher, & Miller, 2000) described the problem of women in attaining smoking cessation. The women in the study were highly addicted. Little use was made by women of nicotine replacement therapy (9-22%) (Mahrer-Imhof et al., 2002). High depression, high stress, low sense of mastery and low self-efficacy were all related to low success in smoking cessation (Froelicher et al., 2004).

Quantitative tools are available to measure the difficult, complex process of smoking cessation, such as the Fagerstrom Tolerance Questionnaire (Prokhorov et al., 1996) and self-efficacy tools (Adelman, Duggan, Hauptman, & Joffe, 2001). A large percentage of smokers reported three of the following 20 withdrawal symptoms (most frequent to least frequent) with attempts to stop smoking (Siqueira, Rolnitzky, & Rickert, 2001): Frustration, weight gain, cravings, increased appetite, anxiety, irritability, restlessness, difficulty with stress, drowsiness, nervousness, no energy, depression, anger, trouble sleeping, trouble concentrating, crying easily, sweating, sadness, constipation, and muscle cramps.

The research on smoking cessation has been conducted by scientists from many fields. We know that smoking cessation is a difficult experience, and all the interventions that have been developed are only partially helpful in the process. Many need more help than what is available from health professionals. Medications have been developed that are helpful in smoking cessation, it is helpful for health professionals to talk to smokers about smoking cessation, Spirituality has been included in many studies on smoking

cessation and shown to be associated with greater success in smoking cessation, but more study is needed into how it might be helpful in smoking cessation.

*Spirituality*

Spirituality is a complex, multidimensional concept – an aspect of being human (Taylor, 2002) that is irreducible. It has been described as a human need that comes into focus or intensifies at times of emotional stress, physical stress or being faced with death (Baldacchino & Draper, 2001; Burkhardt, 1989; Coyle, 2002; Labun, 1988; Loyer, 1995; Marrone, 1999; Narayanasamy, 1999b; O'Brien, 2003; Reed, 1992; Tanyi, 2002). This would make it an important concept for the time of smoking cessation, as stress accompanies smoking cessation. Unique life experiences make personal spirituality unique (Baumann, 2003; McSherry & Draper, 1998; Meraviglia, 1999; Narayanasamy, 1999b; Newlin, Knafl, & Melkus, 2002). Culture is also an influential part of personal history and spirituality (Narayanasamy, 1999b; Newlin et al., 2002; Ross, 1995).

Spirituality was once studied as a coping strategy (Reed, 1992), but several concept analyses have attempted to clarify the meaning of spirituality (Burkhardt, 1989; Cook, 2004; Coyle, 2002; Emblen, 1992; Meraviglia, 1999; Morris, 1996; Tanyi, 2002). The results show many areas of agreement, but still no universal conceptualization. Burkhardt (1989) posited that there are no antecedents to spirituality. She described spirituality as something that could not be explained by something unspiritual, but others have attempted to not only list antecedents, but attributes and outcomes (Meraviglia, 1999; Morris, 1996).

Spirituality has frequently been referred to as "connection." The sociocultural aspect of personhood most consistently included in spirituality literature was a

transpersonal relationship with God or a higher power (vertical connection) and an interpersonal relationship with others, nature or the universe (horizontal connection) (Meraviglia, 1999). This was often described as harmonious interconnectedness (Burkhardt, 1989; Loyer, 1995; Narayanasamy, 1999b; O'Brien, 2003). Roy and Andrews (1999) and Swora (2001) discussed inadequate relationships as a cause of addiction, and Swora (2001) discussed healing relationships as part of recovery. Baumann (2003) compared theological, psychological and nursing perspectives of spirituality. The healing power in relationships with other persons was emphasized more in the psychological and nursing perspectives, and the relationship with God was emphasized more in the theological perspective.

Spirituality has been defined in many ways, but the definition used by the recent review of spirituality and addiction was "individual belief in and connection to a power greater than oneself that is not necessarily limited to a particular religion" (The National Center on Addiction and Substance Abuse at Columbia University, 2001, p. 27). This definition would emphasize the vertical connection but limit the horizontal connection.

Spirituality has been consistently differentiated from religiosity in concept analyses – not as completely distinct and separate, but with spirituality described as a broader, more personal concept than religiosity (Emblen, 1992; Meraviglia, 1999). Religiosity has been described as both an initiator of spirituality and also as an avenue of expression of spirituality. Levin (1996) felt that at the present time it is more appropriate to use the term religiosity for what has been studied in connection with health, even though spirituality is an apparently more acceptable term, because no one has developed an operational definition of spirituality that can be tested.

Because of the importance of religiosity in smoking cessation, researchers have been testing a new instrument formed by the National Institute on Aging and the Fetzer Institute that will include many dimensions of religious involvement. The short form is included in the 1998 National Opinion Research Center's General Social Survey (Ellison & Levin, 1998).

The term spirituality will be used in this study and will include attendance and belief in religion as an aspect of spirituality, according to the description of the spiritual experience of the participants. Spirituality was defined in this study as a human experience within the awareness of an individual, based on past experiences and culture, that connects them with "God" or a transcendent power, others and themselves in a way that gives meaning and purpose in life, truth and values. This definition is developed from on the definition used by Cook (2004, p. 548) that follows.

### *Addiction and Spirituality*

Recovering addicts argue that addiction may be a "misguided quest for the love, comfort, security, or ecstasy that mystics associate with a connection to the divine" (Preuschat, 2002). The unmitigated connection between religion and health has been well-established (Chatters, 2000; Ellison & Levin, 1998; Levin, 1996). But much more work is needed in understanding how religion is influential in overcoming addiction.

Cook (2004) carefully researched the history of the concept of spirituality in connection with the literature on addiction. He found that the inclusion of the concept of spirituality in studies on addiction has increased from less than five per year between 1981 and 1984 to more than 15 to 35 per year since 1999. He identified 13 conceptual components of spirituality (relatedness, transcendence, humanity, core/force/soul,

meaning/purpose, authenticity/truth, values, non-materiality, religiousness, wholeness, self-knowledge, creativity, and consciousness) and listed the terms used in studies that are related to these components. He felt that the instruments used to test for spirituality are not in agreement with the concept of spirituality. His proposed definition of spirituality was:

> Spirituality is a distinctive, potentially creative and universal dimension of human experience arising both within the inner subjective awareness of individuals and within communities, social groups and traditions. It may be experienced as relationship with that which is intimately 'inner,' immanent and personal, within the self and others, and/or as relationship with that which is wholly 'other', transcendent and beyond the self. It is experienced as being of fundamental or ultimate importance and is thus concerned with matters of meaning and purpose in life, truth and values (Cook, 2004, pp. 548-549).

Koenig (1999) studied the relationship of religious practices to health for many years and tells stories of "the healing power of faith" including power to overcome powerful addictions. A review of 1200 studies on spirituality (Koenig, McCullough, & Larson, 2001) confirmed a positive relationship between religious practice and health.

Alexander, Robinson, and Rainforth's (1994) meta-analysis of the use of Transcendental Meditation for the treatment of alcohol, nicotine and drug abuse reported a significant effect of Transcendental Meditation in reducing the use of alcohol, cigarettes and illicit drugs in both the general population and heavy users. This effect was greater than the effect of other forms of relaxation therapy, and increased with prolonged treatment. Regular practice of Transcendental Meditation is said to have a very high rate of smoking cessation, but the process is gradual, and little is known about how this change is made. It could be that churches and other religious fellowship also produce this gradual change in overcoming addiction. This gradual change is also suggested by a

recent phenomenological study for a doctoral dissertation in psychology (Moten-Solomon, 2002). From interviews with three women and three men, he suggested that spiritual development in addiction recovery is a gradual process and that repeated spiritual experiences enhance recovery.

*Spirituality and Smoking Cessation*

The experience of spirituality has not been carefully studied in relationship to smoking cessation. Studies have shown a connection between religion and overcoming addictions. The National Center on Addiction and Substance Abuse at Columbia University (2001) conducted an extensive review of more than 300 publications, three national data sets and programs that incorporated spiritual or religious components and summarized what is known of the relationship between substance abuse, religion and spirituality. Although it is not called spirituality, one qualitative study (Kim et al., 1998) discovered that when each adolescent in the study spoke about a decision to stop smoking, it was in relation to other people who were important to them. O'Connell et al. (1998) included prayer in a very interesting study of the coping strategies used during smoking cessation, but it was used so rarely as a coping strategy that it was eventually combined with other cognitive strategies (K. O'Connell, personal communication, July 20, 2004).

In a qualitative study using the Developmental Research Model, Stewart (1999) investigated 40 smokers (21 females and 19 males) who quit smoking without any treatment. In his third round of questions to his informants he asked, "Did you use any form of inspiration or spirituality?" (Stewart, 2001, p. 171) According to Stewart, only "a few informants were quite religious and used their spirituality/religion as part of the

quitting process" (C. Stewart, personal communication, February 23, 2006). He did not pursue this interest and did not report on the findings in his study. The findings of these studies suggest that the use of spirituality in smoking cessation is not widespread.

An approach which is frequently used in smoking cessation research is to include religiosity as one of several independent variables examined in relationship to smoking cessation. The review of the literature on smoking cessation which includes religiosity as a variable is displayed in Tables 2 to 5. A description of each measurement of religiosity used in the study is included in the tables, along with the purposes, the sample, and the findings as reported by the researcher. Each study was rated from one to five on the strength of evidence: 1) evidence from patients, reports or professional opinion; 2) exploratory or qualitative studies; 3) quantitative descriptive studies; 4) quasi-experimental studies; or 5) randomized controlled trials.

Many researchers (Tables 2 to 5) aspired to examine the relationship between smoking and religious involvement. The majority of the studies included religiosity as a variable to determine the strength of its relationship to the abuse of tobacco and other drugs. Religiosity was frequently the most significant inversely related variable with tobacco usage. The measure of religiosity was sometimes only a listed choice of a reason for not smoking, but usually consisted of denomination and frequency of attendance at religious services. Sometimes the belief in God and personal meditation or prayer were included in the study to measure spirituality.

The studies on smoking cessation and smoking incidence in Tables 2 to 5 are primarily based on very large samples. In the studies of smoking cessation and religiosity, some revealed statistically insignificant trends of positive effects of religious

*Table 2.* **Studies that Depict a Significant Relationship between Religiosity and Smoking Cessation**

| Author/Date Religiosity/Smoking Cessation Significant | Purpose | Sample | Spirituality Measure | Strength of Evidence | Findings |
|---|---|---|---|---|---|
| (Bener & Al-Ketbi, 1999) | Determine the habits, practices, attitudes and knowledge about cigarette smoking among boys in United Arab Emirates as basis for comparisons with international data | 1486 boys aged 15-19 in United Arab Emirates | WHO questionnaire - Reason for stopping smoking | 3 Cross-sectional survey | Religion was given as the most important reason for stopping smoking by ex-smokers (40%) health was second; among smokers, the effect on health was the first reason for stopping and religion second (29%) |
| (McIver et al., 2004) | Examine the impact of hatha yoga stretching and breath awareness practices on a desire to stop smoking | 20 | YOGA yoga stretches and breath awareness 60 min weekly for 5 weeks | 4 one group pre and post test | Statistically significant positive shift towards intention to stop smoking |
| (Royer, 1994) | Evaluate whether TM technique promotes smoking cessation and whether regular participation in a TM program is predictive of smoking cessation.\ | 110 smoker in TM; 214 smokers in control group | Transcendental Meditation - 4-day period with 7 (1 1/2 hour) training sessions. Encouraged practice for twenty minutes twice daily | 4 longitudinal quasi-experimental | The TM group showed a significantly higher smoking cessation rate at the 2-year posttest than the control (31% quit for TM group and 21% quit for control group. Fully adherent TM practice had 51% quit and partially adherent 21% quit). 81% of fully adherent TM had quit or decreased smoking after average of 22 months; partially adherent had quit/decrease rate of 55% and controls had 33% quit/decrease rate (statistically significant). |
| (Saeed, Khoja, & Khan, 1997) | Study the factors associated with quitting attempts and their outcome in Saudi Arabia as a preparation for designing and implementing anti-smoking activities | 1534 adults aged 15 yo and older. 105 randomly chosen for interviews. | Reason for stopping smoking (choice in multiple choice) | 3 systematic random sampling for interviews | Health, religious and social considerations were the most important reasons for attempting to quit - illiterate were more successful than literate in quitting. Almost half of smokers who contacted smoking cessation clinics were not satisfied. |
| (Swaddiwudhipong et al., 1993) | Determine the effect of religious leaders' efforts on smoking behavior in the community | 372 intervention, 664 control | BUDDHIST monk advice - intervention | 4 comparison of two villages (control and intervention) | Higher proportions of smokers who had tried to quit and succeeded in quitting with intervention (monk's intervention) |

*Table 2 (continued).* **Studies that Depict a Significant Relationship between Religiosity and Smoking Cessation**

| Author/Date Religiosity/Smoking Cessation Significant | Purpose | Sample | Spirituality Measure | Strength of Evidence | Findings |
|---|---|---|---|---|---|
| (Whooley et al., 2002) | Determine whether frequent attendance at religious services is associated with less smoking among young adults | 4569 20-32yo who attended Coronary Artery Risk Development in Young Adults screening in 4 diverse cities | CHRISTIAN – church attendance (7 pt) ≤ 1/wk; 1/wk; 2-3/mo, 1/mo, <1/mo, never); denomination (25 categories grouped - Baptist, Catholic, Methodist, Lutheran, Pentecostal, Presbyterian, Jewish, Episcopal, Church of Christ, Other | 3 Prospective longitudinal | Greater frequency of attendance at religious services was associated with less current smoking; less frequent attendees reported smoking greater number of cigarettes; participants attending religious services less frequently had a 90% increased risk of starting to smoke in 3 year follow-up; Smoking cessation increased with increased attendance. |
| (Williams, Lewis-Jack, Johnson, & Adams-Campbell, 2001) | Assess the smoking histories, addictive patterns and quitting behaviors of older African-American adults | 102 (29 men 73 women) elderly | participation in religious activities | 3 small convenience sample | People who reported weekly participation in religious activities were less likely to be current smokers than those reporting less frequent religious activity (34.6% vs 64.5%, p<.01) except for black men. Former smokers identified will power, health professional advice and spirituality as top three factors in cessation. (Current smokers rated NRTs as third factor) |

*Table 3.* **Studies that Depict a Non-Significant Relationship between Religiosity and Smoking Cessation**

| Author/Date Religiosity/Smoking Cessation Not Significant | Purpose | Sample | Spirituality Measure | Strength of Evidence | Findings |
|---|---|---|---|---|---|
| (Ahmed, Brown, Gary, & Saadatmand, 1994) | Examine the relationship between smoking and religious involvement in African American women of childbearing age | 266 African-American women ages 10-44 (mainly Baptist and Pentecostal) | CHRISTIAN – Denomination (Baptist, Pentecostal, other, none); 10 item (5pt) religious values and attitudes, religious involvement (media) and church attendance (alphas reported .89 and .87) | 3 multistage cluster sampling | No statistically significant association of religiosity with either current smoking or quitting; but Pentecostal women were nearly 10 times more likely than non-Pentecostal women to give up smoking; education was a significant predictor of current smoking, but not quitting |
| (Albrecht, Higgins, & Stone, 1999) | Examine differences between pregnant adolescents who decided to complete a smoking cessation intervention and those who decided not to complete the program | 41 pregnant adolescents | Health Behavior Questionnaire with reported alpha of .83 for religious attitudes | 5 three-group randomized intervention | Religiosity showed trend but not statistically significant - those who completed the intervention had more positive religious attitudes |
| (Francis & Mullen, 1993) | Concentrate on attitude rather than behavior in the study of religiosity and substance use and compare 6 drugs (including tobacco) with a multi-level classification of religious differences | 4753 13-15yo in different parts of England (29 schools) | CHRISTIAN – Church attendance nearly every week, at least once a month, sometimes, 1-2X/yr, never; I believe in God; Denomination | 3 convenience sample | Religiosity is a highly significant predictor of adolescent attitudes towards each of the 6 substances (glue, heroin, gas, marijuana, tobacco, alcohol). Had any of three measures been omitted from the design, analysis would have attributed less significance to religiosity) |
| (Neumann & Peeples, 2001) | Examine to what extent specific theological beliefs might relate to nicotine treatment program success rates or compliance | 150 veteran patients | Affiliation (16) with religious value descriptions | 3 small convenience survey | Religious value labels did not significantly differentiate self-reported quitters and non-quitters. General descriptive and religious factors also did not relate to six-month quit rates. |
| (Schorling et al., 1997) | Smoking cessation project (one-on –one counseling, self help, and community activities) for rural African Americans – experimental results after 18 months | 896 (mostly Baptist) African Americans in Virginia | Church attendance ≥1/mo | 4 Quasi-experimental | Those who attended church were more likely to quit (not statistically significant) |

*Table 4.* **Studies that Depict a Significant Relationship between Religiosity and Rates and Attitudes of Smoking**

| Author/Date Religiosity/Rates of Smoking Significant | Purpose | Sample | Spirituality Measure | Strength of Evidence | Findings |
|---|---|---|---|---|---|
| (Al-Faris, 1995) | Estimate the prevalence of smoking among Saudi rural students and explore attitudes towards smoking | 358 students - 9 male secondary schools (6 random) | ISLAM - WHO questionnaire translated into Arabic (no alphas reported) | 3 Half of classes selected randomly | Religion was top reason given (health second) by non-smokers for not smoking (69%) (more frequent than financial cost) 87% had tried to quit smoking, but only 30% succeeded for more than a year |
| (An, O'Malley, Schulenberg, Bachman, & Johnston, 1999) | Identify high school seniors at low, moderate, and high risk for cigarette use to examine changes in the prevalence of daily smoking within risk groups from 1976 to 1995 | 244,221 White, 41,005 African-American, 18,457 Hispanic | (2 questions) attendance at religious services and importance of religion in one's life (.71 C statistic of religious commitment with grade point average, truancy and nights out/wk) | 3 3-stage sample - national survey | Risk factors for daily cigarette use were grades, skipping school, going out 3+ nights/wk and less committed to religion. High risk White females have highest rates of smoking of any group; sociodemographic and lifestyle variables do not account for differences between ethnic groups. |
| (Atkins et al., 2002) | Examine The effects of 10 youth developmental assets (role modes peer and adult, time use, cultural respect, health practices, community involvement, etc on adolescent tobacco use | 1350 teen-parent teams | CHRISTIAN - Church attendance during past 12 months? How often do you participate in church/religious groups? | 3 Randomly selected households of two cities | Religion and positive peer role models had the greatest protective effects (with either asset 2.5 times less likely to report tobacco use; all assets except cultural respect predicted tobacco nonuse. (remain stable when controlling for age, race, economic factors, education, income, etc.) |
| (Ausems, Mesters, Van Breukelen, & De Vries, 2003) | Describe the differences in smoking perceptions and demographic variables between never smokers and experimental smokers, and between experimental smokers and regular smokers to identify variables that are modifiable | 3700 students; 143 Dutch schools | Religion, religious/nonreligious | 3 | Never smokers were younger, female, religious, two-parent families, convinced of ability to resist cigarettes |

*Table 4 (continued).* **Studies that Depict a Significant Relationship between Religiosity and Rates and Attitudes of Smoking**

| Author/Date Religiosity/Rates of Smoking Significant | Purpose | Sample | Spirituality Measure | Strength of Evidence | Findings |
|---|---|---|---|---|---|
| (Brown & Gary, 1994) | Examine the extent to which religious involvement is associated with health status among African-American males. | 537 African-American males | Church attendance (5pt) never to once a week, denomination (affiliated/not affiliated), religiosity (10 item) traditional forms of formal group participation, individual religious beliefs, media modes (5 pt) | 3 1 city stratified, multistage cluster sampling | All three religious indicators had significant inverse associations with smoking status (attending church 1/wk – only 27.2% smokers compared to 64.3% smokers who never attended church (none of religious indicators related to health status; frequency of church attendance best indicator of current smoking and drinking) |
| (Defronzo & Pawlak, 1993) | Analysis of the potential effects of social bonds and childhood factors on the use of nicotine and alcohol | 595 adult general survey | Questions about importance of abiding by personal moral views, religious teachings and attending services; belief in God; clear right and wrong belief | 3 Used data from national survey | Only religious belief, need for moral conformity, and commitment had statistically significant negative effects on smoking; both having been beaten as a child and incomplete family had a significant positive relationship on smoking |
| (Denscombe & Drucquer, 2000) | Focus on ethnicity as a factor that needs to be taken into consideration when addressing the use of alcohol and tobacco by young people. Compare trends. | 1009 (1990) & 1648 (1997) 11th grade students in England (12 schools) | Hindu, Muslim, Sikh | 3 Longitudinal | Increased level of smoking in all groups, with white girls most likely to be smokers; Small numbers, but highest increase in Muslim boys and Hindu girls; Muslim girls more likely to smoke, but less likely than Hindu and Sikh girls |
| (Dudley, Mutch, & Cruise, 1987) | Control for denominational differences and examine religious variables to find those associated with less frequent usage of drugs | 801 12-24yo (57.6% response with no sig. difference between those who returned to drugs & those who didn't.) | CHRISTIAN – Reason for non-use; Religious practices (Family worship, church attendance, prayer, Bible reading, etc); 18 statements about beliefs; attendance at Seventh-day Adventist church school. Adventist Youth Drug Survey (no alpha reported) | 3 survey | "My commitment to Christ" was most important reason for not using drugs, alcohol or tobacco; Prayer was first choice to explain low tobacco use; heavy metal rock music was associated with tobacco use; Influenced by religious reasons, engage in private devotions & consider religion important, less likely to use drugs; |

*Table 4 (continued).* **Studies that Depict a Significant Relationship between Religiosity and Rates and Attitudes of Smoking**

| Author/Date Religiosity/Rates of Smoking Significant | Purpose | Sample | Spirituality Measure | Strength of Evidence | Findings |
|---|---|---|---|---|---|
| (Felimban, 1993) | Describe the beliefs and practices of female university students in Riyadh towards smoking - reasons for their attitudes and practices | 663 medical/nonmedical females(78% response rate) | ISLAM – WHO questionnaire – Reason for not smoking | 3 convenience | Religion most important reason for not smoking for nonsmokers Prevalence of smoking between 8.6% & 11.6%; 99.7% aware of adverse effects; medical group smoked less than non-medical group; most women smoked at home or in a private place. |
| (Ferraro & Jewell-Patton, 1988) | Consider relationship between religion and smoking: likelihood of smoking by Christians, more bothered by side-stream smoke, consider smoking deviant, favor laws to control smoking | 317 men and women in North Carolina | CHRISTIAN Denomination (Protestant, Catholic, Jewish, None, other) and preference; Would you say that you are a "born-again" Christian? | 3 multistage sampling from typical county | Baptists are *not* less likely than others to smoke; born-again Christians are slightly less likely than others to smoke; Baptists are less likely than others to favor legal control of smoking |
| (Francis, 1997) | Explore interrelations between personality, religiosity and substance use | 11,173 13-15yo (5611 boys & 5562 girls) in different parts of England & Wales (82 schools) | CHRISTIAN - Personal prayer 5 pt/church attendance 5 pt/ belief in God 5 pt/ denomination 5 groups (Anglican, Roman Catholic, Protestant – main line and sects) | 3 convenience sample | Belief in God strongest indicator of religiosity (church attendance weakest) except Protestant added predictive power; all three measures of religiosity predictive of attitude towards substance use. Girls and higher grades more likely to believe in God and attend church. Highest single predictor of attitude towards substance use was psychoticism scale |
| (Graham, Carver, & Brett, 1995) | Examine substance use patterns and predictors of substance use by women aged 65 and over | 1118 females over age 65 | Religiousness (not very, moderately, very) | 3 national survey results | Older women most likely to have not smoked (more likely than men) and least likely to be current smoker; drinking associated with smoking and less religious; smoking related to younger, less religious, poor health, using tranquillizers, sleeping pills, etc |
| (Hestick, Perrino, Rhodes, & Sydnor, 2001) | Examine magnitude of cigarette use, identify risk factors for initiation and continuation, and develop prediction models | 614 university students – mostly African-American | Degree of importance of spirituality to students (3 pt collapsed from 5 pt scale) | 3 convenience sample | Predictors of smoking - friends who smoke, parents who smoke and viewing spirituality as unimportant |

*Table 4 (continued).* **Studies that Depict a Significant Relationship between Religiosity and Rates and Attitudes of Smoking**

| Author/Date Religiosity/Rates of Smoking Significant | Purpose | Sample | Spirituality Measure | Strength of Evidence | Findings |
|---|---|---|---|---|---|
| (Hope & Cook, 2001) | Establish which of four religious factors assessing Christian commitment is most important in predicting non-drug use | 7661 12-30yo at a Christian event in UK | CHRISTIAN - usually go to church, have given my life to Jesus, read the Bible every week, pray most days | 3 cross sectional | Church attendance and given life to Jesus only predictive factors for 12-16 yo, but life to Jesus and reading Bible weekly more important to older participants. Smoking was best predicted (not drug use); drinking alcohol least well-predicted |
| (Islam & Johnson, 2003) | Investigate the association of known social risk factors of smoking (peer and family influences, positive beliefs about smoking and perceived negative consequences), cultural gender norms and religious influence with adolescents' susceptibility to smoking and experimentation with cigarettes among Muslim Arab-American adolescents | 461 Arab-American students grades 7-12 (96% participation) at one English-Arabic private school | How effective do you think religious advice is in preventing youth from smoking? (4 pt) | 3 cross-sectional data | Negative consequences of smoking and religious advice were significantly associated with a decreased risk of ever smoking. Religious influence was a protective factor against susceptibility to smoking for girls, but not for boys. Peers' smoking appeared to exert a stronger influence on susceptibility and experimentation than any other risk factor. |
| (Juon et al., 2002) | Assess the stability and changes in smoking status between adolescence and young adulthood in African Americans | 952 African-Americans – 456 males, 496 females | Church attendance <2/mo or ≥1/week | 3 Prospective longitudinal (one school) | Church attendance was protective for smoking status; mother smoking, aggressive or aggressive and shy, poverty. Suggested strategies needed related to spirituality and religious movement as a mechanism for improving health |
| (Koenig, George, Cohen, Hays, Larson, & Blazer, 1998) | Examine religious behaviors and cigarette smoking in older adults | 3968 older adults in North Carolina | Attendance at religious meetings; frequency of prayer, meditation or Bible study; frequency of watching religious TV or radio | 3 cross-sectional 3 Interviews | Decreased smoking with attendance and private religious but not TV(more likely); decreased number cigarettes with all 3 activities; frequent attenders were more likely to have never smoked, about as likely to have quit and less likely to be smoking; Greater religious activity was primarily related to never having smoked. Can't conclude causality. |

*Table 4 (continued).* **Studies that Depict a Significant Relationship between Religiosity and Rates and Attitudes of Smoking**

| Author/Date Religiosity/Rates of Smoking Significant | Purpose | Sample | Spirituality Measure | Strength of Evidence | Findings |
|---|---|---|---|---|---|
| (Maes et al., 1999) | Determine associations between substance use and other risk factors ie socioeconomic, marital discord, cohesiveness, religious affiliation and attendance | 1412 families of twins, male and female ages 8-16 | Parents' church attendance ≥1/wk (1)-never (6); Prot, Cath, Jew, other, none | 3 twin study, longitudinal cohort-sequential | Tobacco and alcohol use were associated with less parent religious attendance; genetic effects suggested (low statistical power). Tobacco users were more common among families with lower income, education and less urban |
| (Marcos & Bahr, 1995) | Delineate and test a social control model (Hirschi's social control theory) to explain alcohol, cigarette, & marijuana use; use alcohol, cigarettes and marijuana as intervening variables to explain the use of amphetamines and "hard drugs" | 2626 HS students (five schools) 97% response | Church attendance ≥1/wk, 1-2/mo, few/yr, 1/mo, never; Importance of religion - very, quite, little, not; Denomination - Prot, Cath, other; | 3 random, cross-sectional | Suggestions that students start experimenting with alcohol first then move to cigarettes. Parental, educational, values and religious explain only 14% variation in cigarette use, 19% alcohol, 22% marijuana. Religious attachment is a stronger predictor of female cigarette use than male . |
| (Merrill, Hilton, & Daniels, 2003) | Current and comprehensive assessment of LDS' health doctrine on deaths from diseases attributed to smoking | 30819 male 28080 female death records | LDS & nonLDS | 3 survey of death records in Utah | LDS have lower levels of current and former smoking; diseases related to smoking lower for LDS |
| (Miller, Weissman, Gur, & Adams, 2001) | Investigate among children of opiate addicts a potential protective effect of religiousness | 161 opiate parents, 279 children; 63 non-opiate parents (daily contact with child of opiate | Personal importance of religion, frequent attendance of religious services and religious denomination | 3 cross-sectional | Smoking was substantially less likely among children who considered religion to be personally highly important and children of religious denominations more conservative; association of frequent attendance and smoking not statistically sig. Parental religiousness not protective against child substance use<br>Greater rates of parent-child concordance on higher levels of parental religiousness than on lower levels of parental religiousness; religiousness in children appears to be protective |

*Table 4 (continued).* **Studies that Depict a Significant Relationship between Religiosity and Rates and Attitudes of Smoking**

| Author/Date Religiosity/Rates of Smoking Significant | Purpose | Sample | Spirituality Measure | Strength of Evidence | Findings |
|---|---|---|---|---|---|
| (Moore, Laflin, & Weis, 1996) | Use the social deviance model in predicting drug use behaviors; operationalize cultural norms with church attendance | 1001 HS students in 4 communities; 1226 college students in one city. Total 2102 after missing data dropped. | Church attendance ≥1/wk, 1/wk, few/yr, ≤1/yr, never; Denomination - Catholic, Prot, Jew, None, Other | 3 | Self-esteem explained no more than 2% of the variance for drug use, but frequent church attendance was related to low tobacco and drug use. |
| (Narayan, Chadha, Hanson, Tandon, Shekhawat, Fernandes, & Gopinath, 1996) | Determine the prevalence and predictors of smoking in urban India | random 13,558 men and women ages 25-64 | Religion - Hindu, Muslim, Christian | 3 Population based study | Education strongest predictor of not smoking; Muslim women more likely to smoke than Christian or Hindu women; manual occupations more likely to smoke |
| (Ndom & Adelekan, 1996) | Measure the consistency of correlates (peer influence, mental health, religiosity, parental supervision, perceived availability and perceived harmfulness) with alcohol, cigarette and cannabis use. | 649 & 859 (1988 & 1993) Nigerian university students | Very religious/just religious/not religious; type of religion - Christian or Islam | 3 cross-sectional randomly selected | Lack of religiosity was significantly correlated with drinking, smoking and cannabis use in both phases of the study |
| (Pawlak & Defronzo, 1993) | Examine the potential effects of both social bonds and childhood factors on tobacco smoking | 595 adults from national data sample | Expressed feeling of concern about the importance of following religious teachings, believing in God, attending religious services and whether a member of a religious group. | 3 cross-sectional | Inhibiting effects of control factors differed by educational group. Within less educated, religious belief proved most effective in restraining smoking |

*Table 4 (continued).* **Studies that Depict a Significant Relationship between Religiosity and Rates and Attitudes of Smoking**

| Author/Date Religiosity/Rates of Smoking Significant | Purpose | Sample | Spirituality Measure | Strength of Evidence | Findings |
|---|---|---|---|---|---|
| (Peltzer, Malaka, & Phaswana, 2002) | Identify relationships of substance use (including tobacco) with sociodemographic variables, mental illness, religion, etc | 799 S African college students | Church attendance(8pts) - never to >1/wk; How often do you pray? (5 pts) - never to once a day or more; How important is religion? (3 pts) not important to very important. WHO questionnaire | 3 random choice from 1,712 students | Independent predictors for tobacco use were low scores on religiosity, men, being a Christian (excluding 'born-again'), members of healing churches and age. |
| (Pesa, 1998) | Examine possibility that cigarette smoking is associated with participation in certain unhealthy lifestyle behaviors | 580 Mexican-Americans – 282 girls 298 boys (10-18yo) | church attendance - yes/no | 3 Data from 1993 Teenage attitudes and practices survey II | Boys who smoked were less likely to attend church; girls who smoked were less likely to participate in organized sports. |
| (Pullen et al., 1999) | Investigate the relationship between religiosity and tobacco use among adolescents in clinical and non-clinical psychiatric settings, examining the differences between age groups | 217 students aged 12-19 yo (church youth group 140; mental health agency 77) | High or low attendance at religious/spiritual services | 3 convenience sample | Mid- and late adolescents (ages 14-19) were found to be 2.5 times more likely to smoke when their attendance at religious services decreased, regardless of age, gender, or clinical status. |
| (Rietveld et al., 1996) | Determine contribution of genetic and environmental factors on alcohol use and smoking | 1974 Dutch twins | Church attendance - mother religiously involved, mother not religious, mother religious but not involved | 3 Twin study | Smoking in adolescents differed as a function of religious involvement by mother - fewer boys and girls used tobacco when mother more religious and involved in church activities |

*Table 4 (continued).* **Studies that Depict a Significant Relationship between Religiosity and Rates and Attitudes of Smoking**

| Author/Date Religiosity/Rates of Smoking Significant | Purpose | Sample | Spirituality Measure | Strength of Evidence | Findings |
|---|---|---|---|---|---|
| (Ritt-Olson, Milam, Unger, Trinidad, Teran, Dent, & Sussman, 2004) | Investigate the influence of two potentially protective factors (Health-as-a-Value and spirituality) on monthly alcohol, cigarette and marijuana use in adolescents | 382 + 260 HS students | SBI (Systems of Belief Inventory by Sussman, Nezami, & Mishra (1997)(described) | 3 spirituality scale not validated | Spirituality and health value correlate and have independent contribution to prediction of substance use |
| (Saeed, Alaljohali, & Alshahry, 1993) | Study the smoking habits, attitudes and behavior of health professionals | 560 Saudi health profession students (446 males; 99 females) 82.5% response and 3% rejection | Reason for stopping smoking (choice in multiple choice) | 3 cross-sectional survey | Health protection and religious considerations were the most important reasons for non smokers; psychological stress and smoking contacts (females) and withdrawal symptoms (males) were the most important reason for relapse. A majority of smokers thought about quitting because of health and religious implications, but less than 12% were successful |
| (Soweid, Khawaja, & Salem, 2004) | Examine the association between functional religiosity and smoking behavior of older adolescents in Beirut | 954 university students in Beirut | To what extent do you consider yourself a religious person? To what extent do your religious beliefs affect the way you conduct your daily life? (4 pt) | 3 cross-sectional survey | Smoking was strongly and consistently associated with religiosity - women had stronger religiosity than men (7% with strong religiosity were regular smokers, 23% with weak religiosity were regular smokers) Findings suggest that men's spirituality may affect smoking more through regulating health behavior, and women's spirituality may affect it more through social networks) |
| (Spangler, Bell, Knick, Michielutte, Dignan, & Summerson, 1998) | Evaluate more fully the correlation between church membership and attendance and tobacco use. | 400 Lumbee Indian adults (Native American, high prevalence of tobacco use, high economic reliance on tobacco, and high level of church attendance) | Are you a church member? How often in the past year did you attend church? (never, a few times, 1-2/mo, ≥ weekly; Does your church believe chewing tobacco/snuff/cigarette smoking are wrong? Church activity importance to community (4 pt); name of church | 3 random telephone survey | A much higher percent of participants who reported never attending church were current smokers compared with participants attending church weekly or more often (These were 73% less likely to be smokers). Church attendance was not related to smokeless tobacco use or involvement in tobacco-related agriculture; Church attendance related to number of cigarettes smoked per day, but not related to number of smokeless tobacco uses. |

*Table 4 (continued).* **Studies that Depict a Significant Relationship between Religiosity and Rates and Attitudes of Smoking**

| Author/Date Religiosity/Rates of Smoking Significant | Purpose | Sample | Spirituality Measure | Strength of Evidence | Findings |
|---|---|---|---|---|---|
| (Spangler, Michielutte, Bell, Knick, Dignan, & Summerson, 2001) | Examine correlates of tobacco (smokeless and cigarette) use among Lumbee Indian adults | 400 adult Indians (85% response rate) | Church attendance ≥ weekly, ≤ monthly, never | 3 telephone survey (every third directory name) | Religion has been cited among former smokeless tobacco users as a leading quit method; smokeless tobacco users 73% weekly attendance; non tobacco users 63% weekly attendance; cigarette smokers 43% weekly attendance |
| (Strawbridge, Cohen, Shema, & Kaplan, 1997) | Examine association between frequent religious attendance and mortality over 28 years with observed changes in health practices, social connections, etc | 6928 CA residents surveyed | Attended church ≥ 1/wk, 2X/mo, 1-2/yr, never; religion - protestant, Catholic, Fundamentalist, SDA/Mormon, others/none | 3 Longitudinal survey | Smokers and heavy drinkers were much less likely to be frequent attenders' frequent attenders had lower mortality; frequent attenders who smoked in '65 were nearly twice as likely to stop smoking |
| (Strawbridge, Shema, Cohen, & Kaplan, 2001) | Examine the extent to which religious attendance is associated with both improving poor health behaviors and maintaining good ones already established | 2676 (17-65yo) CA residents (86-97% response rates) | Church attendance (weekly compared with less than weekly or not at all) | 3 Initial randomized survey with 30 year follow-up | High association between weekly attendance and not smoking and quitting smoking. Religious attendance appeared to have a stronger impact on improving poor health behaviors than on maintaining good behaviors. Women express a stronger religious commitment than men and more likely to use faith as a coping mechanism when facing stress. Religious attendance associated with marital stability. |
| (Sussman, Brannon, Dent, Hansen, Johnson, & Flay, 1993) | Examine the relations of coping strategies, coping effort and perceived stress with four cigarette-smoking-related items | 125 7th grade students (2 schools) | Seeking spiritual comfort (as a coping strategy choice) | 3 convenience sample – regression models | Of 11 coping strategies, partying, relaxation, seeking spiritual guidance and getting revenge were related to at least one of the 4 smoking items. Seeking spiritual support was predictive of one's need to learn refusal assertion skills. |
| (Sutherland & Shepherd, 2001) | Explore the relationship between various social aspects of teenagers and substance use | 4516 11-16yo English students (5 schools) | Do you believe in God?; if so, do you go to a place of worship regularly? | 3 cross-sectional survey | An association between lack of religious belief and increased illicit drug use becomes stronger with increasing age – more noticeable differences for belief in God *and* church attendance; nearly 2.1 times as likely to smoke without religious beliefs |

*Table 4 (continued).* **Studies that Depict a Significant Relationship between Religiosity and Rates and Attitudes of Smoking**

| Author/Date Religiosity/Rates of Smoking Significant | Purpose | Sample | Spirituality Measure | Strength of Evidence | Findings |
|---|---|---|---|---|---|
| (Smith & Umenai, 2000) | Study of knowledge, attitudes and practices concerning tobacco among Buddhist monks | 318 Buddhist monks | Understanding of teachings of Buddha; should Buddhist law recommend monks not smoke? | 2 Randomly selected monks for structured interviews | Prevalence of smoking among Buddhist monks in Cambodia 44%; 91% said teachings of Buddha do not say anything about smoking; 71% responded that there should be a Buddhist law that recommends monks do not smoke. Cigarettes are often offered as gifts to the monks. |
| (Swaim, Oetting, & Casas, 1996) | Through a model, asses the effects of sibling versus parent-adult cigarette use. Difference in cigarette use and socialization between migrant and nonmigrant Mexican American youth | 1373 Mexican-American HS students | Self-reported religiousness, participation in religious activities, importance of religion | 3 cross-sectional survey | No differences between migrant and non-migrant students in rate of cigarette use - family strength protective of substance use<br>Importance of religion related to family strength, which was protective against cigarette smoking. |
| (Tloczynski, Malinowski, & Lamorte, 1997) | Replicate the effectiveness of contingent informal meditation and examine use of single session hypnosis for habit control. | 7 subjects with various habits randomly assigned to meditation and hypnosis group | Informal meditation at least one time daily for at least 20 min and whenever they experienced habit urge; self hypnosis at least 10 times daily | 2 random assignment to groups | Those subjects who complied with instructions for meditation had significant control over the habit |
| (Vakalahi, 2002) | Examine family-based variables (parental education level, ethnic background, religious affiliation, sibling substance use, family conflict and family involvement) as predictors of adolescent substance use | 4983 adolescents in Utah | What is your religious preference? | 3 random selection for survey | Adolescents involved with their families and religiously affiliated are less likely to use tobacco. |

*Table 4 (continued).* **Studies that Depict a Significant Relationship between Religiosity and Rates and Attitudes of Smoking**

| Author/Date Religiosity/Rates of Smoking Significant | Purpose | Sample | Spirituality Measure | Strength of Evidence | Findings |
|---|---|---|---|---|---|
| (Voorhees et al., 1996) | Determine the impact of intensive, culturally relevant, spiritually-based church intervention on smoking behavior stages compared with self-help strategy | 199 intensive; 93 minimal; 802 survey African-Amer | Church denomination - Baptist or Other | 5 randomized controlled trial | Intensive intervention (pastoral sermons, testimonies in church service, spiritual audiotapes and spiritually guided booklet, etc) was more effective in producing positive progress; multimodal, spiritual, church-based approach was effective. Stage changes were also evident |
| (Wynd, 1991) | Evaluate guided imagery as a primary intervention in the development of a smoking cessation program | 75 smokers (mean age 41.63) | Guided imagery – 7 Weekly training sessions and practice 10 minutes/day | 4 quasi-experimental | 44 quit smoking and maintained during study; 15 reduced smoking rates by 72-92%; 14 reduced smoking 17-67%; 2 made no attempts to use imagery or quit smoking |

*Table 5.* **Studies that Depict a Non-Significant Relationship between Religiosity and Rates and Attitudes of Smoking**

| Author/Date Religiosity/Rates of Smoking Not Significant | Purpose | Sample | Spirituality Measure | Strength of Evidence | Findings |
|---|---|---|---|---|---|
| (Bush, White, Kai, Rankin, & Bhopal, 2003) | Gain understanding of influences on smoking behavior in Bangladeshi and Pakistani communities to inform development of effective and culturally acceptable smoking cessation interventions | 87 men; 54 women | ISLAM - participant defined; different interpretations of the requirements of the Koran or Islam religion; Koran forbids addictive substance | 2 community-participatory interviews & focus groups | Participants held conflicting perspectives on how religiously acceptable it is to smoke – not specifically banned, but does not "fit comfortably" with Islamic religion (Is it an addiction?). (Male – being a man, hero, social; Female – not accepted, judged, hidden, bad, fun) |
| (Catipovic-Veselica, Buric, Ilakovac, Amidzic, Kozmar, Durjancek, Skrinjaric, & Catipovic, 1995) | Examine the prevalence of Type A and B behaviors and association with age, sex, occupation, education, smoking and religion and compare with other populations | 1084 - 242 women 842 men in Croatian businesses | Church attendance regular; Belief in God (yes/no) | 3 convenience sample in one city | When classified as Type A and Type B, there was no difference between smokers/nonsmokers, religious/nonreligious/life needs satisfaction |
| (Guglielmo, 2000) | Assess smoking among doctors with related factors | Not included | Religion - Protestant, Catholic, Jewish, Hindu, Islamic, none | ? Survey (Gallup poll) | Doctors smoke less than average adults. Male more likely to smoke than female; surgeons more likely to smoke; Divorced, widowed or separated more likely to smoke. Jews and no religion more likely to use illegal drugs & drink |
| (Heath et al., 1995) | Test whether inherited personality variables relate to smoking behavior | 5967 twin pairs from Australian twin panel survey | CHRISTIAN - church attendance (dichot0mous), social conservatism (14-item by Heath and Martin 1993) bible truth, church authority, legalized abortion, etc) | 3 twin study | Personality differences weakly predictive of heavy smoking. Some support for association of type II personality with smoking behavior. Heritability estimates of 47-76% for smoking initiation and 62% for smoking persistence. Genetic variance in smoking variables cannot be accounted for by personality, attitudinal or sociodemographic variable mediators. |

*Table 5 (continued).* **Studies that Depict a Non-Significant Relationship between Religiosity and Rates and Attitudes of Smoking**

| **Author/Date Religiosity/Rates of Smoking Significant** | **Purpose** | **Sample** | **Spirituality Measure** | **Strength of Evidence** | **Findings** |
|---|---|---|---|---|---|
| (Mullen, Williams, & Hunt, 1996) | Show the differences in drinking and smoking between Scots of Irish descent and other Scots | 985 35yo | CHRISTIAN – What religious group or church do you belong to, if any? (Protestant, Catholic and non-religious); Qualitative data on importance of religion on health attitudes | 3 Used Qualitative and Quantitative (longitudinal) Data | Fewer protestants (24%men; 36% women) smoked than Catholics (40% men; 49% women) or non-religious (37% men; 55% women); Body seen as temple for the holy spirit – direct theological argument related to drinking and smoking. Alcohol use more strongly related to religious affiliation than tobacco use. |
| (Oezcan & Oezcan, 2002) | Assess degree of substance use in youth in Turkey & reasons for use | 4767 mid & high school in one city (all) | ISLAM Religiosity of family (self-reported) | 3 cross-sectional | Religiosity not clearly delineated but implied relationship. Participation in art activities increases chance of becoming smoker by 1.38 times |
| (Rose, Viken, Dick, Bates, Pulkkinen, & Kaprio, 2003) | Document neighborhood effects on everyday behaviors | 1262 same-sex twins aged 11-12 | Whether bedtime prayers were read to them when they were younger; whether they took part in church activities | 3 Twin study | School environment accounted for almost a third of the influence on smoking. |
| (Thorne, Nickerson, & Gemmel, 1996) | Investigate the relationship between tobacco use, alcohol use and sedentary lifestyle with religiosity within a geriatric population | 990 geriatric subjects | Religious preference, church attendance in the last year, participation in other church-related activities. | 3 random sample telephone interviews | No significant difference between smoking of Catholics and Protestants; people who attend church smoke *more* than those who don't attend church; People who take part in other church activities are less likely to smoke. People who do not smoke are significantly older than those who do |

attendance on smoking cessation (Table 3) (Ahmed et al., 1994; Albrecht et al., 1999; Francis & Mullen, 1993; Schorling et al., 1997). In one study, religious values did not differentiate between quitters and non-quitters (Neumann & Peeples, 2001). Some studies of actual or intended smoking cessation revealed a statistically significant relationship with religious attendance (Table 2 and 4) (Strawbridge et al., 1997; Strawbridge et al., 2001; Whooley et al., 2002; Williams et al., 2001). In some studies of smoking cessation, religion was given by ex-smokers as the most important reason for stopping smoking (Table 2) (Bener & Al-Ketbi, 1999; Saeed et al., 1997; Williams et al., 2001). Some religious interventions were shown to be effective, including Buddhist (Swaddiwudhipong et al., 1993), Christian (Schorling et al., 1997; Voorhees et al., 1996), Yoga (McIver et al., 2004), Transcendental Meditation (Royer, 1994), informal meditation (Tloczynski et al., 1997), and guided imagery (Wynd, 1991). Numerous studies of smoking incidence showed a statistically significant inverse relationship between smoking incidence and religious attendance (Table 4).

A longitudinal study of transcendental meditation (Royer, 1994) revealed a slowly progressing trend toward smoking cessation with adherence to the daily meditation. One longitudinal study of Christians showed a similar trend among those who attended religious services frequently (Strawbridge et al., 1997). These studies reveal only meager, fragmentary knowledge of the religiosity or spiritual practices that are related to smoking cessation. Little is revealed about how they were helpful. That is the focus of this study.

Smoking cessation is a complex, difficult process, and health professionals, including nurses, need more study of this experience to increase the percentage of those who successfully stop smoking. Little is known of the actual experience of spirituality

that supports smoking cessation. Even though researchers (Koenig et al., 1998; Soweid et al., 2004; Whooley et al., 2002) have found that religiously active people were less likely to smoke, they recommended that the aspects of religious activity responsible for this inverse relationship need further investigation. Limited use has been made of qualitative methods to study the experience of spirituality.

The spirituality that needs to be understood more thoroughly is the spirituality explicated by Narayanasamy (1999b) that gives peace and inner strength, the spirituality referred to by Dossey, Keegan, and Guzzetta (2000) that affects the being, knowing and doing, the spirituality that will give strength to anyone who needs it, even if they are caught in the clutches of addiction. This power in spirituality may be available to anyone regardless of religion or creed, and this study explores how it works, and how to make it more accessible to those who need it.

So what is it about spirituality that gives strength for overcoming these overwhelming, or "insatiable longings?" How are interconnection needs nourished by spirituality? Is it the group process of religions and groups such as AA? Is it a meditative focus? Is it dependent on one's view of God (Maynard, Gorsuch, & Bjorck, 2001)? Is it dependence on God's power? Is freedom from addiction an outcome of spirituality? Qualitative methods need to be employed to focus on these questions to provide greater depth and clarity related to this phenomenon.

## Summary

This chapter describes the researcher's review of the literature on addiction, smoking cessation and spirituality and sets forth the proposition that little is known about

the actual experience of how the aspects of spirituality are helpful in smoking cessation. The following chapter outlines how this problem was studied.

# CHAPTER III

## APPROACH TO INQUIRY

The previous chapter revealed and elaborated upon findings from research that spirituality (or religiosity) was found to have some influence on the number of people who smoke and the number of those who succeed with smoking cessation. This chapter outlines the design and methods that were used for this study. The research questions that were studied in this exploratory qualitative descriptive study were: 1) What are the aspects of spirituality that are reported to be helpful by those who say that God or their spirituality helped them stop smoking, and 2) What other factors combine with spirituality to predict success in smoking cessation. The nature of this research problem suggested the use of an exploratory design to uncover the process that was helpful to those who were able to successfully stop smoking since little is known about how spirituality and even religiosity affects smoking cessation.

> Given the methodological weaknesses of the studies of religion and substance abuse, it is surprising that any conclusions can be drawn. But because a wide variety of studies have consistently found that religiousness correlates negatively with substance abuse...it does appear that more theoretically based research is warranted. (Gorsuch, 1995, p. 80)

Since spirituality is an irreducible aspect of being human (Taylor, 2002), it can be thought of as being woven into the experience of smoking cessation in a way that is difficult to isolate in order to observe it, just as threads in a woven fabric. The goal of this study was not to look at the individual threads, but at the pattern in the fabric, making a holistic, realistic description of the pattern. Reed (1992) advised that a strong dose of humility is required to study spirituality. The design of this research, including the data collection and analysis, was specifically created to answer the research question. The

reason for the design and its philosophical foundations is followed by a description of the sample, the data collection, the analysis, the methods used for verification and trustworthiness, and the limitations.

## Design

Research has developed and broadened to include many designs for research depending on the depth of available knowledge in the sphere of the question. Where less is known about a phenomenon, more exploratory and descriptive research is needed. Where adequate theory has been developed, more descriptive, quasi-experimental, and experimental research can be conducted. The question in this study needed exploration in an attempt to understand the process of smoking cessation through involvement of spirituality from the perspective of the participant. Little information was available about how spirituality might positively influence the process of overcoming addiction. This required an exploratory design, which is often equated with a qualitative design (Brink & Wood, 1998).

An exploratory design is the least controlled, most flexible and most creative research design. The researcher must have an understanding of the knowledge available, and be able to recognize and explore any information that appears promising, even though it might not have been previously contemplated. Exploration of a phenomenon requires careful observation and description before there is focus, tool development and manipulation of variables. After careful exploration there can be validation through more descriptive studies. This inductive description is necessary for theory building (Brink & Wood, 1998). This study accomplished only the exploration that could prepare for future validation.

The assumptions of exploratory research are that the topic has not been previously studied at least from the present perspective, and that the sample has personal experience or knowledge of the subject (Brink & Wood, 1998). Assumptions that underlie the qualitative descriptive method are: "1) that humans create social networks; 2) that humans can describe retrospective and prospective life events; and 3) patterns and themes surface through intense study of phenomena" (Parse, 2001, p. 57). Sandelowski (2000) described qualitative description as a categorical, less interpretive, and less abstract presentation of data than grounded theory or phenomenology but more interpretive than quantitative descriptive research . Researchers using this type of design must be careful to convey the events accurately and in the correct sequence. The findings are presented in everyday language rather than in abstract terms. The goal of this research is to give a descriptive summary of the experience of spirituality that was helpful in smoking cessation.

## Philosophical Foundations

Philosophies of knowing and science provide the foundation of research designs. In-depth thinking and generation of questions in a way that challenges assumptions and ideas about the world is stimulated by thinking about philosophy (Crossan, 2003). Positivism and post-positivism are based on extremes in philosophy. The assumptions of positivism are that facts about the world can be known according to laws and theories (Brink & Wood, 1998). These facts should be objective, measurable, and verifiable. Positivists aim to eliminate speculative and subjective viewpoints from scientific knowledge. Examination of beliefs and feelings is beyond the scope of positivism.

Post-positivistic philosophy assumes that reality is not rigid, but can be created by the researcher (Brink & Wood, 1998). The context of a fact is very important in post-positivism. Beliefs, culture, and gender are very important aspects of understanding a phenomenon. Nursing has looked to post-positivism to explain phenomena in a holistic manner (Brink & Wood, 1998). From this ontological perspective a problem is studied in its natural state, but it is impossible to perceive reality perfectly and unlikely to predict and control (Lincoln & Guba, 1985). The epistemology assumes that the researcher and the research participant are inseparable and will have an influence on each other. The aim of post-positivistic research is to develop a body of knowledge that will develop into a useable induction that describes the individual situation. This type of research is not merely a collection of anecdotal and personal situations which can't be reproduced; it may elucidate processes not previously conceptualized.

In qualitative descriptive research the conceptual framework "is a creative synthesis invented by the researcher" and "arises from disciplined persistence in coming to know and understand the phenomenon" (Parse, Coyne, & Smith, 1985, p. 93). It involves contemplative simultaneous processes of analyzing and synthesizing.

**Sample**

Because of the need for a thick description of spirituality in smoking cessation, participants in the study were chosen because they had a successful experience with smoking cessation for more than a year, and because they claimed that some aspect of spirituality was helpful to them in the cessation process. The convenience sample consisted of adults: 1) who had quit smoking; 2) who had relied on spirituality during their smoking cessation, at least in part; 3) who were English-speaking; and 4) who lived

in a geographic area convenient to the researcher, which was the San Francisco Bay and Napa Valley area of California. The data for the study were obtained from 19 participants who met these criteria and signed consents. The purpose of sampling in qualitative descriptive research is to obtain as much information as possible, so it was the purpose of the researcher to have the maximum variation possible in the sample's race, gender, age and other demographic factors (Lincoln & Guba, 1985; Sandelowski, 2000).

### *Recruitment Methods*

In order to study the research question, recruitment letters (Appendix D) were supplied to one health organization that offers smoking cessation classes and keeps records of the progress of their participants. Recruitment letters were sent to all graduates of the program from at least one year previously. Notices were also placed in religious or faith community bulletins (Appendix E), with permission of the churches, to recruit individuals who had stopped smoking for more than a year. Baptist, Catholic, Episcopal, Pentecostal and Seventh-day Adventist churches agreed to place advertisements in their bulletins. The individuals who volunteered to participate were scheduled for a qualitative interview of their experience by phone or in person. Only members of the Seventh-day Adventist churches responded to this advertisement. The network of the researcher was in the Seventh-day Adventist Church, and additional participants were gained by word of mouth from those who knew of smoking cessation successes. Only two of the participants were previously known by the researcher.

### *Protection of Rights of Human Subjects*

Participants contacted the researcher by phone or email. The researcher gave an explanation of the study and then met the participant for informed consent (see Appendix

A) and interview in a private place convenient to both the participant and the researcher. Or the participants (who lived too far for a meeting) were sent the informed consents (Appendix A), the participant information forms (Appendix B), and the interview guide (Appendix C). A phone interview was scheduled when these forms were faxed or mailed to the researcher. The participant's name was not used in the study. The participants were asked to explain the purpose of the study in their own words and were given an explanation that they would be free to refuse to answer any questions and withdraw from the study at any time.

The tapes of interviews and the transcripts have been kept in a locked cabinet, available only to the researcher and the transcriptionist. The computer files have been kept on the researcher's computer, only available by password. A copy of the files has been kept on CDs in a locked cabinet. The audio CDs will be destroyed after the study is completed. Transcripts will be kept on file for 5 years for possible secondary analysis of data.

*Authorization*

Authorization for the study was obtained from COMIRB by the principal investigator before data collection. No local institutional review board authorization was required and the advertisements were sent by the institution in a newsletter that was sent to previous participants of the smoking cessation program. A sample of the signed authorization is included in Appendix A, was provided for each participant, and kept on file by the researcher. The participant has never been identified by name, but only by number or pseudo name.

*Sample Description*

Demographics were elicited from each of the 19 participants (See Appendix B). The sample (Table 6) consisted of 11 women and 8 men (58% women and 42% men) ages 34-78 (mean = 54 years). All were Caucasians with one Hispanic. The socioeconomic status was assessed by highest education (84% attended at least some college with 26% higher than college degrees and only 16% with only a high school education) and occupation (16% worked in drug-alcohol rehabilitation programs, 16% worked in medical professions, 11% were teachers, 21% were in businesses, 21% were mechanics or in construction, 21% were on disability, retired or homemaking. Place of residence by each participant was: urban 16%,; suburban 42%; rural 42%. The age of smoking initiation was 12 – 24 with a mean of age of 16. The age at the time of cessation was ages 21 – 66.5, with a mean age of 37. The amount smoked was 1/2 pack to 3 packs, with a mean amount of about 1 ¼ packs. The time since cessation was 1 – 51 years with a mean of 17 years. The number of previous quit attempts was none to daily for 10 years with most reporting more than four attempts.

Religiosity variables (Table 7) that are frequently assessed in previous studies were also requested. Religion at the time of cessation was identified with: 32% Seventh-day Adventists, 26% members of other Protestant Christian churches, 16% Catholic, 21% inactive in a church, atheist or eclectic). Religion reported at the time of the study was: 68% Seventh-day Adventists, 11% members of other Protestant Christian churches, 11% Catholic, but one of these was more active in meditation, and 21% were inactive in church. The frequency of religious attendance at the time of the study was: 21% attended church seldom or never; 58% attended church weekly, regularly or actively, 21%

*Table 6.* **Participant Demographic and Smoking Information**

| # | Gen | Age | Education | Occupation | Place of Residence | Smoking Initiation Age | Quit Years | Amt. Smoked per day | # Previous Quit Attempts |
|---|---|---|---|---|---|---|---|---|---|
| 1 | F | 52 | Some College | Teacher | Rural | 15-16 | 4 | 1-2 Packs | 4-5 |
| 2 | M | 68 | College | Marketing/ Consultant for Drug-Alcohol Program | Suburban | 18 | 1.5 | 1-3 Packs | 5 |
| 3 | M | 61 | College+ | Publisher | Suburban | 12 | 1+ | 1 Pack | 10 |
| 4 | M | 67 | Some College | Mechanic | Urban | 19 | 30 | 1 Pack | 6 |
| 5 | F | 60 | Some College | Respiratory Therapist | Rural | 19 | 36 | 1 Pack | 3-4 |
| 6 | F | 58 | MA English | Teacher – Massage Therapist | Rural | 16 | 37 | 1 Pack | 0 |
| 7 | F | 34 | 3 Y College | Sales and Finance | Urban | 16-17 | 2 .5 | 1 Pack | 4 |
| 8 | F | 49 | 1 Y College | Phlebotomist | Urban | 12 | 16 | 2 Pack | 4-5 |
| 9 | M | 45 | HS | Construction | Rural | 16 | 10 | 2 Pack | 5 |
| 10 | F | 64 | BA +Teach. Credential | Disability | Suburban | 19 | 33 | 1 + Pack | Daily for 10 Years |
| 11 | M | 66 | College+ | Drug-Alcohol Counselor | Rural | 13 | 31 | 1+ Pack | > 10 |
| 12 | M | 47 | High School | Mechanic | Rural | 14 | 5 | 1 Pack | Several |
| 13 | F | 43 | Some College | Disability | Rural | 14 | 14 | 1-1.5 Pack | 4 |
| 14 | F | 53 | RNMS | RN Nurse | Suburban | 16 | 13 (?) | 1 Pack | 16 |
| 15 | M | 50 | 2 Y College | Pricing Manager | Rural | 16 | 21 | ½-1 Pack | 8-10 |
| 16 | F | 45 | College | LVN Nurse | Suburban | 13 | 12 | 1 Pack | 10+ |
| 17 | M | 78 | HS | Retired Printer | Suburban | 18 | 51 | 1.5 Packs | 0 |
| 18 | F | 34 | Some College | Homemaker | Suburban | 24 | 5.5 | 1 Pack | Several |
| 19 | F | 61 | 1 Y College | Drug-Alcohol Counselor | Suburban | 13 | 1+ | 2 Packs | 3 |

*Table 7.* **Participant Spiritual and Religious Information**

| # | Cessation Religion | Present Religion | Attending Church (times/week) | Hours Meditation and Prayer/week |
|---|---|---|---|---|
| 1 | Christian | SDA | 1/Week | 3-5 H |
| 2 | Christian | Christian | 1-3/Wk | Daily |
| 3 | Inactive Methodist | Inactive Methodist | Seldom | 3-5 min/Day |
| 4 | SDA | SDA | Active | 3-5 H |
| 5 | SDA | SDA | Weekly | 3-4 H |
| 6 | Catholic | SDA | Weekly | 7 H |
| 7 | Catholic | Catholic | 2-3/Year | Daily |
| 8 | Baptist | Baptist | 2-3/Wk | 3-4 H |
| 9 | SDA | SDA | Weekly | 5 H |
| 10 | Atheist | SDA | 2+/Week | 3 H |
| 11 | Christian | SDA | Weekly | 3-4 H |
| 12 | None | SDA | Weekly | 7-10 H |
| 13 | Christian | SDA | Regular | 7+ H |
| 14 | SDA | SDA | 2X/Week | Daily+ |
| 15 | SDA | SDA | Regular | Daily |
| 16 | Catholic | Catholic/Meditation | None | Several |
| 17 | Inactive Baptist | SDA | Regular | ? |
| 18 | SDA | SDA | Weekly | Several |
| 19 | Eclectic | Eclectic | None | 20+ H |

attended church more than once a week. Participants reported the time spent in prayer or meditation as: 48% spent 3-5 hours or "several hours" per week, 21% spent more than 7 hours per week, 21% spent time "daily," but did not specify the amount of time; 5% spent more than 20 hours per week.

*Sample Size*

The sampling was considered complete when no new findings were being obtained and enough data were supplying the categories. At this point there were no surprises in the data and the data related by participants fit into the established categories (Munhall, 2001).

## Data Collection

### *Interview*

In qualitative descriptive research it is essential to obtain as much information about the experience as possible, including the *"who, what,* and *where"* (Sandelowski, 2000). It also includes observations and artifacts as needed. The researcher did not need artifacts in this study, but remained open to the possibilities.

*Process of Interview*

Data were gathered through minimally structured, open-ended interviews conducted at a place commonly agreed upon as convenient to both the participant and the researcher. The interviews lasted 25-60 minutes, and were audio-taped and transcribed verbatim. The phone interviews were also audio-taped and transcribed verbatim. The phone interviews were limited by the inability to observe non-verbal behavior, but the researcher verified understanding with the participants. Field notes of observations made by the researcher at the time of each interview were written and tape-recorded during and after each interview. The researcher also kept a journal of personal insights and reflections while the study was actively in progress.

*Interview Questions*

Participants were given three questions prior to the interview (Appendix C) so they could reflect on them before the interview. The questions focused on how their spirituality contributed to success in smoking cessation and what other factors contributed to their success in smoking cessation. The interview typically included the following questions: 1) You quit smoking. How did that happen? 2) Tell me about your

spirituality and how that may have influenced your efforts at smoking cessation? 3) What other factors influenced your efforts at smoking cessation?

The interview consisted of minimally structured, open-ended questions conducted at a place commonly agreed upon as convenient to both the participant and the researcher. Most interviews were conducted at the home of the participant or at the home of the researcher. Six participants lived as far away as Connecticut and Oregon. These participants had either attended the smoking cessation program at St. Helena Hospital or had been referred by someone in the Napa Valley area. These six interviews took place by telephone. These interviews lacked the advantage of body language interpretation, but were clearly recorded. In the interview, other questions were added or modified depending on what was learned or not learned from the beginning open-ended questions. This method ensured the flexibility that was needed in exploring what was hidden and obscure. Price (2002) suggested "laddered questions" (Price, 2002, p. 277) that progress from questions that are less invasive, such as questions about behavior and actions, to more invasive questions about thoughts and beliefs after careful observation of body language and signs of interest or discomfort. This approach was used in the interviews.

When the researcher felt that information was lacking, probing questions were asked to increase the detail, depth and clarity, and also to explore more fully those areas of particular interest (i.e., "You mentioned something about meditation...tell me a little bit more about how smoking interfered with your meditation?"). As the content of the code categories became more crystallized, follow-up questions related to emerging core ideas and concepts were added (Rubin & Rubin, 1995).

Field notes of observations made by the researcher at the time of the interviews were written and tape-recorded during and after the interviews. The researcher also kept a journal of personal insights and reflections while the study was actively in progress.

Two pilot interviews were conducted to allow the researcher to become familiar with the equipment and with the research questions. The participants in the pilot interviews were asked what they felt were helpful questions and what other questions they would suggest for inclusion. No changes were made in the interview based on the suggestions of the pilot participants.

*Analysis*

The goal of the analysis in this qualitative descriptive research was to summarize and describe the contents of the data. Each interview was transcribed, analyzed and compared with previous interviews during analysis by the researcher. The Ethnograph 5.0 computer software was used to assist with coding and analysis of data.

The transcriptions (see example in Appendix G) were first carefully read chronologically while listening to the transcription tapes to assure consistency with interview tapes and insert observations from field notes. Comments and memos were recorded during this reading. Codes of the content and their definitions were made during the second and subsequent readings (see example in Appendix H) while contemplating the content of the data. Each text segment was coded based on the data themselves (Sandelowski, 2000). All observations, ideas and decisions about coding were recorded in memos.

After all of the interviews were coded, the codes from each interview were compared with the codes from previous interviews and the questions in the interview

guide. The codes were sorted and analytically compared for the purpose of identification of patterns and similar codes. Then the codes were organized into categories in Ethnograph 5.0, by sorting and analyzing similar codes. The categories were then named and defined (see codings and categories in Appendix F)

Boundaries of the data were delineated, with thought about what was and what was not included in the category. The coding was changed in the process of analysis to more clearly represent the findings. A matrix was formed to count and present the responses in the various categories in order to describe patterns and regularities in the data (Marsh, 1990; Sandelowski, 2000). The frequency of responses in a certain category may imply importance of the category. Data that were not represented by any of the categories were reexamined for alternate theoretical meaning and hypotheses. The findings of the study were compared with previous smoking cessation theories, but were not guided by these theories. This is a method that expands conceptual frameworks (Coffey & Atkinson, 1996). With consideration of the categories many themes emerged into four major domains and one overriding metatheme.

*Rigor*

In qualitative research validity and reliability are termed "trustworthiness" and depend on credibility (instead of internal validity), transferability (instead of external validity), dependability (instead of reliability), and confirmability (instead of objectivity) (Lincoln & Guba, 1985). Credibility means that the perspective of the researcher matches the perspective of the participant. Credibility was enhanced by persistent observation, by discussing the findings with colleagues (peer review), and by comparing the results with previous studies. Dependability refers to whether or not the process of the study can be

trusted. Dependability will be facilitated by a clear audit trail that includes notes about the rationale for decisions made during data analysis. The question of transferability is very different from external validity and required a careful description of the time and context of the phenomenon. Transferability cannot be established in a qualitative study but will be based on a thick description of the experience. Confirmability is concerned with the product of the study and will be strengthened by a firm audit trail which includes tape recordings, field notes, and process notes of coding decisions and changes.

## Summary

In this chapter the method that was used for describing the aspects of spirituality that were reported to be helpful by those who said that God or their spirituality helped them stop smoking. The qualitative descriptive method and its philosophical background were presented. The methods for maintaining trustworthiness were explicated. The next chapter will present the findings of the study.

# CHAPTER IV

## FINDINGS

As stated in Chapter I, how spirituality contributed to smoking cessation was investigated in this study. This chapter is organized in terms of the two specific research questions posed in Chapter I: 1) How does spirituality contribute to efforts in smoking cessation? (What aspects or dimensions of spirituality contribute to efforts in smoking cessation? Does spirituality help meet needs for connection that reduce certain motivations for smoking? How was spirituality described by those who successfully stopped smoking? What are the spirituality factors that occurred prior to and following smoking cessation? Are these factors antecedents or precursors?) and 2) What other factors (in addition to spirituality) contributed to success in smoking cessation?

From coded data provided by the participants, the codes were arranged into categories. The codes were divided into the summative categories of: 1) Spiritual aspects of smoking cessation; and 2) Smoking aspects of smoking cessation. Sixty-five codes in the summative categories of Spiritual aspects of smoking cessation (see Appendix F) were arranged in seven categories. Eighty-six codes in the summative categories of Smoking aspects of smoking cessation were arranged in 11 categories. The themes emerged from these categories. The themes of the Spiritual aspects of smoking cessation were grouped into four domains 1) Connection with Self; 2) Connection with God; 3) Connection with Others; and 4) Connection with a Church. The overriding metatheme of Connection which provides a sense of belonging will be discussed after the presentation of each of the domains. The themes of each domain differ, but each domain begins with a

theme of how that domain motivated smoking cessation and ends with the theme of changes in the domain because of smoking cessation.

The group of participants for this study was a self-selected group that volunteered to participate in a study that described how spirituality was helpful in smoking cessation. Each participant seemed enthusiastic to tell the story of the "miracle" of their change from smoker to nonsmoker. Because the participants volunteered to participate in this study, they were unanimous in their pronouncement that they couldn't have quit smoking without spirituality in smoking cessation. As connection to self, God, others and church was initiated or ameliorated by the participants, success was gained in smoking cessation.

Twelve of the nineteen participants had a major development of their spiritual interest at the time of their smoking cessation. Major life changes from smoking, drug abuse and alcohol use to complete abstinence of all three were included in the stories of several participants. Many of them also joined a church at that time and began participation which has since continued. Stories of three participants, using pseudonyms and pseudo places, are offered as exemplars.

**Story 1**

Before stopping smoking, Ellen came to realize that "My God is greater than my addiction," but that was a process after many years of disappointment and defeat. Ellen began smoking when she was 15 or 16 years old. Smoking was her reward for accomplishment and relief from stress. Later it became her refuge from a domineering, alcoholic husband who refused to allow her to attend church or take her children to church, but derided her for being a smoker...and a "Jesus-freak." Smoking became her dearest friend through all varieties of stresses, accomplishments and difficulties.

Children came into the home, with all of their joys and sorrows. Her youngest daughter suffered with asthma and hid anger in her heart toward a mother who smoked even when she was ill...a mother who would choose to buy cigarettes before milk for the family. Her youngest son learned about the dangers of smoking in school and was not so private in his hostility about her smoking. Sometimes he removed her cigarettes from her purse, wrapped them in foil and hid them from her in the freezer, enduring her anger until they could be found.

Ellen's children were not allowed to smoke, but were told that they could make that choice when they were older. None of them chose to smoke and were very proud and happy when their mother finally was able to quit smoking.

The road to smoking cessation was not an easy one. Ellen believed in God and believed that He would sort of magically remove the difficulty involved in smoking cessation. Desperately she would pray that God would take away her addiction. She "surrendered her smoking to God" and vowed she would never smoke again. After throwing her cigarettes into the trash, she would later dig them out, with overwhelming feelings of defeat.

Her new husband grew up in a Seventh-day Adventist home. They both wanted to stop smoking and went to a smoking cessation program at the Seventh-day Adventist church. They succeeded for a few weeks, but then relapsed into smoking. Ellen was ashamed of her smoking and kept it secret from her church and her colleagues. She was very embarrassed when a coworker discovered her smoking.

In her time with God, Ellen began to realize that "stepping out in faith meant that I needed to do my part, that it wasn't a magical thing that was going to happen...God

wasn't going to take it away from me, He was going to see me through it." She and her husband were taking a trip to some relatives who didn't know that they smoked, and they thought it would be a perfect time to stop smoking. But on the return home as they said goodbye to their relatives, and saw the cigarette machine nearby, they went through a struggle: "Do we buy, do we not, do we buy, do we not?" They finally said to each other, "We've come this far." Then they held each other's hands and "gave it to God," making a serious decision to stop smoking. Ellen realized that SHE had to do the work and "step out in faith."

Many times during the ensuing weeks Ellen claimed she heard God's messages of encouragement: "Let Me be there for you. You can do it. Think what a witness you'll be." She said she felt God's energy as she planned for the day. She felt impressed to take celery sticks and peanut butter in the car, which was her usual smoking haven. Many times during the day she would breathe silent prayers, "Just get me through this minute...just this second...this feeling." Those prayers didn't take the pain away, but she described that she felt a peace and a "feeling that it was attainable." At other times she felt she heard God say, "You can't do it, but I'll do it for you...just hang in there."

**Story 2**

When Marty heard about the dangers of smoking in a health class in junior college, it just went right over her head. Why should she be interested in health? She believed she was immortal, and the body didn't matter anyway. Marty began smoking when she was about 16 years old. All of her girlfriends smoked because they wanted to lose weight...and, besides, "It made you cool!" and she wanted to be cool. Her divorced mom also smoked.

In a search for truth, Marty became excited in a summer philosophy class. They were studying Frithjof Schuon's book, *Understanding Islam*, and Marty chose to compare his writings with those of Kierkegaard. She read *Purity of Heart is to Will One Thing* and *The Sickness unto Death* and other authors, which really helped her "get into his thinking." She found out years later that it was Kierkegaard's mission in life to have his students experience "standing directly before the throne of God without a church as a mediator." And that is the epiphany that Marty realized as she turned in her paper. This experience was even more important to her than the A+++ that she received on her paper from a professor that she supposed didn't believe in giving A's.

Marty recounted "just this incredible sense of the total consciousness of God. It was like I just felt this presence in a very powerful way for like 48 hours. I found myself standing before the throne of God." She named this experience "total God consciousness for lack of a better term," and felt God was very close to her. She conveyed that her heart overflowed with gratitude for this wonderful experience and "incredible gift." She recalled saying to God, "Since you have given me this incredible gift, what can I do for you?" She felt impressed with three things. One of these was that he wanted her to quit smoking. She recalled asking if that one requirement would be sufficient for the present, and "God seemed to be satisfied with that."

Marty stated this produced a quandary because she had no idea how she would stop smoking! She had never tried to quit, and had no idea how she was going to accomplish it. One Sunday she accompanied her mother to mass and the words of the priest from Philippians 4:13 caught her attention as the answer to her dilemma. "I can do all things through Christ, who strengthens me." Although she knew very little about

Christ, she turned to her mom and said excitedly, "That's how I'm going to quit!" Her mom looked at her, but did not appear to understand.

All summer Marty mentally prepared for stopping smoking. She set a date for cessation – the day she was to return to the university where she was a philosophy major. She had studied Buddhism, Krishnaism, and Hinduism, but knew very little about Christianity. One Saturday she reported visiting a friend in her antique shop. The sun was coming through the window casting shadows along all those old antiques, a lot of them were eastern statues of Buddha, etc. She recalled her friend saying, "Marty, you need to look to Jesus, you need to focus on Christ. He is the One that you need to focus on." She remembered the same message from different people almost at the same time. Later she pulled a book from her grandmother's bookshelf, *Steps to Christ*, and she found that reading from it helped her understand more about a relationship with Christ.

During the summer Marty continued smoking and partying, but told her friends that she would be stopping smoking at the end of the summer. Their discouraging responses, "Oh yeah, you're going to quit. Yeah, sure, you're going to quit," did not deter her, and at the end of the summer she gave her cigarettes to her mom, and drove off in her little Volkswagen to the university. As she drove away she said that she prayed, "I don't know who you are, Christ Jesus, but I'm going to trust you." In her words, "I wasn't testing him, I wasn't baiting him. I was just coming to him and being honest." She reported feeling a power come in, and she never smoked again. She experienced no severe cravings after quitting, but did feel that her body had "slammed into reverse." After six months or a year, she found that she hated the smell of cigarette smoke, it made her sick, and she couldn't stand to be around it. During the time of cessation she ate Milk

Duds, instead of smoking cigarettes as she studied. (previously she would have a couple of cigarettes going at the same time as she studied) She stayed away from parties with alcohol, because she didn't want to be around all that smoke.

Years later Marty said she realized that when God asked something of her, it was something that would be for HER benefit. She now verbalizes gratitude that God freed her of smoking and set her on a path toward healthful living. Several years after her smoking cessation, the personage of Jesus Christ became a more important part of her life, and she proclaimed, "He works with us all individually, but he has the power." She expressed confidence that God was preparing her many years ago to do a work of guiding others toward better health. (P 6)

**Story 3**

"I was doing the last of my drugs, and then I didn't have nowhere to go. I was out on a friend's property in his empty trailer, and I got down on my knees and said, 'Lord, please help me, 'cause I wasn't meant to live this way.'" At this time Bill was living out of his car and was "dead broke," with only a "little bit of drugs on me."

Bill grew up in a Seventh-day Adventist family, attending church school until the sixth grade, when he started in the local public school. When he was seventeen, he moved out for awhile and started hanging around with his brother and a friend who smoked, and commenced smoking and drinking because it was "the thing to do." He really didn't want to be smoking because he played football, and he didn't want to be short of breath, but smoking won out and he gave up sports. Smoking pot, drinking coffee, "having a beer" and smoking cigarettes all "went hand in hand." About a year or two later he tried to quit

smoking, and managed to quit for about a month, but as soon as he stopped off at the bar and had a drink, he was back to smoking.

Bill usually smoked a pack and a half or two a day, but if he was partying all night he might smoke four packs in one night. He said to himself that he would quit smoking when the cost of cigarettes climbed from fifty cents to two dollars a pack, but cost proved to be insufficient motivation. He described himself as having an addictive personality. He liked the "speed feeling," using and selling a lot of methamphetamines. Twenty-five years transpired until he found himself "dead broke." After his prayer he called his sister in another state and decided to move in with her temporarily, "make some extra money, get a nice car, and move back where he could again sell drugs." His sister thought this was an ideal time for him to "get healthy" and encouraged him to exercise. He started running, and tried to quit smoking, which lasted only a short time. As he was relaxing in the house, his sister played some evangelistic videos, which caught his attention since he could identify with the pastor who experienced a history of partying, but had a change of life after studying the Bible.

Bill subsequently went to some evangelistic meetings, and "turned my heart over to the Lord." Afterwards he located a church that met his criteria for size and friendliness. Just prior to the actual cessation he went to a prayer meeting and asked the people to pray for him. That night he went home and threw his cigarettes in the trash, got down on his knees and:

> I asked the Lord to help me quit smoking. If you really want me to quit smoking, take all the desire away, 'cause I can't do it on my own. And from that day forward, I just set them down and walked away (from) drinking, smoking, using drugs...I set them down and walked away...It was like I never even started.

Two months later he was baptized into the church and became active in a group of church singles.

Bill continued working construction but no longer joined in his crew's smoking and Friday afternoon beers. "Once I became a Christian everybody asked me, 'How come you're always smiling all the time, Bill?...Seems like you're always happy.' They just couldn't figure it out. They knew my life was changed...My story is that the Lord took the desire away right from the get go." Now when he tells his story, his friends say to him, "Oh, you should put this in a book."

These are unique stories of smoking cessation. But each story related by the participants was unique. Twelve participants related a connection with God that was sought or strengthened in the process of smoking cessation.

**How did Spirituality Contribute to Efforts in Smoking Cessation?**

According to the literature, not many smokers seek spiritual help in smoking cessation. The group of participants in this study volunteered to describe their spirituality in smoking cessation, and could be the more conservative Christians that considered this an opportunity to evangelize.

Spirituality was defined by only one participant. But how their spirituality contributed to smoking cessation was described by all participants. These descriptions were grouped according to content and grouped in the domains Connection with Self, Connection with God, Connection with Others, and Connection with a Church.

*Connection with Self*

Connection with self could be described as the intrapersonal factors that seemed to have spiritual significance. It is not the most prominent theme, but it is described first

because it seemed to compel connection with God, others or a church for smoking cessation. Intrapersonal aspects were prominent in the process of smoking cessation, even though participants did not verbalize the words "connection with self." Thoughts, feelings and "the will" had extrusive effects on efforts toward smoking cessation and were frequently discussed.

*Motivation for Smoking Cessation*

The motivating themes in Connection with Self include commitment, a felt need for strength, and a desire to be in control.

*Commitment.* Eighteen of the nineteen participants mentioned making a decision, a choice or a commitment to stop smoking. Most mentioned how vital this element was in smoking cessation. Commitment is considered Connection with Self because it is an internal process that probably follows reflection and cannot be forced or coerced. Commitment would involve personal will, an aspect of personhood. "You have to make a decision that you want to (stop smoking)...or you're not going to go there...You have to make a complete decision." (P 12) "I had eliminated the options...no more allowances for smoking. You have to choose and you have to make a commitment when you choose. So until you're ready to make that choice, it's just not going to happen." (P 13) "You just make a decision 'I'm a non-smoker.' I wrote it down in my daily planner every day. (In) my to-do list the one on the bottom (was always) 'I'm a non-smoker today.'" (P 7)

Nine of the participants had no desire to smoke after smoking cessation. Though some participants mentioned having no desire to smoke, some realized their need to stop smoking but did not have the desire. Being willing or using the will to stop smoking was important to many participants.

> I kept praying for the desire to quit and the sponsor I had said, 'You're not going to get the whole desire to quit, just pray for the willingness because you're going to still want to smoke.' And that made sense to me because it was true. There was a part of me that didn't want to quit. So, knowing that helped. (P 19)

*A felt need for strength.* Nine of the nineteen participants mentioned feeling weak or helpless when facing smoking cessation and all except one implied this in other words. Recognizing limitations is considered an aspect of self because it involves and internal assessment of the strengths and weaknesses of self. "I just could not quit. I couldn't quit. I could NOT quit...I just was a mess. I couldn't quit." (P 13) "I wanted help, I knew I needed help" (P 3) "I was just caught in a circle, in a cesspool, and I couldn't climb up out of it." (P 4) One participant took the problem to his pastor and said, "Pastor, I am still smoking, and I can't break the habit." Several searched for a live-in smoking cessation program where they could connect with others in their smoking cessation. One participant had made a vow to God that she would stop smoking, and then "I had a problem because I didn't know how to quit smoking...I was in a quandary about that...how am I going to quit? I don't know how to quit." (P 6) Most mentioned this weakness several times in the interview. To many this weakness was taken to God in prayer and honesty: "I can't do it on my own. Let's see your powers work." (P 9) "I'm giving this to you because I can't do it on my own" (P 12) "Take this from me because I can't handle it." (P 16)

> I knew I couldn't quit because I tried for so many times, and I had no will power. I finally cried, literally sobbed for God, and told Him, "You know, I don't know how this is going to work. I can't quit. I can't do it. I don't want to quit. The desire is not in me. I don't have the strength or the will power to quit. I cave in so easily. And unless you do all things, I can't. (P 14)

Looking back on their smoking cessation experience, many participants expressed the thought that they had felt it was impossible to stop smoking, revealing an early assessment of internal weakness: "I know that it's something that I could not have done by myself." (P 18) "I never thought I'd be able to swing it. Never!...It still surprises me that I was able to quit, and if I can quit smoking, I can do anything. That's the ONLY thing I never thought I could do." (P 7) "I thought I'd be smoking for the rest of my life." (P 9)

Admitting weakness involved connection with self but also precipitated a connection with God, others and church as a part of seeking help. All but one of the participants came to the realization that they wanted to stop smoking, but were aware that they were unable to do it on their own. The only exception was the one participant (P 17) who realized his exceptional experience only in hindsight.

*Desire to be in control. To s*even of the participants, the main motivation for smoking cessation was that they wanted to be free – able to make their own decisions, and not controlled by a cigarette. Self reflection led them to a desire to be in control and freedom.

> I was tired of being held prisoner to it, because it was very much controlling everything I did – the friends I hung out with, the places we would go, whose car we would drive...I felt like a complete prisoner. I was a hostage. So I just got tired of it controlling every little area of my life. (P 7)

"I didn't really want anything to have that much power over me, that it could dictate how I felt and my behavior...that made me uncomfortable." (P 16) One participant felt that she had a "chain to the devil" (P 18) even though she was a Christian. After smoking cessation several expressed a feeling of freedom. "It's REALLY freeing. It's a really

intense feeling. When I think about how I was feeling (when smoking) it makes me uncomfortable, like stifled, almost claustrophobic." (P 7) Feeling like a slave to the cigarette when smoking, illuminated the feeling of freedom with smoking cessation. "Now everything is just freer and brighter. I don't have that restraint or restriction in my life. I can live my life like a normal person." (P 7)

*Intrapersonal Factors in Connection with Self*

The intrapersonal themes included 1) temptation and struggle, and 2) guilt and shame. Temptation and struggle were prominent in about half of the participants – feelings of conflict and ambivalence.

*Temptation and struggle.* Ten participants spoke of internal struggles related to smoking cessation. "An addiction is a battle." (P 15) Some described the battles as temptations from Satan. "I think that's Satan. He does that all the time, reminding (you) of your past sins and past failures." (P 18) Some called it a thought they had to deal with. "You could walk into these stores and they had single cigarettes in cups you could buy. That played on my mind for I don't know how long, thinking I could just buy one." (P 2)

> I used to think every day..."I want a cigarette." But it was just a thought, and I wanted this thought to stop talking. "Just leave me alone. Why do you keep talking to me?"...and it doesn't come nearly as often anymore. (P 13)

They met these struggles in various ways. Some would avoid situations that would trigger the tempting thoughts. "I won't go around people that smoke. It bothers me and I don't want it to be a temptation, so I'm still cautious with that." (P 19) Usually struggle and temptation, which is an internal process, led to Connection with Others and Connection with God. Some would seek help from friends or others who were going through smoking cessation. "I gather people around me that struggle with the same things

I do, and that becomes a support system." (P 2) Some met the struggle by quoting the Bible. "The Lord said that every temptation that comes your way, you're going to have a way out." (P 12) Many recounted talking to God about their struggle. "The Lord knows what goes on within our hearts. He knows how hard I struggled with it, and I would talk to him about that." (P 4) Some sought help and prayer from others.

> I was having a struggle with nicotine, and (the visiting pastors) had a prayer for me...and because of the struggles I had had when I had tried to quit in the past and failed, it caused me to pray to God to replace this bad habit with a good habit. (P 15)

The struggles of smoking cessation ended in success or defeat at various times, and the participants spoke of both with candor. However, all of the participants now feel that they have gained control over smoking, although a couple of them mentioned that it would only take smoking one cigarette for them to return to smoking.

*Guilt and shame.* Fifteen of the participants discussed feelings of guilt about smoking. Guilt and shame are included in Connection with Self because they also involve the internal process of self-evaluation and reflection. "The guilt was HORRIBLE...AWFUL." For some it was related to smoking while pregnant or around children. "I always (said) 'How could anybody smoke if they were pregnant!' And then there I was in the same situation, doing exactly what I was condemning." (P 7) "The first time that one of my coworkers found out I smoked, I was really embarrassed because (smoking) is not something that teachers of small children do." (P 1) Three participants worked in substance abuse rehabilitation programs and were ashamed that they were still smoking. "I thought it was kind of foolish to be out there marketing the program and smell like smoke." (P 2) Several talked about their guilty conscience being a strong

motivation to quit smoking, but it wasn't enough to quit. But while guilt and shame involved an internal self-evaluation it interfered with Connection with God and Connection with Others. Many mentioned that their feelings of guilt with smoking interfered with spiritual activities. "Now when I pray, I don't have to apologize for smoking or drinking or doing drugs. I'm far from perfect, but I'm not intentionally trying to self-destruct. (P 13)

> I was very ridden with guilt...my conscience was just eating me alive...I had such a guilty conscience, just eating me alive. I knew it was wrong, I knew it was killing me. But I was just helpless. I couldn't do anything about it myself. (P 4)
>
> Smoking kept me from a lot of spiritual involvement with the church because I was trying to hide it. I felt like it was a sin...(Now) I'm very involved with our church because I was able to free myself from that, and I (don't) have all that guilt that I had (previously). (P 8)

Many tried to keep their smoking a secret from others. "I had always been very good at hiding (my smoking)." (P 1) Several participants assumed they were hiding their smoking from family and church members, but later ascertained that others had known. "Church members KNEW that I smoked, but I lied to myself for eight years and said they couldn't tell." (P 4) "I told my kids that I stopped smoking, but they knew. They could tell. 'Mom, you smell like a cigarette.'" (P 18) After smoking cessation it was a great relief to some "not to have that guilt, not to have that shame." (P 15) Many mentioned looking back on their smoking with shame. "I just can't even believe I did that." (P 8) "It's even embarrassing to admit now that I smoked." (P 5)

*Change in Connection with Self from Smoking Cessation*

The researcher asked most of the participants if they noticed any change in their spirituality since smoking cessation. Only one participant mentioned a change that the

researcher interpreted as connection with self, although many mentioned greater clarity of thought.

> I consider part of my spirituality my ability to deal with things, and I've noticed that I used smoking in uncomfortable situations. Now I can't do that so I have to deal with some things that I hadn't dealt with before. (P 19)

*Connection with God*

In the group of participants, Connection with God was the most salient domain. The themes included motivations of 1) perception of the body as the temple of God; 2) gratitude for a spiritual experience; and 3) smoking as a barrier to connection with God. The themes concerning activities that support this domain included the categories of personal prayer, Bible study and meditation. A sizable theme of perceptions of spiritual power from God included the categories of 1) help from God for smoking cessation; 2) messages from God; and 3) "miracles." The theme describing factors of connection with God included the categories of trust, relationship, surrender, and searching.

*Motivation for Smoking Cessation*

*Perception of the body as the temple of God.* Almost half of the participants mentioned the concept of the body being the "Temple of the Holy Spirit" as a motivation or strength in smoking cessation. This concept comes from 1 Corinthians 3:16, 17 *(The Holy Bible, 1984)* and several quoted this text from memory: "Don't you know that you yourselves are God's temple and that God's Spirit lives in you? If anyone destroys God's temple, God will destroy him; for God's temple is sacred, and you are that temple." "I think my motivation was that our body is our temple and we are supposed to keep it as pure as possible." (P 9) One participant was reading the Bible, trying to prove some doctrinal teachings incorrect, and stumbled on this verse. It caught his attention and he

pondered it for several minutes. He was reading the Bible with a can of beer in one hand and a cigarette in the other, and even though he had no previous understanding that there was any physical consequences to drinking beer and smoking cigarettes (in the 1950's), he was impressed that he needed to quit drinking and smoking. "I looked at my can of beer, and I looked at my cigarette. I put my cigarette in the ashtray, put the can of beer down on the table and decided I wasn't going to do any of that anymore." (P 17) He never drank or smoked again and recounted that he had no withdrawals or cravings. Another participant was inspired in a similar way after spending two weeks meeting "daily with the Lord":

> I happened to be studying First Corinthians the third chapter, verses...sixteen and seventeen, (which) just hit me like a ton of bricks. I've always known that my body was a temple of the Lord, but it never really registered until I read that I was basically disgracing and debasing the temple of the Lord by putting a substance known to be poisonous in my body, and actually killing myself in the process, destroying the temple, the holy temple of the Lord. That really weighed on my head very heavily for three days. I was just sick with anguish, I guess repentance, for my behavior and yet feeling horrible because I still did not want to quit smoking. I had no desire really to quit. I knew I couldn't quit because I had tried so many times, and I had no will power. I finally cried, literally sobbed for God, and told him, 'I don't know how this is going to work. I can't quit...I don't want to quit, the desire is not in me. I don't have the strength or the will power to quit. I cave in so easily, and unless you do all things, I can't. You need to create that desire...clean it out of my system so that there's a hope that I will refrain from smoking. You need to give me the strength to say no every time the thought occurs to me or the situation occurs that leads me to want that cigarette. And he did. (P 14)

*Gratitude for a spiritual experience.* Although not a frequent experience, gratitude for what God had done was also a motivation for smoking cessation, as illustrated by the story of "Marty" and the following participant experience. This participant was studying deeply about the Sabbath rest presented in the Bible, although he did not posses a clear

concept of his body as a temple. He finally came to a decision about the importance of the Sabbath rest.

> I wanted, in gratitude for what (God) had done, to bring a clean offering. I wanted myself to be unpolluted when I came into that first Sabbath rest...I had a new motivation that I wasn't going to smoke, and that to do so would be to pollute myself, and I couldn't imagine the idea of coming (polluted) into that Sabbath rest for the first time. (P 15)

He then was able to stop smoking, even though he had previously attempted smoking cessation many times. It is perceivable in these stories that motivations for smoking cessation are complex and difficult to analyze.

Gratitude was expressed more commonly after smoking cessation. "I'm so grateful that I don't smoke anymore." (P 7) "I'm just so thankful that the Lord has taken the desire away." (P 9) "I'm just grateful to be free of it. It's such a blessing." (P 14) "Oh, grateful, so grateful!" (P 19)

*Smoking a barrier for connection with God.* Smoking was verbalized as a barrier to connection with God by seven participants. "I think the Lord wanted me to quit so I could have a closer walk with Him." (P 9) One participant was having serious marriage difficulties.

> I was really praying that God was going to get me through this horrible time. I felt like I had to be totally on his side, and I couldn't ask for his help and still be getting the help that a cigarette would give me. I wanted to get closer to him, and I wanted his help. And I felt like (smoking) was a barrier." (P 5)

One participant was notably motivated to smoking cessation by the fact that she could not spend the desired amount of time in meditation without smoking a cigarette. She had many other motivations for smoking cessation, but this was the motivation that ultimately impacted her to seek help:

> I became such a heavy smoker and (when meditating) for a long period of time I would want a cigarette, and would be consumed with this idea. I was getting really disturbed with myself because I was smoking and I knew that it felt like an interference with me a doing a lot of spiritual things. It was interfering with my expectation of what having a better spiritual connection would be like. (P 19)

*Spiritual Activities for Connection with God*

Prayer was the most customary spiritual activity mentioned by participants as an integral part of connecting with God. It was utilized by all the participants of this study. Most participants spent 3 or more hours per week in prayer or meditation. Several participants spent over 7 hours per week in prayer or meditation. Personal prayer was repeatedly communicated as the most important type of prayer, but the salience of prayer with others and intercessory prayer was also articulated. Bible study was also a frequently mentioned spiritual activity.

*Personal prayer.* Prayer was discussed by all 19 participants. Prayer was cited as important in motivating smoking cessation: "I was impressed in prayer that I needed to quit smoking." (P 14) It was also an attempt to touch God in a way that would lead to answers about how to stop smoking: "I prayed a lot for the knowledge of what I needed to know in order to quit successfully." (P 7) One participant reported praying with another inmate. The next day when he believed the prayer had been answered and subsequently made a decision to stop smoking. "I just got really elevated off that, so I made a decision to try God's way and eliminate all the things in my life that pollute my body." (P 12) Some reported feeling that they actually challenged God to show them his power for smoking cessation:

> I threw it in his face. 'God if you're so powerful, and you want me to quit, take the desire away...I can't do it on my own. Let's see your powers work.' And that's what happened. From the day I set (my cigarettes) down, He took all the

> desires, all the nicotine, everything right (away). It was like I never even started. (P 9)

> I knelt as I had done as a child and I ranted and raved at God. I called him every four letter word I knew. I gave it my all and tears just flowed. I said, 'I want to talk to (my friend's) God. If you've got anything whatsoever of power, then you prove it. I'll give you six months to show that you're real...stop my smoking and wake me up with a smile on my face.' And the tears flowed...The next morning, I woke up with a smile on my face...and I had no desire to smoke, whatsoever. I said, 'You've got my attention, God, I hope you're real.' (P 10)

Many times prayer was mentioned at the time of craving or temptation to smoke: "I'd pray about it. Just an instant prayer, not audible, not out loud, just an inside-myself prayer, 'Just get me through this minute, just this second, this feeling, be with me through this.'" (P 1) "Continual prayers" in the mind were also mentioned. (P 18) When I asked one participant how she would pray during a time of temptation, she answered:

> Oh that was a real short terse prayer, 'Lord, make this go away, please, NOW. Make it stop. I can't handle this.' So it wasn't a deep meditative twenty minute thank-you-for-life prayer. No, it was a short 911 prayer, 'Help me now, quick. Make this go away before I run and buy a pack of cigarettes.' (P 13)

The "serenity prayer," given in 12-step programs, was mentioned by one participant.

> I would just say that prayer in my head, like a hundred times in a row, to accept the things I cannot change, and the courage to change the things I can, and so basically the courage to stay a nonsmoker and find other ways to deal with life. (P 7)

Personal prayer was also mentioned as a daily routine: "The Lord knows what goes on within our hearts. He knows how hard I struggled with it, and I would talk to Him about that (near tears). It helped to reinforce where I had been and where I'm going." (P 4) "Just through prayer and meditation and reading my Bible and daily devotions and meditation, I was able to overcome...but intense prayer." (P 8)

> I talk to God most every night, and we have conversations. And if I have something that's in particular bothering me, or if I feel like I'm needing strength,

> then I'll just talk to God about that and say, "I feel like I'm going to be needing this." (P 16)

Honesty was mentioned frequently as an aspect of prayer. "I was just coming to him and being honest." (P 6) The idea of teamwork with God was also prominent. "My prayers were very simple prayers. 'God, I'm doing this WITH you. Remember, I'm WITH you on this. Don't forsake me.' That was what was the most beneficial for me, recognizing that I was not doing it alone." (P 11) Praise to God was also a part of some prayers. "I prayed every day. I praised him for every day that I got through it. I talked to him during the day when the thought would occur to me...He was with me constantly." (P 14) Prayers of surrender were also mentioned. "I'm just going to give it all to you; I'm not going to ask for anything. I'm yours...(and) I'm just giving it up to you." (P 7)

One participant said "I rarely ever ask God to remove the nicotine addiction." (P 2) He emphasized his belief in intercessory prayer, but felt that his personal prayers had been too frequently connected with guilt and wanting to get out of trouble. Another participant related how he was given the ability to stop smoking without prayer.

> I hadn't gotten to the point where I thought I could pray and he'd give me help...yet the Lord evidently sent the Holy Spirit to impress me to give them up...He sees beyond what we can see, so he performed a miracle in my life. (P 17)

*Bible study.* Eight participants discussed the importance of Bible study. Bible study was the method of a first connection with God by some. One participant was in jail when he started reading the Bible.

> I decided to just sit down and read the Bible and see what it had to say. I got a Bible and started reading it. It didn't take me too long...I probably went through the Bible in that eight months about six times completely through...I had made a decision to search out the truth about God. So that was the point in my life when I decided to find out what was really the problem in my life. (P 12)

One participant had been studying the Bible in earnest but he felt discomfort with reading the Bible and smoking.

> I remember I was very paranoid about having the cigarettes in proximity to the Bible. I had feelings of guilt. I didn't feel good about smoking. And it goes without saying, especially if you are reaching out for God, that it's not clean. It's not something that you can imagine God possibly condoning or encouraging. (P 15)

Bible study was also verbalized as an important part of daily spiritual life by eight participants. "You have to get prepared in the morning. You have to make that connection with God first thing in the morning...by reading the Bible and praying." (P 5) "I continued reading the Bible and trying to meet with the Lord every morning and praying. I realized how significant it was." (P 14) By "reading my Bible and daily devotions and meditation, I was able to overcome." (P 8)

> I'd study the Bible for an hour (in the morning) and (other spiritual books) for an hour at night. It was just wonderful. When the word of God is your diet, spiritually and mentally, and you're in an environment where ones are not smoking, it's a lot easier. (P 10)

The Bible was also used at times of stress. "I picked up the Bible at work when those things came at me and I read things in Isaiah or something that the Lord is my Defender...There's so much in there that can help you to overcome." (P 12) To this participant 1 Corinthians 10:13 was especially helpful:

> No temptation has seized you except what is common to man. And God is faithful; he will not let you be tempted beyond what you can bear. But when you are tempted, he will also provide a way out so that you can stand up under it.

The words of the Bible came to one participant as she was with her mother in mass. The priest quoted Philippians 4:13: "I can do all things through him (she heard 'Christ'), who gives me strength." As she heard these words:

> It just went right to my heart. The Bible is like a two-edged sword, and this light went on in my head, and I said, 'That's how I'm going to quit!'...That was God's answer to my wondering how I was going to quit smoking. (P 6)

*Meditation.* Meditation was also used to make connection with God. The practice of meditation was described by only one participant, but the act was mentioned by three additional participants. It was usually linked with Bible study and/or prayer. "I totally think that prayer and meditation and spiritual guidance and encouragement really made all the difference for me. I don't know that I could have made it without that." (P 8)

> In my car, when I drive to work every day, that's really my time with the Lord, my meditation time, because I'm private in my car with him, so there's a lot of praying that I would get through the day during that (time). (P 1)

One participant was involved in a meditation group.

> "We would pick a theme and go with that theme, and mine a lot of times was how I was going to just get over (smoking) because I would have really severe withdrawal symptoms whenever I would stop smoking...Since I was involved with the meditation group and they were encouraging me to do meditation on my own for at least an hour when I did it, I found that it helped. It decreased my anxiety, and it did decrease the craving for the cigarettes, and I just generally felt better. (P 16)

This participant decided to stop smoking in one of her personal times of meditation. "I just got on a really good meditation and just felt really connected with God and felt like that was the right time to (stop smoking)...it worked. I never smoked again after that." (P 16) She found that daily meditation was enough to deal with the cravings after stopping smoking. It also "helped me focus on things that I felt were bothering me or holding me back...so I could get a clearer picture of what I wanted and what direction I wanted to go. It gave me self-confidence." (P 16) Another participant felt that smoking interfered with meditation. She couldn't stop smoking long enough to meditate, and "It's kind of my

belief that when I use some substance to deal with things, I'm not relying on a higher power." (P 19)

*Perceptions of Spiritual Power from God*

*Help from God for smoking cessation.* Eighteen out of the 19 participants discussed help they had received from God for smoking cessation. One participant summarized the proclamations of many participants, "He works with us all individually, but He has the power...with any problem that we have, we can give it to him." (P 6) "There is power available to us, and to continue with addiction is to deny that power." (P 15) The participants perceived the power that they received in different ways. Nine of the 19 participants claimed to have no desire to smoke – no severe cravings to smoke "as the most awesome gift that he has given me," (P 14) including the two participants who challenged God to show his power.

> I prayed that the Lord would make me quit, and he did. I have to this day, NO desire to smoke. I did not have to rely on mints or gum or any other programs or activities. The Lord just took it away. (P 4)

Others said they did not realize how much of a miracle they had received until they looked back on the experience months later.

Several admitted they didn't know how it was done. "I don't know how God imputes that into you, but somehow he puts his strength into your being, and in my case he took away the desire." (P 5) This most often happened as a result of prayer and trusting in a promise that they had read or heard from the Bible:

> I said, 'I'm going to trust you.' And right then, I felt this power, and it just CAME IN. And I never smoked again. I felt this power when I prayed that prayer in faith, he just came in. And I took him at his word, because the Bible says that his word will not return unto us void. And I stood on a promise. I didn't KNOW what I was doing, but God was directing me. (P 6)

Participants experienced what they perceived as receiving help in dissimilar ways. Nine of the participants continued to have cravings and desire to smoke after they quit smoking, but they claimed to receive other kinds of help from God. Sometimes it was the conception that God was with them: "He was with me through it, but I had to do it. I had to work. I had to take the step. I had to step out in faith and just go with it." (P 1) Sometimes it was seen as an answer to prayer "I felt a comfort knowing that I could stop for a minute in my craziness and ask for it." (P 7) "He gave me that peace...that feeling that it was attainable." (P 1) "He gave me a lot of different ideas, ways to get through it...I had energy about preparing for the day." (P 1) "He gave me the motivation that I needed. He gave me conviction. He gave me such a hatred for everything associated with it: the smell, the taste, the expense, the damage that it does to your body...I never slipped again." (P 15) One participants asked for God to "'Help me find the tools to do it' and then the tools came and then I quit." (P 7)

Several participants who did not have their cravings taken away, felt less stress after smoking cessation, even though the cigarette was their way of dealing with stress. "I don't feel a whole lot of stress anymore...I'm sure that's God, too." (P 2) One participant looked back on her experience after smoking and said,

> I've had some pretty stressful situations come up since I've quit, a couple of real big ones, and after the dust settled from it, I was sitting on the couch one day, and I realized, 'Oh my gosh, I just went through that whole experience, and not ONCE did I think about smoking a cigarette.' (P 7)

Another participant went to a healing service and "the Lord healed me immediately. And I didn't smoke for maybe a couple weeks...the desire and everything was gone. Then I chose to take (smoking) back" (P 8) Later when she stopped smoking

"it was difficult, but I felt like the Lord was leading me to give it up and just to rely on Him." (P 8) She had the following experience, which she felt was a "spiritual intervention by the Lord":

> It hadn't been very long since I had quit smoking, but my kids were little and I remember taking my son to preschool. We lived not very far from the store, and as I passed the store, I thought, 'I am so stressed I am going to come back and buy a cigarette and smoke it'...at that time my little boy turned and looked at me and said, 'You know, Mommy, you haven't smoked for a really long time, and I am so proud of you.' I thought, 'oh my goodness that is just a gift from God that he said that to me,' because that gave me the strength to not smoke anymore. (P 8)

For one participant, the desire to smoke completely disappeared, and then returned a year later.

> I asked God, "Why?" it was like, "You can handle it now," and I thought, "Okay, we'll handle it." And I knew how. I knew to always praise God. I knew always to have His presence. And I knew to claim the promises...I wasn't fighting physical addiction a year later. I was fighting the mental addiction and the Lord brought victory. (P 10)

After another participant prayed with tears for God's help, she claimed that her desire to smoke was completely removed. But after two weeks of not smoking, "I tested God. I got a cigarette, lit it, and took one drag." Recalling her feelings about the incident she said,

> Since it was so easy to quit, there's a little bit of doubt that creeps in...I just wanted to see what would happen, how I would react. Not only did I not like it, but I really was struck...it was a horrible sensation. I couldn't stand up. I fell down. I was vomiting, I was retching...I was so sick for about thirty minutes that all I could do was lie on the garage floor. The Lord totally cleaned my entire system of nicotine, and I will never, ever throw that gift away, because it is a gift. It wasn't something that I did. It was totally God who did it and I can't ever go back on that. That's just too wonderful of a gift to be healed of something like that. (P 14)

Another participant felt that her prayers were answered by the availability of money to borrow so she could attend the live-in smoking cessation program.

Subsequently she was off work for almost a year on disability for a breathing disorder, which meant she was able to attend support meetings. "That I see as God working in my life." (P 19)

*Messages from God.* Thirteen of the 19 participants felt that they heard messages from God – in their thoughts, from other people and from the Bible. They claimed these messages were helpful in initiating smoking cessation, continuing in smoking cessation and in other areas of their lives. The previously presented story of Marta is an example of the belief of a participant that she heard messages from God. Before he stopped smoking, one participant felt that God had been speaking to him for a period of time.

> I think all this time the Lord was saying, like he said to Peter, 'Do you love me?' Because even before I went into (smoking), I knew all about God's love, and what was expected of me as far as health and taking care of my body. I think that's what He was asking me, "Nathan (not his real name), do you really love me?" So that made it easier. (P 4)

Another participant was struggling with marriage problems. "I just prayed about it and asked the Lord to help me with my situation...and I felt like he just spoke to me and said, 'Well, you know you need to stop smoking." (P 5) "Every time that (I would) go to pray, the Holy Spirit (would) speak to (me) and say, 'What about that (smoking)?...What are we going to do about that? WE together can fix that, if you're willing.'" (P 5) "I was impressed in prayer that I needed to quit smoking, which I thought was just my brain." (P 14) Another participant said, "I hadn't prayed in years, but I started praying because I was desperate, and I was drunk. And the only thought that came to me was 'Come back to me when you're not drunk and then talk to me.'" (P 13)

During the struggles of smoking cessation several participants mentioned hearing encouraging messages from God. "You can't do it, but I'll do it for you. Just hang in there...Let me be there for you. You can do it. Think what a witness you'll be." (P 1)

> God was saying, 'Just trust me and this will work.' That's what I kept getting. And when I would fall back and smoke a little bit, I would get that message again, 'Just trust me. This is going to work.' I just kept getting that over and over until it actually just became second nature not to smoke. (P 11)

Participants claimed they received ideas from God about how to stop smoking. "He gave me a lot of different ideas, ways to get through it." (P 1)

> I had an interesting little exchange with God. I don't know if it was my idea or if this was what God inspired me to do. Every time I had a craving for a cigarette, I would instead find scriptures in the Bible that backed up what I'd come to believe about the Sabbath and I would write them down. (P 15)

Another participant said that God was speaking to her in different ways if she listened.

> You get these hints and sometimes you get these big neon lights with the big arrow saying, "Hello, you didn't listen over here and I've been trying to tell you"...I don't get those big red neon arrows so much anymore because I've learned to be able to get the hints. (P 16)

After smoking cessation participants recited other messages. One participant said, "It's like he says, 'Go out and tell your story to other people.'" (P 9)

> The first six or seven months (after smoking cessation) I was very aware that I had quit and that I wasn't going back. I kept having that brought home by reading scripture, doing prayers. I just kept getting this impression that "You have quit. You're an over comer. We did this together." (P 11)

*"Miracles."* Almost half of the participants told stories of what they called "miracles." Several mentioned that these miracles strengthened their trust in God. Some of these were related to their health.

> Here's the other thing that I know that God had his hand in. When I was there at St. Helena, I had a CT scan done of my lungs, and my lungs were perfect. That's

> unheard of...The other thing is I had a lung capacity test done. I had 98% capacity. That's unheard of. (P 2)

Other "miracles" were related to car accidents "I should have been in the ground a long time ago. But he's kept me alive. My guardian angel has kept me alive for quite a few different car wrecks." (P 9) "I had five car accidents. No one was hurt. In every one of them, there was a supernatural experience." (P 10)

Some referred to smoking cessation itself as a "miracle." "The victory I had was really, completely, a miracle. It really was." (P 15) "He performed a miracle in my life and the miracle extended to my wife and I both joined the church. Our children all joined the church. So he saw beyond that habit what would happen if he helped me." (P 17)

> I started drinking, smoking and doing drugs in my teens. I don't have any desire to do any of that stuff ever again...I know it's a miracle now only because I know that...in the Bible Jesus says "I am the vine, you are the branches and without me you can do nothing." It's not me that's doing it. It's God that's doing it in me. That's the miracle, that we're receiving that life-giving power through the vine into the branches. (P 12)

Several participants verbalized that their whole lives were changed by God. The following participant gained a husband, a home, a child, and many other material blessings after smoking cessation.

> God took me. I used to be such a horrible wretch, and He changed my life into something that I never dreamed possible...once I became a Christian, God made all these really great things happen for me...Never in a million years would I have thought that this is what God would have given me. (P 18)

*Factors in Connection with God*

*Trust.* Eleven participants discussed trust in their connection with God. Trust and faith and belief seemed to be used interchangeably. Trust was often related to prayer. "I have a really strong faith...I just trust in the Lord, and through my faith I'm able to rely

on the Lord, and he will deliver me." (P 8) Some participants stated that when they saw God's power in their lives it gave them faith. "(When you) have a clear gift from God that you can remember, it helps you to have faith...The fact that he healed me of smoking is something I remember. It strengthens my faith when I get down." (P 14)

> I know that it's something I could not have done by myself. It's only through prayer and through believing that God would do that, that it actually happened...I have tangible evidence that God does answer prayer...it strengthened my relationship and it strengthened my belief and my faith, and it's something that I can pass on and give to other people that this is what God's done for me. (P 18)

*Relationship.* Fourteen participants spoke of a relationship with God. One participant described her relationship as "pretty superficial" before smoking cessation. Her motivation for smoking cessation was that "I wanted to get closer to Him, and I wanted his help. And I felt like (smoking) was a barrier." (P 5) Another spoke of a changing relationship with God.

> I realized my need to tighten up my relationship with the Lord...so I decided that I would like to start going back to church...slowly my relationship with the Lord started waning because I had such a guilty conscience (while smoking)...There's a much better relationship with the Lord now than there used to be. (P 4)

Some participants described their relationships as a walk with God. "As I walk with Him and as I grow and mature, I see more and more that as I align myself more with His will, that's when I'm happiest, when I'm fulfilled." (P 8) "I think the Lord wanted me to quit so I could have a closer walk with Him." (P 9) Another participant described this relationship with God as "a true love affair." (P 10) Another was unable to stop smoking until she realized that it meant she was "blowing smoke in God's face."

> If you have a personal relationship with Christ, you take it a lot more seriously. It's like you wouldn't intentionally hurt your husband or your child or your mother. Why would you intentionally hurt Christ? And if you believe he's a real person, which I do, and I'll get all weepy on you, that He really does

> care...(crying) so when you figure that out, it's a lot harder to kick him in the feet by saying "help me" and then rejecting his help. And when you ask Christ to help you quit smoking and then you go buy a pack of cigarettes, if you think about how much you just hurt him, you don't want to do that anymore. That was so much more important to me that he know how much I appreciate what he did for me. That is so much more important to me than a stupid cigarette. (P 13)

After smoking cessation other participants described their changed relationships with God.

> My relationship is richer with God. I don't think it's richer because I'm not smoking. I think it's richer because of the gifts he bestowed on me. I KNOW that he is. I KNOW that he listens. I KNOW that he cares even about the micro-management, not just macro. He hears. He knows the right time to speak. (P 14)

> There've been periods of time when I've had unsatisfactory relationships with God where I felt that He had failed me and I wasn't real thrilled with God. But since (smoking cessation) I don't think that I've had a moment where I've ever felt that. I've always felt somewhere at some point, he's always with me. And I always believed that I'm being guided towards wherever I need to be. (P 16)

*Surrender.* The concept of surrendering the problem to God was mentioned by at least 12 of the 19 participants. "You've got to turn it over to the Lord." (P 9) One participant felt very defeated when she dug cigarettes out of the trash after praying that "God would just take it away." (P 1) But she and her husband were successful when they prayed together a "gave it to God." She felt that the difference was that she realized she needed to do her part. Another participant talked about the need to "surrender our will to him; otherwise he can't work with us." (P 4) Many participants prayed "I'm giving this to you because I can't do it on my own." (P 12) Another participant added, "It's not a yo-yo. Just give it to him and let him have it, and don't look back." (P 13) One participant illustrated the completeness of surrender with this example:

> I had (a) sponsor in Maui (who) said, "You have to run naked down the street, rather than smoke." I've got to be willing to do anything, then I can see God working in my life. But without that willingness, it's more of a struggle. (P 19)

*Searching.* Four participants mentioned that they were in an attitude of searching for God and truth before they attempted smoking cessation. "I was searching for truth." (P 6)

> I had made a decision to search out the truth about God...I decided to find out what was really the problem in my life...I just wanted to find out why life was being the way it was at that time, so cigarettes at that time were a part of the problem. (P 12)

*Change in Connection with God after Smoking Cessation*

Most participants felt that their connection with God had improved after smoking cessation. "There's a much better relationship with the Lord now than there used to be." (P 4)

> It's just a peaceful feeling that you have overcome something. YOU haven't, but you and the Lord have overcome something. It's a peaceful, growth-type feeling. It's like you've made some growth in your life, and then when other things come along, you remember how he helped you with that, and then know that you can get through everything better. (P 5)

> If God had not met my demand to stop smoking...I would have thought it was another one of those earthly persons that believed in something...But God met me when I said, that's going to be the hardest thing – to believe that you're real and it's not me conjuring you up. (P 10)

Some said the improvement wasn't related to the smoking cessation, but just to the fact that their connection with God is always growing. "My relationship with God is growing continually every day." (P 12)

*Connection with Other People*

Connection with Others has been included in the literature on spirituality. The one participant who defined spirituality said, "Spiritual meaning simply connecting with other people." (P 3) Many participants conveyed various types of help they had received from

others. The spirituality of this help seemed to be how it built up their spirit and strengthened their resolve.

Connection with Others included how others were helpful in motivation for smoking cessation, the formal smoking cessation programs (Out-patient smoking cessation programs, Live-in smoking cessation programs, and twelve-step programs), as well as informal small groups. The factors that were considered helpful by participants for smoking cessation are offered as suggestions in making meaningful connections with those in smoking cessation. There were also changes in the participants as a result of smoking cessation.

*Motivation for Smoking Cessation in Connection with Others*

Connection with other people was a frequent motivation in smoking cessation, but not usually enough to precipitate the change. One participant said that her husband hated her smoking. "He hated the smell of it when he kissed me; he'd always, 'OOOu, it's like kissing an ashtray. I'm not going to kiss you anymore, unless you quit smoking.'" (P 5) Even though her relationship to her husband was a motivation to quit, it was not sufficient to accomplish smoking cessation. Several participants wanted to quit smoking for their children or students. "I wanted to stop because I had a new daughter. I didn't want her to see me smoking." (P 11) "I quit smoking because I started teaching school and I was still smoking. I had been smoking for years. And I realized that I wanted to stop because I was setting a bad example in my health class. (P 11) Three participants worked for substance abuse rehabilitation programs. "It felt like a contradiction because I am a substance abuse counselor so I'm teaching that and now I have to go smoke." (P 19) Several recounted having their own or other children pray for them.

> I have a 16 year-old daughter that's been praying for me to stop smoking (and) I have a 7 year-old, too. She prays all the time for me to quit...(When my son) was probably 5 or 6 years old, he came out in the garage (where I was smoking). He pointed his finger at me and he said, 'You know we pray about this for you.' (P 2)

*Smoking Cessation with Other People*

The strength of smoking cessation programs seems to be the contact with other people that such programs afford. Many mentioned that they were helped by others in smoking cessation. One participant had attended hypnosis sessions previously, but felt that it wasn't as helpful as stopping smoking with other people. "Basically the person does the hypnosis thing and then you all LEAVE, but you never talk to each other...and you lack the interaction. More powerful than hypnosis is the bonding with other people you go through the experience with." (P 3)

*Out-patient smoking cessation programs.* Two participants stopped smoking through out-patient programs by the Seventh-day Adventist Church, which they said were very helpful with learning and support. When I asked one about the support, she said it was "telephone calls, encouragement, people that would call on the phone and encourage (me), and I had a lot of prayer support (from my church)." (P 8) The other participant who stopped smoking through the out-patient program was invited and had his clinic fees paid by "two fourteen-year-old young ladies."

> I was shamed into going the first night and then I just went. I quit because of that...They also gave me rewards. They would come to my classroom. On Friday afternoon at two o'clock, Jane arrived and she said, "Did you smoke today?" And I said, "No." And she whipped out a lemon meringue pie from behind her back...And that's how I actually stopped was that fact that I had two people that were so interested in my stopping. Although everybody had said they wanted me to, nobody had ever done anything for me to help me stop. So the stop smoking plan, the clinic, helped, and then having that kind of reinforcement. (P 11)

Other participants attended Seventh-day Adventist out-patient programs but were not successful. Another participant attended an out-patient program that included only a counselor, and he felt that wasn't enough support to be successful. "The once a week, hour long clinic kind of thing (doesn't) work very well for a lot of people, because they lack the more intense bonding that goes on by meeting together literally for a week." (P 3) Another participant received information through her insurance. They had a counselor for her. "I never had to use her, but I had her number on my fridge in case of an emergency. But just knowing that somebody was available was peaceful." (P 7) Another participant did not feel that available help was useful. "I called at one point ...but I just really thought it was a useless effort to even bother calling him." (P 13) Another participant that attended an out-patient smoking cessation class admitted, "I never really believed some of the testimonies that I had heard other people give." (P 14) "Smoking cessation programs apparently have a degree of success...as long as people continue to surround those individuals with fellowship and love and support, because people need that." (P 15)

*Live-in smoking cessation programs.* Three of the participants attended a live-in Seventh-day Adventist smoking cessation program at St. Helena Hospital. This program provides an eight-day multidisciplinary approach to smoking cessation, including lectures about addiction, triggers, stress management, etc. Meals, group support and exercise are provided. Medications are tailored individually. Two of the participants mentioned looking on the internet and only finding three or four programs like this in the United States. "I just assumed there'd be DOZENS of them." (P 3) "I was a person that felt I

could not have quit without it." (P 19) "I was with a number of people that were in the same boat I was, and that was extremely helpful." (P 2)

> They gave us absolutely every last aspect of the issue of smoking – the physical part, the mental part, the addictive stuff, (and) the spiritual issues. It's that sort of thing that gives you the greatest chance of success in ANY problem that you face...You're going through your transition away from smoking along with other people. There was a sense of belonging that went with that, I thought was very powerful...it's connecting spiritually with other people. I think it's enormously powerful and necessary if you're going to beat the habit. (P 3)

> "I had that knowledge but was not able to use it (on my own). So part of it is being in a place where now you're using it, and you're reminded to use it. Because I think that those first few days, you're not thinking that clearly and not able to focus...and (also what was helpful was) not being at my house, where I could walk out and get cigarettes...and being in a place where there are six other people quitting. (P 19)

*Twelve-step programs.* One of the participants that had stopped smoking at the program at St. Helena Hospital started her own support group at home.

> I started a Nicotine Anonymous Group, and I'm also at AA. So that's a support group for me and there are other people that quit through the program. Now I have a sponsor in AA who's a support system for me...using the steps in AA is what really helped me to continue not to smoke...I was able to go to meetings every day for a year. I had a tremendous amount of support about smoking because people in the program knew I had quit and they would applaud when I'd mention it. (P 19)

Another participant was attending AL ANON and found a lot of help from the daily reading books.

> Whatever feeling you're feeling you can look it up in the back and go to that page and it will have like a paragraph. Maybe I'm feeling irritable or discontent, or angry...I would want to smoke, so I would go read something on anger or irritability and it would...bring me back to reality. (P 13)

She also recommended that others find a similar support group. "They can get encouragement from other people, because other people are in the same situation...they can do it together." (P 13)

*Small informal groups.* Two participants stopped smoking with another smoker. They prayed together as they initiated cessation, committing it to God, and as they continued cessation. "We earnestly prayed that God would take this away from us." (P 18) Two participants belonged to small groups where they claimed to grow in their relationship with God:

> I had banded into a study group. We wanted to get a closer relationship with God and the Holy Spirit. It was a group...that hadn't really been praying much, nor had we been studying the Bible. So we were starting out really as babes, trying to make that commitment of getting up every morning and praying and reading the Bible and letting the Lord work in us to makes us in line with what he wants us to be...towards the second week, I was impressed in prayer that I needed to quit smoking. (P 14)

One participant belonged to a four-man team that met once a week.

> We pray for people and we're accountable to each other. We start off the sessions, 'Here are the things I did this week that I'm not proud of.' So whenever something comes up during the week you're not supposed to be doing, you stop because I don't want to go to that group and say here are the things I did...But they would pray for me, and then maybe it would last a day, and then I'd go get a cigarette. But they never gave up on me. (P 2)

*Factors in Connection with Other People*

Since the sense of belonging and connection is so important to those in smoking cessation, it is important to know what was helpful to those who were stopping smoking. When the participants talked about support they listed the components of support in Table 8.

*Change in Connection with Others after Smoking Cessation*

Eleven participants mentioned the importance of others when they were smokers. Smoking was usually a social activity. It was sometimes difficult to make the transition

*Table 8.* **Components of Support**

Talking about it (P 1)

Praying about it (P 1)

Venting to each other about how it felt (P 1)

Positive recognition (P 2)

Saying "I'm proud of you" (P 2)

Struggling with the same thing (P 2)

Sharing triggering experiences (P 3)

Telephone calls and encouragement (P 8)

Doing something to reward them (bake a lemon meringue pie!) (P 11)

Surrounding them with fellowship, love and support (P 15)

away from these relationships during smoking cessation. "A lot of my old friends I don't even associate with, I don't even know where they are anymore." (P 9)

> Being around my mom and my sister who still smoke – that was really hard for me because I was cut out of that social group when I would go hang out with them, because I couldn't just sit in front of them and watch them smoke...I can now, it's no problem, it doesn't bother me at all. I can be around smokers and I'm GRATEFUL I don't smoke, and I'm grateful that the obsession has been lifted. (P 7)

> A lot of the people I socialized with at that time did smoke. Whereas, everybody I socialize with now pretty much doesn't smoke that are friends of mine. My friendships have changed and grown and they aren't centered around smoking or drinking...as my activities changed and the focus of my life changed, so did my friends. (P 16)

Smoking cessation eventually precipitated a change in friends.

*Connection with a Church*

Connection with a Church could have technically been included in Connection with Others, but each domain had unique characteristics and are discussed separately. Included in this domain are the themes of motivation, the activities of group and intercessory prayer, and the changes that resulted from smoking cessation.

Thirteen participants described a new relationship with God. Nine of these participants concurrently described an increasing or new relationship with the church, which seemed to be resulting from their relationship with God. Four participants were not connected with a church on any regular basis, but the remainder of the participants attended weekly or "regularly." Church was discussed by all but two of the participants: One was a Seventh-day Adventist attending church regularly; the other was not a church member, but was meditating more than twenty hours a week. One participant said there was a time when he went to church "just to get rid of the guilt." (P 2) One participant who attended a meditation group said she didn't go to church "because I haven't found a church that I feel comfortable at, and I don't feel comfortable with large groups of people anyway. I like to have a one-on-one type of thing going on." (P 16) Another mentioned the importance of "personal contact with people" (P 15) in deciding on a church to attend. A few participants mentioned earlier conflicts with relatives over the church.

> I had found the Lord at a Billy Graham concert when I was younger...but my husband was an alcoholic...and he was afraid I would become a Jesus freak...he would throw up the fact that I was a smoker to my face a lot in arguments over my going to church or sending the children to church. (P 1)

Several participants mentioned spending many hours at church when they started attending.

> I would get picked up at nine in the morning and I wouldn't be dropped off until ten at night. I'd be spending the whole day in fellowship with people, going to potlucks, going singing at old folks homes, and then going to a youth vespers...I never (before) had that kind of experience of fellowship and a day where you just focused the whole day in fellowship and on God." (P 15)

Some mentioned feeling uncomfortable when they first attended church. "I was scared." (P 10) "I felt really strange about kneeling because (in) the churches I had (attended) they didn't kneel when they prayed." (P 15)

*Motivation for Smoking Cessation in Connection with a Church*

Several participants wanted to stop smoking in order to join the church. It is customary in the Seventh-day Adventist Church that smoking is discontinued before baptism.

> My main motivation (for smoking cessation) was I wanted to make a commitment and be baptized...I couldn't with good conscience (be a Christian) and still be smoking because I knew how wrong smoking was. (P 18)

Another participant had been baptized while he was still smoking, because the pastor told him that "'The Lord will take that away' but he didn't remind me that God doesn't do anything beyond our will. We have to CHOOSE to serve him and choose to do this." (P 4)

One participant said that being in the presence of other Christians "was like having a mirror held to your face...when they're living the lifestyle and you're not, but you're professing to be a Christian." (P 18) Another participant said that being honest with other Christians was more like prayer.

> Being in the presence of other Christians who you have been honest with is a form of prayer...It's a tacit prayer, maybe...they know who you are and you are just being who you are. That's saying, here I am. That's being open. I think what God wants me to do is be open to him...If I can be open with him, I can be open with everybody." (P 11)

*Group and Intercessory Prayer*

Six participants mentioned that their church was praying for them. "From our church, my Sunday School class and Christian people that I knew were in prayer about me quitting smoking." (P 8) "I went to prayer meeting and I asked the people there to pray for me." (P 9) "I had the choir also praying for me." (P 14)

> One of the conference presidents came to visit me with the youth pastor and they knew that I was having a struggle with nicotine. They had prayer for me...I think that was the first smoke-free day that I ever had...I never smoked again, and I definitely attribute it to the prayers of that man and my prayers...I learned after that many people in the church were praying for me. (P 15)

*Changes in Connection with a Church after Smoking Cessation*

One participant, who had felt guilty about his smoking while he was a church member, said his relationship to the church changed after smoking cessation. "I opened up a little bit more. Before I was very guarded, because I knew my conscience was not clean." (P 4) Another participant felt better about public speaking in church after smoking cessation. "As I became cleaner and cleaner from the nicotine, I understood that, 'Oh, it's okay. You're just like everybody else. You can make a fool of yourself, and the Lord will change those words right around.'" (P 11) Others started going to a lot more church activities. "If you hang around non-smokers, that's going to keep you from smoking." (P 9) This was a way which one participant dealt with cravings.

> I got very involved with my church and started volunteering for the church, which I (previously) wasn't able to do because I smoked. So when I was able to give up smoking, then I was able to be more involved...with the children's ministry...I'm still very involved with our church now because I was able to free myself from that , and didn't have all that guilt. (P 8)

Many aspects of religion were discussed during the interviews, but these will not be reviewed in this study. Many were taught that smoking was wrong in their churches

Many aspects of religion were discussed during the interviews, but these will not be reviewed in this study. Many were taught that smoking was wrong in their churches and homes, but started smoking in "rebellion" to what they were taught. "Smoking was my last stand at rebellion. I've been rebellious all my life." (P 2) "I kept on smoking even though I knew it was wrong." (P 5) Another left her childhood church at the age of 16, thinking that the Christian concept was a "wonderful fairy tale" but it couldn't stand up against "something as concrete and scientific as evolution." (P 10) A few participants related bitter experiences with religion or pastors that discouraged them from church attendance for long periods of time.

> I got my ears pierced (at age 16) and (the pastor) looked at me and asked me if I could take my earrings out...and he went on about how he couldn't give me Bible studies if I were to continue to wear earrings...I just said, "Don't come back then," so he didn't and I didn't go back to church. (P 18)

But to most of the participants religion became much more important either just before or just after smoking cessation. Most expressed the view that God was a loving, caring, available God. "He created us to be healthy and happy, so as we respond to his power that he gives us, he can give us the knowledge and the victory and the power to BE healthy and happy." (P 6)

### *How is the Need for Belonging and Connection Related to Smoking and Smoking Cessation?*

The theme of connection and a need for belonging was evident throughout the data. Four participants verbalized that connection seems to satisfy a need for belonging. At least seventeen of the participants in this study verbalized the need for a sense of belonging or connection, sometimes using the words such as "camaraderie," "family,"

and "love factor." The need for a sense of belonging was a vital aspect of the memories of the initiation of smoking, the reasons for smoking and the accomplishment of smoking cessation. The need for belonging was summarily spoken by one participant:

> A sense of belonging is a very powerful force in our lives. I think it's a spiritual thing. It can work in really GOOD ways and it can work in BAD ways. If you look in gangs, they're doing it for a sense of belonging. I think people get the same sense of belonging when they go to a church or belong to a social organization...When I went through transition away from smoking along with other people, there was a sense of belonging that went with that, which I thought was very powerful...it's spiritually connecting with other people, and I think it's enormously powerful and necessary if you're going to beat that habit... I think all of us NEED to belong (P 3).

A need for belonging was evident at the initiation of smoking. As these participants recalled their initiation of smoking one said, "I wanted to belong, so I started smoking." (P 4) Another recalled "being part of the crowd" when smoking (P 5). As another recalled that all of his immediate peer group "were tough and wanted to be special," he described that it was a sense "of belonging" that was needed (P 11). "When I first started it was an acceptance thing...I didn't have friends. I wanted to be accepted." (P 14)

The act of smoking seemed to satisfy a need for belonging. Several participants considered the cigarette a refuge and a friend. Five participants said they really enjoyed smoking. "I liked it a lot!...when I wasn't stressed or anything, I would just really enjoy it." (P 16) They described going through a grieving process when giving up smoking. "It was probably a very good friend to me and (when I quit) there was a period of time that was like extreme mourning. I was mourning the loss of a dear friend." (P 1) Several remembered "breaking down and crying, just sobbing because of the loss of that addiction...it was something that I was going to have to live without." (P 8) "I was just

sick with anguish...because I still did not want to quit smoking." (P 14) Participants also described the bond that smokers share: "smokers definitely belong to a club, whether they know each other or not...they're smoking outcasts...but they're instant friends because they're smokers." (P 3)

Was the need for belonging met after smoking cessation? Some still feel the loss: "There are times when I miss the camaraderie ...going "outside to smoke and talk and converse. I miss that aspect of it." (P 7) Several participants found camaraderie with other smokers that were going through smoking cessation at the same time: "There's that sense of belonging to something that was definitely not just you fighting this, you were fighting it with other people who were there to help you...I think that was the most powerful aspect." (P 3) Other participants found belonging and connection in a church: "Knowing that the church members had accepted me as a smoker...got me through that phase of my life...They were just very aware of who I was and accepting of that. I felt like (I was) being embraced." (P 11) This participant felt that the need for belonging was met "more so than ever" after smoking cessation because

> I can be accepted by smokers, because they can see probably an underlying desire not to smoke themselves and they see me as a positive example. And I can also embrace them and enjoy the company of non-smokers because I don't smoke. (P 11)

Two of the participants verbalized experiences of abuse before starting smoking. One was severely abused as a child and another was abused by a spouse before divorcing him and finding a refuge in bars, which was where she started smoking. They both expressed how a need for belonging was met by the church family after smoking cessation:

> The church I did get involved in surrounded me and they loved me...They truly made me feel like I was family, so for the first time in my life, I really did have a family and it was a huge family...I guess that's why I have a much greater sense of the church truly being my family than most people, because I never did have a family in reality...the love factor is big, because I can't imagine having the success (in smoking cessation) if I hadn't had that." (P 15)

> Church friends were...real friends that really cared about you and weren't there just to see what they can get from you...I could have fun, and it was good fun, and it was clean fun, and it was real fun, and I could laugh and smile and be happy...it was a big change. (P 18)

Some participants verbalized that their needs for connection were met in God. God "saw through all of the addiction and through all the pain and the hurt and anger and everything else that was enveloping me...and picked me up and dusted me off and said 'I'll take care of you.' And he has." (P 18) "He's there with open arms and always loves us. He has that unconditional love for us." (P 6) "You have to make that connection with God first thing in the morning." (P 5) They felt that they had a new sense of belonging from their connection with God.

The process of spirituality being enhanced through smoking cessation was consistent throughout the data. The idea of connection and a sense of belonging was prominent in their description of spirituality.

**What Other Factors (In Addition to Spirituality) Contributed to Success in Smoking Cessation?**

Since half of the participants had no cravings or desire to smoke after cessation, they did not discuss other factors that contributed to success, but the participants who did experience cravings after smoking cessation blended various methods to manage cravings and avoid smoking. Seventeen of the 19 participants talked about smoking as an

addiction, and verbalized that they were dealing with a powerful addiction, even comparing it to drug addiction.

*Medication*

Only the three participants who attended the live-in smoking cessation program at St. Helena hospital used medication for undertaking smoking cessation in the most recent attempt. Several participants mentioned using Nicotine patches or Wellbutrin in past attempts, but did not use it in their most recent attempts. A few gave reasons for not using medication:

> A couple of years before, I did use patches, but this time I said 'No.' The Lord told me in my being, that that would not give Him glory, and that's what it was about. (P 1)
> I didn't do the nicotine replacement, because I just wanted that stuff out of my body. (P 7)
>
> I tried nicotine patches and that didn't work. I also tried Wellbutrin patches, and that helped a little bit. (P 8)
>
> The doctor gave me some chewing gum...and I didn't like the taste, and I think I still smoked...I tried probably five or six times to quit through my life and none of it worked. (P 9)
>
> I tried patches and I smoked with the patch. (P 13)
>
> One time I had tried the patch, and I just didn't want the patch. If I was going to do it, I was just going to do it and set my mind to it. (P 16)
>
> I don't think it is something I could have done by myself or with the aid of patch or gum. (P 18)

Three participants used medication at St. Helena Hospital. One had been using Wellbutrin for about a year, and started again before this most recent attempt. The first morning after cessation he said, "I've never been so miserable in all my life." The counselor told him to put on more nicotine patches, so he put on four patches and

gradually started reducing the nicotine about the fourth day. "I never had withdrawal after that. It worked like a champ." (P 2) He only used the Nicotine patches for six to eight weeks. He was continuing to use the Wellbutrin at the time of our interview, but planned to discuss its discontinuation with his doctor at his next physical exam.

The next participant that attended St. Helena Hospital did not use nicotine substitutes or Wellbutrin. He had used Wellbutrin in the past, but "it really didn't appeal to me...I didn't like the way it made me feel...My doctor prescribed a mild sedative, Xanax...during the period when I was going through the transition, and I found out that was helpful" (P 3)

The final participant that attended St. Helena Hospital used both Wellbutrin and nicotine patches as they were prescribed at the hospital.

> I think the nicotine patches helped. I wasn't wanting to do those, but I don't think I could have done it without them...I also took Wellbutrin because they suggested (it). I don't know if that helped me or not...I didn't like taking that because it made me feel anxious. (P 19)

This participant is still using nicotine gum about three times a day.

### *Other Helpful Practices*

#### *Avoiding Alcohol*

Many of the participants drank alcoholic beverages as well as smoked. A couple participants said that they were recovering alcoholics, and that smoking cessation was much more difficult than recovery from alcoholism. "The Lord has been a very important part of my recovery both from alcohol and from nicotine. I give him the credit for me being off the nicotine, because every method I tried on my own I failed." (P 2) Many said they stayed away from beer when they went through smoking cessation. "I didn't drink

for three months (after smoking cessation), because that was always a trigger for me." (P 7) "Drinking intensifies wanting to smoke." (P 9) Some said they had previously returned to smoking with just one drink after having quit for several months. "If you are going to have success in quitting, you can't really be having alcohol because alcohol breaks down your will." (P 15) One said he might smoke twice as much when drinking. Several gave up drinking alcohol and smoking concurrently. "God didn't only take the cigarettes away. He took away drug addiction and alcohol and the whole lifestyle." (P 18) One participant did not believe in simultaneously stopping smoking and drinking.

> I always wanted to do everything at once: quit smoking, quit drinking, quit coffee, exercise, and lose twenty pounds. (Then) I'd get up, smoke a cigarette, and realize I couldn't do that, so I'd say the heck with any of it...I know when I quit drinking, one of the greatest relief's for me was that I didn't have to quit smoking, because I wouldn't have done it. (P 19)

One participant made an interesting observation about spirituality and substance use.

> You've heard the stories of people who use drugs and alcohol because they're searching for spirituality or trying to find their way or becoming who they are...Those of us who smoke do it for a reason, and we are trying to find the motivation that causes us to smoke, rather than trying to find the cure for smoking. (P 11)

Several participants admitted they had also used drugs in the past (marijuana, amphetamines, etc.) One participant who works in a drug rehabilitation program for teens testified that cigarettes were a "gateway drug" for him and he felt that more should be done to help teens stop smoking "but the courts are more concerned about them smoking marijuana or using other drugs." (P 11)

*Avoiding Caffeine*

Many also gave up drinking coffee or other caffeine drinks when going through smoking cessation. "I threw away my coffee maker, I cancelled my newspaper, because

all those things went hand in hand...I did that every morning before I got ready for work." (P 7) "Dad after dinner always wants a cup of coffee. He's like, 'You want a cup of coffee?' My brain says, 'and a cigarette?'" (P 13)

*Exercise*

Exercise was frequently referred to as helpful during smoking cessation. One participant was talking about Xanax being helpful, "I found out the thing that was MOST helpful was exercise. When I was at St. Helena, I was probably running four to six miles a day...as a way to just destress." (P 3) Another participant alternated walking with meditation "when I had a craving." (P 16) A nurse who had thought that smoking was the only way to get a break at work said, "A group of us started going for walks in the morning, so we took a break that way." (P 14) Another participant found that exercise was helpful in the morning. "I have a little trampoline and I would get up early in the morning and jump on it...because that's when I would smoke." (P 8)

*Water*

Several participants said that at the time of smoking cessation they did not know about healthful practices to ease the withdrawals from smoking cessation, but still recommend to others that they drink a lot of water. "I didn't KNOW about drinking water. I didn't KNOW about the health things that I know about now that you can do to work with your body." (p 6) "Probably the most beneficial way...to purge the stuff out of your body (is) to drink a lot of water. I ran and sweated...just anything I could do to purge the stuff from my body." (P 3)

*Diet*

Few of the participants mentioned changing their diet during smoking cessation, but some had recommendations that they would give to someone attempting smoking cessation. Some learned diet recommendations from the smoking cessation classes they attended. "Just learning about different things that trigger, foods and things, I was able to stop after that." (P 8) Another added, "Drink lots of Vitamin C liquids, not a lot of sugar...You might want to eat a little less red meat." (P 11) One of the participants that attended the program at St. Helena Hospital said that she had previously learned most of the information about smoking cessation, "but the nutritional part I learned a lot from and I liked the little cooking class they had." (P 19)

*Dealing with Cravings*

*Substitutes.* Substitutes for smoking were the most frequently mentioned help for smoking cessation. One participant said that when she was going through smoking cessation. "I would get up in the morning and cut up celery and peanut butter in a little cup, and that was my cigarette on the way to work." (P 1) Several participants used chewing gum, but it was mainly "something to do with your mouth." (P 5) Another chewed on Milk Duds while studying, but would now recommend carrots and celery. Another participant made a list of what was important to her (kids, family, health, etc.) and hung the list near a usual smoking place and reviewed it when she felt like smoking. "That was really an encouragement to me not to smoke." (P 8) In a smoking cessation class, one participant was given a deck of cards to place in a pocket where his cigarettes used to reside. When he felt like smoking he reached for a card, on which were printed "I choose not to smoke..." with various reasons for not smoking. "This gave me ten seconds

from the time that I had the impulse to smoke until I read the card, and those ten seconds were just enough to get me conscious of what I was doing." (P 11) He also recommended to teens that they put a toy or something in the place of cigarettes in a purse to remind them "I really don't want to smoke." Another participant wrote out Bible verses on paper every time he had an urge to smoke. "Within two weeks of doing that, the greatest part of the battle was over." (P 15)

*Accountability.* Accountability to other people seemed to solidify the decision to stop smoking. "I knew that I had to make myself accountable to people." (P 1) Another participant was a member of a "four-man team...It's a real good accountability tool for me and for the others." (P 2)

> I wanted to tell the whole world that I was going to quit, because...I knew that if everybody knew, I couldn't start again without being shameful...so I told my whole family...my coworkers...friends, because I knew that if I thought about smoking I'd have to tell all those people that I'd smoked, and I didn't want to do that. (P 7)

*Avoiding Triggers.* Several of the participants avoided situations where they would be most likely to smoke or buy cigarettes. "During this period of time I did not go to the store (at the gas station)." (P 1) "I stayed away from parties." (P 6) "I stayed away from any trigger until I knew I could handle it when it came...I couldn't hang out with any of my smoking friends for six months." (P 7) "I smoked in the kitchen, so I had to stay out of that room. It was horrible. Every time I went into that room, it triggered, and caused me to want to smoke." (P 8) "When I had a craving, I didn't get in my car, I went for a walk." (P 16)

*Surviving.* When a craving came, several mentioned that it was difficult to think in those first few minutes. One participant felt that the patches gave her just enough help

to think more clearly. "I knew to say, 'Oh, wait. This will only last for a few minutes.' But without the patches, it was like where is that thought? What am I supposed to think?" (P 19)

> The first thing I do is survive for the minute or two or whatever when I'm really wanting to smoke...When I first stopped it might have been ten minutes I suffered, and then as time passes the period of suffering becomes less, and then you just kind of get through it. (P 3)

*Distraction.* Finding something else to do or think about instead of smoking, was also frequently mentioned. When asked what she would do when a craving came, one said "Divert my mind, do something else, go for a walk, chew gum, drink water – all those things helped." (P 5) "I would just be really strong. If I waited it out or distracted myself, or called a friend, a lot of times the urge or desire to smoke would pass." (P 8) "With the change in my schedule with the new job, I didn't have time to think about smoking like I did previously." (P 18)

*Stress Relief*

Several participants mentioned that they were required to learn new coping mechanisms. Dealing with stress was the main issue of this coping. "I'll just face it, or call a girlfriend...I probably complain a lot more, instead of keeping it inside." (P 7) "I have to deal with some things that I hadn't dealt with before." (P 19)

*Planning*

A couple of participants planned for smoking cessation before they actually quit. One participant read all of the literature she could find on smoking cessation. She also listed her triggers, her reasons for smoking, her reasons for cessation, the cost of smoking. She planned a special trip, using the money that she would save with smoking

cessation. She also planned the time she would quit smoking in a smoke-free environment away from home. She dieted and exercised before smoking cessation, since she was worried about gaining weight. She planned activities that she would do at times of triggers. She even quit talking on the phone for about three months after smoking cessation, since that was a trigger. One participant did not plan to this level of detail, but used the time to mentally prepare for becoming a non-smoker. They both felt that planning was a very beneficial activity.

## Summary

This chapter reviewed the two specific research questions. It first reported how spirituality contributed to efforts in smoking cessation, including the importance of a sense of belonging to the participants; it then examined what other factors in addition to spirituality contributed to success in smoking cessation. Spirituality was described through the four domains as 1) Connection with Self; 2) Connection with God; 3) Connection with Others; and 4) Connection with a Church. Each section included how that aspect of spirituality motivated smoking cessation, prominent activities or factors, and how the connection was changed by smoking cessation. Connection was the overall metatheme. The next chapter will be a discussion of these findings, which will include a comparison with research and theory.

# CHAPTER V

# DISCUSSION OF FINDINGS

## Introduction

In this chapter the findings of Chapter IV will be discussed and compared with the extant theories and literature on smoking cessation and spirituality.

There are two major considerations to keep in mind when viewing these findings. First, this study of spirituality in those who accomplished smoking cessation is needed to better understand the phenomenon of spirituality within the context of smoking cessation. Second, little variation existed in the type of spirituality of the participants. Because 68% of the participants were Seventh-day Adventists at the time of the study and three participants had attended a live-in smoking cessation program that was conducted by a Seventh-day Adventist hospital, the descriptions of spirituality are biased toward the spirituality of Seventh-day Adventists, almost approaching an ethnographic study of the spirituality of Seventh-day Adventist Christians in smoking cessation. The type of spirituality described in this study is heavily influenced by Seventh-day Adventist teachings and practice.

## Spirituality Definition

No obvious differences were identified between the spirituality of the Seventh-day Adventist Christians, and the other participants in the study except for one participant's unique description of spirituality when he said, "I do think that the answer is always a spiritual one. Spiritual meaning simply connecting with other people." (Participant 3)

Cook's (2004, p. 548) definition of spirituality, which was used as the basis for the definition in this study, included the phrase "It (spirituality) may be experienced as a relationship with that which is intimately 'inner,' immanent, and personal, within the self and others, and/or as relationship with that which is wholly 'other', transcendent and beyond the self." There were no participants in this study whose relationships were totally "'inner' immanent and personal within the self." However, one participant's unique description of spirituality emphasized "immanent and personal, within the self and others" while he also prayed to and relied on a connection with a transcendent power beyond himself. In the spirituality of the other participants the emphasis was the "relationship with that which is wholly 'other,' transcendent and beyond the self," although it included connection with self and others.

The description of spirituality by eighteen of the nineteen participants was a connection with God as a transcendent power that gave them power to overcome smoking addiction. Their smoking cessation was aided by their relationships with self, others and the church, but they claimed that their ability to stop smoking was based on a power outside of themselves. This finding was a surprise to the researcher, as the literature does not support the concept of a transcendent power available for smoking cessation, except in the work of the 12 Step Programs like Nicotine Anonymous.

The spirituality described by the participants of this study is very close to the definition of spirituality used in this study. Spirituality was defined as a human experience within the awareness of an individual, based on past experiences and culture, which connects them with "God" or a transcendent power, others and themselves in a way that gives meaning and purpose in life, truth and values. The researcher would add

to this definition that spirituality provided strength for positive health changes. But research is needed to discover what other health changes could be enhanced by spirituality.

## Major Findings

The descriptions in the literature (Burkhardt, 1989; Loyer, 1995; Narayanasamy, 1999b; O'Brien, 2003) of spirituality as "connection" were supported by this study. Spirituality was described in the domains 1) Connection with Self; 2) Connection with God; 3) Connection with Others; and 4) Connection with a Church. Each connection had aspects that were important to the motivation for smoking cessation, and each connection was also influenced by smoking cessation. There were unique, important aspects and factors in each connection domain. Within the framework of this study connection could be defined as intimate, honest relationships with self, God, others and a church. This connection includes vulnerability and receiving care, compassion and acceptance.

In connection with self, motivation for smoking cessation was enhanced by making a commitment, feeling the need for strength and the desire to be in control. Stewart (1999, p. 173) also found that to those quitting smoking, "willpower," "determination," "decision," etc. were important aspects of the process. The prominent intrapersonal factors were the temptation and struggle involved with cessation and the guilt and shame that was experienced. In this study guilt and shame were prominent for Seventh-day Adventists because smoking is not an acceptable behavior. Several others were drug abuse counselors and felt that smoking was incongruent with their positions. So it isn't clear if the guilt and shame are experienced because of the peculiarities of this sample, or if it is experienced by most smokers. Guilt was also a prominent factor in a

study of nurses attempting smoking cessation (Bialous, Sarna, Wewers, Froelicher, & Danao, 2004). The personal changes that were reported as a result of smoking cessation were clarity of thought and learning new coping strategies in uncomfortable situations.

In this study Connection with God was the most salient of all the connection domains. Smoking cessation was motivated by connection with God from the concept of the body as the temple of God, gratitude for spiritual experiences and a feeling of need for a connection with God. The spiritual activities that enhanced connection with God were personal prayer, Bible study, and meditation. Most participants had perceptions of power from God through help with smoking cessation, messages they felt were from God, and miracles they reported as increasing their belief and trust in God.

Connection with God was often referred to as a relationship, involving trust and surrender. Several participants reached this connection through searching. Improvements in connection with God were reported as a result of smoking cessation. It seems clear in this sample that those people who say that they received help through their spirituality do rely on God for help. This concept of God was personal (sometimes in the form of Jesus) and powerful (could take away the desire to smoke). They perceived that God communicated with them through their thoughts and they could communicate to God through prayer, so there was a relationship or connection.

About half of the participants reported a lack of struggle in smoking cessation. It could be that people who rely on spirituality have less difficulty in smoking cessation or use more church-based programs or Nicotine Anonymous. Future study is needed on the relationship between reliance on spirituality and the struggle involved during smoking cessation. In another study of smokers who quit without treatment, very few felt any

desire to smoke during cessation (37 of 41 informants), but 32 did experience cravings (Stewart, 1999).

Connection with other people was also a prominent motivation for smoking cessation, especially in those who attended the live-in smoking cessation programs or the out-patient smoking cessation programs. Twelve-step programs were helpful to some during and after smoking cessation. Twelve-step programs also emphasize connection with God, self and others. Smoking cessation was enhanced by praying together, talking about the experience, venting to others, receiving recognition and encouragement, receiving rewards and being surrounded by love and support. Swora (2001) posited healing relationships as a part of recovery, and this concept was upheld by this study. Although not a prominent theme, several participants discussed the negative effect of pressure from others to quit smoking. It may be that direct pressure from others is not helpful to smoking cessation.

Connection with a church was important to most participants. The desire to commit their lives to God, be baptized and join a church were important motivations for several to stop smoking. Being involved in church activities and receiving the prayer and fellowship from a church were important activities with this connection. Smoking cessation changed this connection since participants felt less duplicity and more confidence. Studies reviewed by the researcher included only guesses of why those who were able to stop smoking were more involved in churches. The participants in this study increased their church involvement after smoking cessation. Some seemed to avoid church involvement because of guilt, rebellion and trying to secret their addiction. Some were not members of a church before smoking cessation, but looked for a church

afterwards. The participants denied any pressure from the churches to stop smoking, but reported that churches were supportive of their efforts, even though smoking cessation was a requirement for baptism. Could it be that belonging to any healthy community could assist with smoking cessation? Could it be that we are seeing fewer adult smokers because smoking is becoming less socially appropriate?

Other factors that contributed to smoking cessation were the use of medications by the three participants that attended the live-in smoking cessation program. Avoiding alcohol was mentioned the most frequently of any helpful practice, but avoiding caffeine was also important. The other practices that were helpful in smoking cessation were not unique to this study: Exercise, drinking increased amounts of water, dietary changes, dealing with triggers, etc. Two of the participants planned smoking cessation before attempting it, and felt this was very helpful.

**Findings Related to Theory and Research**

The participants entered this study because they found spirituality to be helpful to their smoking cessation. Although each experience was unique, each participant was able to verbalize what aspect of spirituality was helpful to them. Through an inductive process, the conclusions of spirituality were synchronous with the critical analysis of spirituality by Meraviglia (1999). The antecedents of an increased spirituality in the participants seemed to be a feeling of need for connection with God because of a time of stress and a feeling of gratitude for something they perceived God had done for them. This is described by Meraviglia as a life experience that can "initiate or contribute to awareness of spirituality" (Meraviglia, 1999, p. 23).

Meraviglia (1999) described one of the defining attributes as faith or trust in a relationship, which was also described by the participants. Connection with oneself, others, nature or God was the second critical attribute. None of the participants described a connection with nature, but the other connections were elucidated. The researcher chose to separate the connection with church from connection with others, as there seemed to be differing factors involved, but these two categories could easily be combined. The integration of all human dimensions (mind, body and spirit) was also evident in the participants in their discussion of spirituality. The unique, dynamic process was very evident from the inimitability of each story.

The outcomes of spirituality as described by Meraviglia (1999), were also evident in the anecdotes of the participants. Peace was one outcome mentioned by several participants that was not listed by Meraviglia, but might be included in "spiritual well-being" (Meraviglia, 1999, p. 25). The importance of prayer to spirituality was also conveyed both by Meraviglia and the participants.

While spirituality has been frequently described as "connection," this study revealed some aspects of connection with self, connection with God, connection with others and connection with a church that have not previously been described. The motivations for smoking cessation related to each connection and the results of smoking cessation on each connection were related.

Gorsuch (1995) suggested that religion may serve as an alternative in meeting the basic needs through prayer and social support. Most participants from this study connected with a power greater than themselves for smoking cessation. These participants were in the addiction/dependence stage and were then able to accomplish

smoking cessation with spiritual connection. This connection seemed to meet the needs inherent in the participants. A large portion of the participants of this study were not religious until the experience which initiated smoking cessation and an enhanced spiritual connection.

The suggestion has been frequently made that the negative link between religion and substance abuse may be the repugnance of substance use in the religious community (Spilka, Hood, Hunsberger, & Gorsuch, 2003), but in this study, while there was awareness on the part of many of the participants that the church wouldn't approve of smoking, their spirituality seemed to increase at the time of smoking cessation, which increased the involvement in the religious activity. Several participants verbalized that the church was supportive of them and willing to pray for anyone in an addiction even before smoking cessation. Others felt they needed to keep their smoking secret from church members.

Prochaska et al. (1992) proposed stages and processes of change. Smokers in the precontemplation stage have no intention toward smoking cessation. Smokers in the contemplation stage are more aware of the advantages and disadvantages of smoking cessation but are not yet ready for action. Smokers in the preparation stage have a plan of action. But some of the participants of this study showed no evidence of spending time in various stages. Their contemplation of change and preparation for change were accomplished in very short periods of time. Since there was no assessment of the attitudes about the change to smoking cessation, it is difficult to know what mental preparation had preceded the change, except in a few that said they had no previous intention to stop smoking. Many had multiple previous attempts that were unsuccessful in

stopping smoking. In this study all the attitudes and processes of smoking cessation were self-reported.

Marsh (1989) developed the Revelation Readiness Model in which Stage 3 described a new knowledge or mystical experience that gives power to participate in a belief system change. This Stage was salient in all of the participants of this study, although some of the participants did not show evidence of the previous stages. It may be helpful for those struggling with cravings to consider this approach. Participants experienced Stage 3 as knowledge and/or a mystical experience. And as the model predicted, Stage 3 was followed by Stage 4 in all of the participants of this study. None of the participants relapsed after their most recent cessation, but some "tested" their cessation by trying to smoke a cigarette, and found the cigarette repulsive.

Flagler (1997) reviewed four models of attribution of responsibility for the problem and attribution of responsibility for the solution for addiction. In the presentation of their addictive experience, it was not always clear if the participants accepted responsibility for the problem. Their addiction was a reality to them, as well as their feeling of helplessness to free themselves from the addiction. Although they felt helpless, they all believed that the solution focused on their decision, along with help outside of themselves. The experience of some of the participants agreed with the Enlightenment Model as they accepted responsibility for the problem, but went to God or others for the solution. The experience of other participants agreed more with the Compensatory Model as they didn't accept responsibility for the problem, but participated in activities that lessened their smoking and improved their coping. These two models seemed most prominent in this group of participants.

All but two participants verbalized aspects of addiction with which they had struggled. Half of the participants had little or no withdrawal symptoms with smoking cessation, even though they had suffered with severe withdrawal in previous attempts. The other half experienced the struggle of cravings and other withdrawal symptoms, but verbalized strength they felt came from their spirituality. Only one participant reported having previously stopped smoking with very few withdrawal symptoms. This participant (P 12) also related that he did not smoke first thing in the morning, which is typical of someone who might not have a physical dependence. Another participant (P 16) reported extremely severe withdrawal symptoms of vomiting three or four times a day for the first three weeks of cessation. She related that her grandmother continued to smoke four cigarettes a day until just before her death because of similar withdrawal symptoms. The lack of withdrawal or cravings for cigarettes in half of the participants does not agree with the research about what happens in smoking cessation (Piasecki, Jorenby, Smith, Fiore, & Baker, 2003a; Piasecki, Jorenby, Smith, Fiore, & Baker, 2003b; Piasecki, Jorenby, Smith, Fiore, & Baker, 2003c). The participants verbalized that the lack of cravings was a gift from God. This phenomenon warrants more research.

Koski-Jannes and Turner (1999) studied 76 subjects (included 15 with addictions to nicotine) to determine the factors that were helpful in recovery from various addictions. They posited that while religiosity seemed to be helpful in recovery from drug abuse, it had little or no effect on smoking cessation. But spirituality and religiosity had major influences on smoking cessation for the participants of this study.

**Unexpected Finding**

One of the surprises in the study was that half of the participants had no cravings after smoking cessation. This finding needs further research. Another surprise was that cigarette smoking connects people or provides some type of spiritual-like experience. And Connection with self, others and God provides spiritual experience that seems to replace the need for smoking.

An interesting, unexpected finding in the study that is not directly related to spirituality and smoking cessation was that 21% of the participants (three females and one male) reported stressful dreams about smoking after smoking cessation:

> The thing that REALLY made it hard, too, was I had chronic relapse dreams the first year...Like I would be dreaming that I started smoking again, and I would wake up in a COLD SWEAT, SO MAD...thinking that I had slipped up. And (afterward) I've never been so grateful. I'd be "Wahoo, I didn't smoke!" (P 7)

> I remember I had a dream a few months later where I dreamed I lit up a cigarette. I woke up horrified, just panicked, dripping wet. (I prayed) "Oh God. Please don't let that ever be true."...it certainly horrified me. (P 14)

> Every now and again, I will have very vivid dreams...that don't seem like dreams. It seems real. And I'm so angry. I'm so angry. How could I do this? How could I start again? And I'm so relieved when I wake up and I'm not smoking. It's just a dream. (P 15)

Disturbing dreams were discussed in a study of the relationship of smoking to sleep disturbances (Wetter & Young, 1994), but these dreams were reported only in males and were not described. In a qualitative descriptive study of smokers who quit without treatment, Stewart (1999) also described intense dreams in 22 of his 40 informants. These dreams seemed very real and upon awakening the informant was troubled by a residual feeling of intense disappointment for having started smoking again, with a strong feeling of relief upon realization that it was a dream. These dreams

were surprising to Stewart, as they were to this researcher, but he claimed that the informants of his study were not surprised by this finding.

## Limitations of the Study

Recommendations for credibility, transferability, dependability and confirmability outlined by Lincoln and Guba (1985) were kept in view during the investigation process. Credibility means that the perspective of the participant is represented in the perspective of the researcher. This was verified by checking with participants about the meaning communicated, by careful observation, by discussing the findings with colleagues, and by comparing the results with previous studies.

Some limitations need to be considered because of the small sample slanted toward Christian and Seventh-day Adventist spirituality. Although participants varied in age, education and place of residence, most of the participants had a Christian background and thirteen of the participants are presently Seventh-day Adventists, despite the fact that only six were Seventh-day Adventists at the time of their smoking cessation. The number of Christians and Seventh-day Adventists in the study may have been influenced by the fact that the researcher is a Seventh-day Adventist and the knowledge of the study was advertised by friends of the researcher to their acquaintances who had previously stopped smoking and desired to share their experience with the researcher.

A challenge to rigor is the potential bias of the researcher. The researcher is a Seventh-day Adventist Christian, but bias was reduced by journaling thoughts and feelings during the interview and analysis procedures. It was also reduced by using the actual words of the participants and staying very close to the words of the participants

during the early coding process. The researcher consulted with faculty mentors during the coding and analysis phases of the research.

Transferability of the findings of this study is limited by the high percentage of Christians and Seventh-day Adventists in the study, and the type of spirituality that is described. More study is needed to consider other forms of spirituality used in smoking cessation. Although the participants of this study were helped by their spirituality in smoking cessation, we need to know what other perspectives and practices might be helpful in other groups.

The fact that the researcher is a Seventh-day Adventist may have aided researcher's insights into the experience of the participants. Seventh-day Adventists have a Christian perspective which views God as powerful, but willing to work in the lives of even those who have rebelled. So while the stories were amazing to even the researcher, they were not without precedent in *The Holy Bible* and in the history of the Christian religion. Harman (1987) admitted that in positivistic science the questions that involve spiritual issues cannot be considered, but suggested a type of inquiry that would be open to explore the characteristics of any type of human experience. This complexity science opens research to a higher spiritual perspective.

The five important points of the significance of a study on how spirituality contributes to smoking cessation offered in Chapter I need to be revisited:

(1) to increase the reduction of tobacco use and its resulting disease and other costs to society – What was learned from this study may not reduce tobacco use of the general population, but it should encourage health care providers to support those who are attempting smoking cessation in their involvement of unique spiritual sources.

(2) to examine theoretical linkages between addiction and unmet human needs – although four participants in this study linked connection with a sense of belonging (a basic human need), little was learned in this study about this linkage, except that there is an important linkage. It seemed that the need for belonging was met by the connection with God, others and a church. The unsatiable longing which Roy and Andrews (1999) suggest leads to addiction appears to be met by renewed or new spiritual connection. Many questions remain about the linkages.

(3) to explore spirituality's relationship to health and healing – This study was one small window into the relationship between spirituality and health. The relationship of a mainly Seventh-day Adventist Christian spirituality was explored and described. This perspective was helpful in supporting smoking cessation. Many more spiritual perspectives need exploration.

(4) to develop strategies that are effective in substantially increasing smoking cessation – Spiritual assessment should be done by nurses and other health-care providers with those attempting smoking cessation. Support in spiritual enrichment should be encouraged by health-care providers. It was learned that maintaining connection with those in smoking cessation is of utmost importance, and this should be provided and encouraged in any smoking cessation program.

(5) to develop nursing interventions based on evidence so nurses might support people who want to quit smoking by recognizing their spiritual resources – The interventions that would be recommended by this researcher would include 1) Careful spiritual assessment of those attempting smoking cessation; 2) Discussion of possible spiritually enriching practices during smoking cessation, i.e., prayer, meditation, Bible

study, group support, and church attendance; and 3) Maintaining close connection with those who are attempting smoking cessation by calling them, praying with them, and listening to their experiences and feelings. More programs incorporating spiritual approaches need to be developed and tested

## Conclusions

The findings of this study about spirituality and smoking cessation have powerful implications to a select group of those in smoking cessation. Smoking cessation is very difficult to achieve, but the participants of this study related stories that revealed amazing strength from spiritual sources. Not only were they able to overcome the most difficult of addictions, but their connection with "God," themselves and others was enhanced, and they expressed that their lives were richer because of their experiences. They expressed gratitude for "the gift" of smoking cessation and also expressed elation with the opportunity to tell their story. Several had already told their story to others who wanted to stop smoking.

This study supports added insight into spirituality and its importance to those who have found it helpful in smoking cessation. It appears that spirituality may provide strength for this difficult transition. There may not only be a relationship between spirituality and smoking cessation, but there may be support in spirituality for smoking cessation. As stated previously, the researcher was impressed with the changes in the lives of the participants.

This chapter has discussed the findings and their relationship to theory and literature. The next chapter will summarize the study and consider implications to nursing practice, education and research.

# CHAPTER VI

# SUMMARY AND IMPLICATIONS FOR NURSING

This chapter presents a summary of the study on how spirituality contributed to efforts in smoking cessation. It also focuses on the implications of this research to nursing practice, education, and research.

## Summary of the Study

Smoking is a worldwide problem with major economic impact that has been given high priority by many governments and the World Health Organization (1999). Though public awareness of the problem has increased, more than 1 million young people become regular smokers every year and nearly one quarter of adults continue to smoke (Centers for Disease Control and Prevention, 2000a).

Smoking cessation is difficult to attain. The majority of smokers express a desire to quit smoking, but smoking cessation is an intense, complex problem. All interventions that have been developed to this point fall short of achieving the desired success goals.

Religiosity has consistently shown some association with decreased smoking levels and increased smoking cessation (The National Center on Addiction and Substance Abuse at Columbia University, 2001), but little was known about how spiritual practice or religiosity could be incorporated into smoking cessation interventions. This was the important question for this study.

The definition of spirituality that was used for this study was:

> A human experience within the awareness of an individual, based on past experiences and culture, that connects them with "God" or a transcendent power, others and themselves in a way that gives meaning and purpose in life, truth and values. This definition is founded on the definition used by Cook (2004, p. 548, 549).

*Purpose Statement and Research Questions*

The purpose of this study was to describe the aspects of spirituality that were reported to be helpful by those who said that God or their spirituality supported them in smoking cessation, and to describe other factors that combine with spirituality to accomplish success in smoking cessation.

The research questions were derived from the purpose of this study:

1. How does spirituality contribute to efforts in smoking cessation?
    - What aspects or dimensions of spirituality contribute to efforts in smoking cessation?
    - Does spirituality help meet needs for connection that reduce certain motivations for smoking?
    - How was spirituality described by those who successfully stopped smoking?
    - What are the spirituality factors that occurred prior to and following smoking cessation? Are these factors antecedents or precursors?
2. What other factors (in addition to spirituality) contributed to success in smoking cessation?

*Review of the Methodology*

The researcher used qualitative descriptive research to explore these questions. A sample of nineteen participants was interviewed using three questions: 1) You quit smoking. How did that happen? 2) Tell me about your spirituality and how that may have influenced your efforts at smoking cessation; 3) What other factors influenced your

efforts at smoking cessation? The participants were interviewed for 25-60 minutes. The interviews were tape-recorded, then transcribed, coded, grouped in categories and analyzed for themes.

### *Major Findings of the Study*

The descriptions in the literature (Burkhardt, 1989; Loyer, 1995; Narayanasamy, 1999b; O'Brien, 2003) of spirituality as "connection" were supported by this study. Spirituality was described in the domains: 1) Connection with Self; 2) Connection with God; 3) Connection with Others; and 4) Connection with a Church. Connection with God was the most prominent domain of this study, and many experiences of help for smoking cessation were presented. Because the majority of participants of this study were Seventh-day Adventists, a window into this type of spirituality was presented.

In related studies, not many participants relied on spirituality for help in smoking cessation (O'Connell et al., 1998) (K. O'Connell, personal communication, July 20, 2004) (Stewart, 1999) (C. Stewart, personal communication, February 23, 2006), but because participants who relied on spirituality were recruited for this study, insight was gained into how spirituality was helpful in smoking cessation.

## Implications to Nursing Practice

It is apparent that smoking is a physical and psychological problem (Sachs, 2000), and those who are trapped in this addiction could be helped by kind, supportive spiritual care. It is not appropriate to condemn and criticize, and in this study participants said it wasn't helpful. The participants in this study revealed that the web of guilt and shame was a major struggle in their connection with themselves and others. While they should

be educated about the dangers of smoking and the processes involved in smoking cessation, strategies of "guilt-tripping" may not be helpful.

Suggestions that could be given to those seeking a spiritual approach to smoking cessation (like Nicotine Anonymous and church-based programs) are: 1) Perform careful spiritual assessment of those attempting smoking cessation and build on the spiritual resources that are drawn on at times of struggle; 2) When those in smoking cessation are having difficulties with cravings, share successful spiritual strategies (see Table 9); and 3) Maintain close connection with those who are attempting smoking cessation by calling them, praying with them, and listening to their feelings and experiences.

*Table 9* **Examples of Successful Spiritual Strategies for Smoking Cessation**

| | |
|---|---|
| 1. | Make a decision or commitment to stop smoking. |
| 2. | Admit personal weakness with smoking addiction and ask God or a Higher Power than self and others for help. |
| 3. | Surrender the smoking to God, or a Higher Power than self. |
| 4. | Personal prayer for self. |
| 5. | Intercessory prayer from others. |
| 6. | Study of Bible or other inspirational books. |
| 7. | Meditation. |
| 8. | Reflect on and journal with inspirational phrases or Bible promises. |
| 9. | Have a pack cards with helpful thoughts rather than a pack of cigarettes. |
| 10. | Keep close contact with others. |

Those in smoking cessation may feel a low sense of self-esteem, isolation, powerlessness, hopelessness and anger just as a person who is chronically ill (O'Brien, 2003). This means it would be helpful for the nurse to listen to them, talk with them, and pray with them, if they desire.

**Implications to Nursing Education**

Spirituality in nursing has a deep heritage in the legacy of Florence Nightingale and many others, but the original focus was lost when schools of nursing, largely affiliated with religious denominations, lost their strong spiritual milieu. In the 1970's and 1980's nursing again began to acknowledge the need for holistic health care. (Burkhardt & Nagai-Jacobson, 2002; O'Brien, 2003).

Nursing has begun the challenge of educating nurses in spiritual care, but progress needs to continue. Sometimes simply being present in the midst of turmoil can be helpful. Nurses need to learn that it is always appropriate to assess spirituality. If they discuss smoking with patients, they should always assess resources for cessation, and this includes spirituality.

Nurses have the opportunity to be leaders in health promotion, and this can include education about smoking cessation. Since nursing students are taught about smoking addiction, its effects, and the importance of encouraging smokers to quit, they should also be taught to encourage those with spirituality to draw from all sources of strength. As patients recognize their spirituality they can learn to combine it with the best knowledge about smoking cessation. Nurses should be taught to help patients make realistic plans and then encourage and stay connected with those patients.

## Implications for Nursing Research

Spirituality research has increased with the emergence of post-modernism since a window has opened into the investigation of concepts not easily proven. Spiritual care should be grounded in research. Research can provide interventions that are effective and measurable. As creative interventions are developed, outcomes can be improved with cost containment as one of the goals. Spiritual care has been so trapped in ritual, tradition and privacy, that little has been learned about how to give good spiritual care (Dossey et al., 2000). Nurses should not be afraid to study the effect of various assessments and interventions of spirituality. This study reveals that staying connected during the difficulty of smoking cessation is of primary importance. Nurses should study more about what is and what is not effective connection with those who are struggling with addiction.

Similar studies of how spirituality was helpful in smoking cessation should be conducted on diverse populations and religions. A longitudinal or case study of those in the process of smoking cessation who are turning to spirituality could explicate the process of spirituality more clearly. Comparing the spirituality of those who were successful in smoking cessation and those who were not successful in smoking cessation could likely identify the value of various spiritual practices. It would be valuable to have researchers with diverse cultural and spiritual backgrounds conduct similar studies (Cook, 2004). In the future intervention studies could be conducted that would involve spirituality or prayer.

## Summary

The researcher conducted a sentinel qualitative descriptive study into how spirituality supports smoking cessation. The spirituality that was found to be helpful in

smoking cessation included Connection with God, Connection with Self, Connection with Others, and Connection with a Church. This connection seemed to satisfy a need for belonging in a way that a seed receives sunlight, rain, and nutrients from the ground in order to grow. With connections that supply needs, spirituality grows. And just as a young pine tree grows from a seed and has the strength in growth to split rocks, smokers who grow in spiritual power have strength to stop smoking as they receive from their connections with God, self, others and a church. It is hope that this study will give impetus for more study into spirituality and smoking cessation.

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Appendix A

COMIRB

Date: _____ Valid For Use Through: 04/22/06

**COLORADO MULTIPLE INSTITUTIONAL REVIEW BOARD**
**University of Colorado Health Sciences Center**
*An Investigation into How Spirituality Supports Smoking Cessation*
**COMIRB Number: 05-0182**
Principal Investigator: Lenora Follett
**Participant Consent Form**

**Project Description**

You are being asked to participate in a research study on how spirituality is helpful in smoking cessation. If you agree to be in the study, I will ask you about your experience in stopping smoking, what it was that was helpful to you while you were stopping smoking, and what aspect of your religious or spiritual experience was most important in stopping smoking. Up to 30 participants will be included in this study.

This study is important because smoking is a worldwide problem that is very expensive to society. Smoking cessation is difficult, and ways of making this cessation easier are being explored. Some studies have indicated that there may be help available in a person's spirituality or religion. This study will seek to explore this idea.

**Procedures**

If you agree to take part in this study, you will be one of 30 individuals who will take part in this study. I will ask you to consider questions about how you were successful in stopping smoking. I would need about 30-45 minutes of your time for an interview in a location that is appropriate and convenient for you. I will tape record what you tell me. You may ask me not to record certain things you tell me, and I will turn off the recorder for that part. Anything you tell me will be kept confidential to the extent permitted by law. I am required by state law to report any abuse and the identity of any alleged offender if you should tell me that information.

Everything you tell me in the recording will be typed without using your name. The actual recording of your voice will not be heard by anyone other than me, and the person typing the information on the tape. Following the completion of this study the recording will be erased. All of the recorded information will only use a first name other than your own. During the study the recording, and any coded information which might identify you, will be kept in a locked file accessible only to me. You are protected by federal regulations which require a subpoena from a court for the release of information from research studies.

**Risks**

A possible risk to you is that talking about your experiences may cause you some sadness, anger or other emotions. You may refuse to answer a question, quit, or change your mind at any time.

**Benefits**

This study is designed for the researcher to learn more about how spirituality may help with smoking cessation. This study is not designed to treat any illness or to improve your health.

The information you give may help health professionals develop smoking cessation interventions that will be helpful to others in stopping smoking.

**Cost to Subject**

There is no cost to you for participating in this study.

**Subject Payment**

There will be no reimbursement provided for your participation in this study. In the unlikely event of any injury resulting from this research, no reimbursement, compensation, or free medical treatment is offered by the University of Colorado Health Sciences Center.

**Study Withdrawal**

*Taking part in this study is voluntary.* You have the right to choose not to take part in this study. If you choose to take part, you have the right to stop at any time.

**Invitation for Questions**

The researcher carrying out this study is Lenora Follett, R. N., PhDc. You may ask any questions you have now. If you have questions later, you may call [redacted] (home) or [redacted] (office). You will be given a copy of this form to keep

If you have any questions regarding your rights as a research subject you may contact the Colorado Multiple Institutional Review Board (COMIRB) office at [redacted].

**Confidentiality**

We will make every effort to keep your research records confidential, but it cannot be assured. The consent form signed by you, may be looked at by the following people:

- Federal agencies that oversee human subject research

- Colorado Multiple Institutional Review Board
- The investigator
- Regulatory officials from the institution where the research in being conducted, to ensure compliance with policies or monitor the safely of the study.

The results of this research may be presented at meetings or in published articles. However, your name will be kept private. You will also be asked to sign a separate authorization form. This form will explain who will have access to your protected health information.

**Authorization**

I have read this paper about the study or had it read to me. I know what will happen, both the possible good and bad (benefits and risks). I know that being in this study is voluntary. I choose to be in this study. I know I can stop being in the study at any time without being affected in any way. I will get a copy of this consent form. The results of this research may be presented at meetings or in published articles. However, my name will be kept private.

Signature:_____ Date:_____
Participant Print Name

Consent form explained by:_____ Date:_____
Researcher Print Name

Appendix B

**Participant Information**

Participant Number_____

Sex ☐Male ☐Female; Race or Ethnicity_____ Age_____

Highest Education_____; Occupation_____

Place of Residence ☐Urban ☐Suburban ☐Rural

Age at Initiation of Smoking_____ Quit how long ago?_____

Average Amount Smoked Each Day_____

Number of attempts to quit Smoking_____

Religion_____

Frequency of Religious Attendance_____

Time Spent in Prayer or Meditation Each Week_____

Appendix C

**Interview Guide**

1. You quit smoking. How did that happen?

2. Tell me about your spirituality and how that may have influenced your efforts at smoking cessation.

3. What other factors influenced your efforts at smoking cessation?

(This is what we will talk about in the interview)

Appendix D

**Recruitment Letter**

Dear Ex Smoker:

If you feel that your ability to stop smoking was strengthened by your religious or spiritual experience, you are invited to participate in an interview on how spirituality can help with smoking cessation. You will be asked to sign a consent to participate in the research study. Your participation will involve an interview lasting 30-45 minutes, which will be taped and typed, but will be kept confidential.

Your participation might be helpful in providing new ways to help smokers stop smoking. If you are interested, please contact me at [redacted] or on my email at [redacted]

Lenora Follett, RN, PhDc.

Principal Investigator

COMIRB #05-0182

Appendix E

**Notice to be Placed in Religious or Faith Community Bulletins**

Have you stopped smoking for more than a year? Was your religion or spiritual experience helpful in your efforts to quit? You are invited to participate in a research study about how spirituality can help with smoking cessation. Contact Lenora Follett at [redacted] or email [redacted] (COMIRB #05-0182)

Appendix F

**Categories of Codings**

**Spiritual Aspects**

- Spiritual Organizations
  - Religion
  - Church
  - 12-Step programs
- Spiritual Practices
  - Anointed
  - Laid Hands
  - Bible Study
  - Meditation
  - Listening
  - Prayer
    - Personal Prayer
    - Observing others pray
    - Intercessory Prayer
    - Group Prayer
    - Ineffective Prayer
- Power from God
  - Messages
  - Help from God for Cessation
  - Miracles
- Helpful Spiritual Aspects
  - Spirituality
  - Acceptance
  - Receive Healing
  - Help
  - Purpose
  - Willing
  - Decision
  - Choice
  - Commitment
  - Weakness
  - Getting Help
  - Repentance
  - Forgiveness
  - Searching
  - Teamwork
  - Surrender
  - Support
  - Trust
  - Body as the Temple of God
  - For God's Glory

Helpful Spiritual Aspects, Cont.
- Smoking as a Barrier to spirituality
- Desire
- Gratitude
- Hope
- Seeing Smoking Cessation as a Gift

Belonging
- Partner
- Group Support
- Others in Smoking Cessation
- Camaraderie
- Connection
- Belonging
- Relationship

Unhelpful Spiritual Aspects
- Pressure from others
- Restricting others
- Struggle
- Temptation
- Satan
- Keeping smoking a secret
- Shame
- Guilt
- Doubt
- Immoral

Spiritual Results of Cessation
- Teaching for others
- Pity
- Energy
- Transferal of Learning to other experiences
- Changes after smoking cessation
- Witness – Telling experience to others

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**Smoking Aspects**

Reasons for Smoking
- Sexy
- Coping
- Relax
- Refuge
- It's just Me
- Cigarette as a friend
- I enjoy smoking
- Denial
- Anxiety
- Keep Awake
- Go to sleep

Reasons for Smoking, Cont.
- Celebration

Results of Smoking

Motivations for Cessation
- Motivations
- Being "Done with it"
- Children
- Feeling like a Slave (Dependent on it)
- Health

Cessation Attempts
- Attempts
- Throwing cigarettes in the trash
- Tapering the number of Cigarettes Smoked
- Smoking Light Cigarettes
- Having no cigarettes around
- Difficulty – High and Low
- Difference between successful and unsuccessful attempts
- Relapses
- Testing Cessation

Medication

Helpful Practices in Cessation
- Exercise
- Water
- Substitutes
- Diet
- Stress Relief

Helpful Attitudes in Cessation
- Teachable
- Planning
- Focus (Also a reward of smoking cessation)
- Application of knowledge
- Involvement
- Keep trying – don't give up
- Seeing it as attainable
- Confidence
- Learning

Classes to assist with smoking cessation
- In-patient smoking cessation
- Out-patient smoking cessation
- Smoking cessation Resources
- Hypnosis

Deterrents to Smoking Cessation
- Other Smokers
- Being a dedicated smoker
- Things that don't help with Cessation

Deterrents to Smoking Cessation, Cont.
- It is a personal habit
- Isolation
- Rebellion
- Uncertainty
- The Third Day
- Weight
- Wet Feet
- Secondhand Smoke
- Stress
- Withdrawal
- Caffeine
- Drugs
- Alcohol
- Addiction
- Fear
- Grief
- Cravings
  - Physical
  - Emotional
  - Mental
- Triggers

Dealing with Cravings
- Accountability
- Avoidance
- Headtalk and Safetynet
- Just Surviving
- Reasoning
- Distraction
- Behavior Changes
- Ignore

Results of Smoking Cessation
- Hate Cigarette Smoke
- Peace
- Honesty
- Credible
- Clear Mind
- Other Rewards

Appendix G

**Example of Transcription**

P - So, you know, I wanted to quit for a really long time, but I just don't think I was ready, it was really a, a coping mechanism for me.

R - Uhhuh. Wha...Te..Tell me a little bit about that.

P - Sure, uhm. For stress, I mean, it was REALLY...I mean, I guess I didn't really have to have stress to smoke, smoking was used, you know, to celebrate, or reward myself for hard work, which is kind of an oxymoron, because you're really hurting your body, (chuckle) you know.

R - But it felt good.

P - Oh, it DID. I actually loved smoking, I really did. Until it got to that place where I couldn't sleep at night if I didn't have any, or, you know, going to bed knowing there was only one left, so going to the store - that's where it started getting really bad. Uhm, yeah, it...I used it for, you know,...I went through a really bitter break-up, uhm, it was almost like a divorce, except we weren't married, but we have a child together, and I had quit smoking while I was pregnant briefly, and then when our son was born, uh, I picked it up again, because there was so much stress. And that's REALLY what, uhm,...that's REALLY where it picked up a LOT was during that whole transition.

R - Picked up, you mean that you increased your smoking?

Appendix H

**Example of Coding**

```
$-SDA
  family for Christmas. And we knew          27    |-$
%-SECRET
   we were going to stay (His family         28    |  |-%
  is Adventist)and we knew we                29    |  |  |
  were going to stay (they didn't            30    |  |  |
  know.. he was a   smoker as well,          31    |  |  |
  and they didn't know that we               32    |  |  |
  smoked) and so we went down to visit       33    |-$-%
  and we knew we were going to be            34    |
  there several days and not be              35    |
  able to smoke and so on the train,         36    |
  of course we couldn't smoke                37    |
  either, and on the train we both           38    |
$-GROUPPRAY
  said, "well we're not going to be          39    |-$
  able to smoke, so let's just make          40    |  |
  an effort to quit. and so we               41    |  |
%-DIFFICULHI
  prayed about it.  It was very              42    |-$-%
*-SAFETYNET  *-HEADTALK
  difficult, but it wasn't extremely         43  -#    |-*
  difficult because in the back of           44        |  |
  your little mind it says, when             45        |  |
  this is over I'm going to smoke            46        |  |
  again. and, uhm, so...                     47       -%  |
                                                          |
  R- That's what you were saying...          49          |
                                                          |
  P - That's what was in my mind,            51          |
  exactly, maybe not consciously,            52          |
#-THIRD DAY
  but it was there. When we                  53  -#     -*
  came...when the visit was over and         54    |
  we went back to the train station          55    |
                                                   |
  R - This was how many days?                57    |
                                                   |
  P - Oh, probably three or four days.       59    |
                                                   |
```