

Understanding Smoking Behaviour: Interpretative Phenomenological Analysis Highlighting Cognitive Dissonance

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Abstract

Literature provides qualitative evidence on smoking behaviour among healthcare professionals. Smoking behaviour of nurses and medical doctors have been examined to understand their attitudes and perceptions regarding their smoking behaviour. Being a healthcare professional and a smoker at the same time may represent some conflict due to the dilemma it creates with a professional position. Therefore it is important to understand how healthcare professionals make sense of their health behaviours. Health psychology professionals aim to promote health related behaviours by conducting various interventions. The aim of the current study is to understand how a health psychology student make sense of their smoking behaviour by focusing on dilemmatic aspects of this position. By using qualitative in-depth interviews, this study aims to understand the perspective of a health psychology student who is a smoker. Interpretative phenomenological analysis was used to conduct analysis on a single case. In total, four super-ordinate themes were developed, one of the themes was reported in detailed. The theme, *justification in terms of escaping from reality*, highlights perceptions relevant to dilemmatic aspects, therefore it was chosen to discuss dilemmatic position of the case. The findings were mainly discussed in the context of cognitive dissonance theory. Analysis showed that the case used rationalisation and denial to justify smoking behaviour. Overall, this study provides interesting narrative that shows how a person on a dilemmatic position make sense of their own behaviour.

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1. Introduction

There is emerging evidence on qualitative evidence to make sense of smoking behaviour particularly among healthcare professionals. Since healthcare professionals are expected to acknowledge harmful effects of smoking, it is not clear why some of them maintain smoking behaviour. There are various interventions in different forms e.g., workshops, psycho-educational programs in order to quit smoking behaviour. Particularly health psychology plays a significant role in terms of helping individuals to adopt positive health behaviours to maintain healthy lifestyle. Adopting this perspective, healthcare professionals including health psychologists are expected not to smoke, otherwise this would create a dilemma in regard to purpose of their position. Health psychologists' health behaviours and perceptions are poorly studied. However, there are some research investigating smoking behaviours and attitudes among nurses, medical doctors' and students studying related fields.

According to Blakey and Seaton (1992), smoking behaviour has been frequently observed among nursing students during their education. This finding shows that many nursing students maintain their smoking behaviour even though they know the harmful effects scientifically. Additionally, it has been reported that 30% to 54% of male doctors and 40% of female doctors were smokers in Europe. In the same study, role of limited knowledge was discussed and it was suggested that smoking behaviour of patients were influenced to some extent from smoking status of patients' healthcare professionals. In other words, quitting behaviour of a patient may be influenced to some extent whether the healthcare professional is a smoker or not (Minh An et al., 2008). Quitting may be very difficult even for healthcare professionals including nurses, medical doctors and students who started to smoke at late adolescence / early adulthood. According to Biraghi and Tortorano, 75.2% of student smokers have at least one parent smoker. In other words, family and peer effect can be seen as important factors among student smokers. Nevertheless, being a healthcare professional and a smoker at the same time may lead some conflict due to dilemma it creates with professional position. Therefore it is important to understand how healthcare professionals make sense of their health behaviours, particularly smoking which is common in healthcare professionals and students studying in relevant academic area.

The aim of the current study is to understand how a health psychology student make sense of their smoking behaviour by focusing on dilemmatic aspects of this position. There is limited evidence on health psychology

professionals' attitudes and perceptions regarding health behaviours. Health psychology practitioners particularly are trained to modify behaviour and design health related interventions to maintain wellbeing. By using qualitative in-depth interview, this study aims to understand perspective of a health psychology student regarding their smoking behaviour. More specifically, the objective of this study is to explore a health psychology student's sense-making of their smoking behaviour by focusing on dilemmatic aspects of their position.

2. Method

2.1. Participant

Previously, John was one of the participants in a small-research project examined attitudes of health psychology students toward smoking behaviour. However, John's narrative seemed rich which led conducting in-depth semi-structured interview with him to highlight idiographic aspects. John was studying health psychology master's degree and he was smoker at the time. John was male and 32 years old. He identified himself as Caucasian.

2.2. Interview Schedule and Procedure

The interview schedule included four parts which investigated participant's history of smoking behaviour, quitting experiences, attitudes about health care advertisements against smoking and dilemmatic relations with health psychology study. History of smoking behaviour questions aimed to identify how participant started to smoke. Quitting experience questions were designed to determine whether the participant attempted to quit. Additionally, questions on health care promotion advertisements were asked to determine whether these had an impact on the participant's behaviour. Finally, last part of the interview questions examined participant's views about his smoking behaviour from health psychology perspective. In total, there were 15 questions on the interview topic guideline. The interview duration was approximately two hours. At the beginning, John was asked to provide informed consent and was informed that his name and interview records will be kept confidential. His original name was changed with a nickname (John) to maintain confidentiality.

2.3. Analytic Procedure

Interpretative Phenomenological Analysis (IPA) was chosen as a methodology for this research. IPA considers understanding of individual's psychology and their experiences by the individual's meaning – making

process (Smith & Eatough, 2007). This particular analytic tool assumes the involvement of the researcher with including a double hermeneutic which is unable to be avoided. In addition, researcher tries to understand individual's perception, while they try to make sense about their own world (Smith & Eatough, 2007). Therefore, IPA was chosen as methodology to use in order to focus on participant's meaning – making about their experience. IPA was appropriate approach for this study as the study aim to understand dilemmatic aspects of a health psychology student related to their smoking behaviour. It was expected that understanding of participant's meaning making about the smoking behaviour would be achieved by letting him “tell the story”. Story telling is an appropriate process which helps participant to reveal their views about their smoking behaviour because interview questions included dilemmatic structure.

Firstly, the interview transcript was read several times by the researcher. Throughout this process, before developing emergent themes and superordinate themes, small notes were taken in order to have an initial idea about the potential themes. At second stage, initial notes were promoted to emergent themes that representing psychosocial concepts. This process was revealing participants voice, at the same time some of existing psychological terms were used, therefore analytic process represented both inductive and deductive approaches. Whilst this helped to maintain contextual characteristics, it allowed researcher to use theoretically sensitive interpretation to make sense of the participant experience. At the third stage, emergent themes were examined in terms of how they were connected and how they may form a cluster. In order to deliver idea on the nature of the themes, thematic clusters were labelled (super-ordinate themes). Finally, at four stage, super-ordinate themes, emergent themes and data extracts supporting these themes were reviewed. This process helps researcher to understand and interpret the interview transcript.

The most suitable criteria for assessing this research includes “sensitivity to context” (Yardley, 2000), “coherence” and “grounding in example” (Elliot et al., 1999). Sensitivity to context was chosen as a criteria because if a researcher does not display sensitivity to individual's language, sociocultural context also previous studies, viewpoints of the researcher would not be grounded data or theoretical context. Additionally “coherence” is another important criteria which plays a significant role while reader tries to understand the researcher's suggestions related to the data. That is, suggestions should be consistent in order to make it clear for the reader. Moreover, “grounding in examples” is also significant because it is necessary to provide examples in order to make the suggestions to be supported therefore, reader can give

meanings to information that are demonstrated by the researcher. Typically, the most important theme is reported in a research report that use IPA (Lyons & Coyle, 2007).

3. Findings

3.1 Case

Firstly, John's experiences about social influences on his smoking behaviour started in school years when he was 13 years old. He started to smoke at 13 years old with the impact of his peers and school environment. He had a reason for smoking behaviour, he was trying to be "cool" and he was trying to show this with smoking behaviour. One of the social influences was his dad, because his dad used to smoke a lot. Although his attitude toward smoking has changed, he continues to smoke because of psychological dependence. He wish to quit smoking however, he believes that it is early for him to think about quitting. While his attitudes towards smoking changing, he is aware of responsibilities that he has towards his and other's health, particularly, his son's. He feels guilty when he smokes around him. He accepts that his smoking behaviour has an impact on his son's health. He mentioned that he feels different from others while smoking during the breaks between classes at the university. He mentioned that he does not care too much others' opinions. Most of the people expect health psychology students to be more aware of risks and more engaged in positive health behaviours. However, he is aware of responsibilities that he has towards his career or study also his wellbeing. He identified smoking as coping strategy for stressors in life such as; difficulties of work and studying. According to him, smoking is a good excuse in order to have a break. The way he expressed himself provides hints on rebellious personality which was explicitly mentioned during the interview. Somebody else's opinion is not usually important for him. According to him, if someone wants to smoke they should be able to smoke, nobody can judge others' behaviours. Because of this attitude he believes that smoking cessation campaigns are not sufficiently effective. He frequently mentioned that the healthcare advertisements and campaigns against smoking are useless and stupid. This approach may stem from denial such as; not accepting negative consequences of smoking. Therefore, he avoids paying attention to these healthcare advertisements and campaigns against smoking. The analysis included four super-ordinate themes. Since this study focused on dilemmatic position, one of the themes will be reported in this section. This theme was labelled as 'justification in terms of escaping from reality', it highlights perceptions relevant to dilemmatic aspects.

3.2 Justification in Terms of Escaping from Reality

John discussed several ways to justify smoking behaviour. His main excuse was that smoking helped to cope daily stress:

“I wonder, one day, if we wouldn’t smoke what would we do something else? And everybody did something else, would there be health psychologist to say “do not do that”? I don’t know, like eating. I wouldn’t say I prefer smoking but I noticed on myself stress or time out there is always be cost so on , I see thing that make you happy good and you can control and limit to use. I rather being smoker than fat, rather being smoker than alcoholic, rather being smoker than drug addicted, or any other things.”

He seemed to find his smoking behaviour as a coping strategy. This can be considered as a way of rationalising smoking behaviour. Actually, he believes that if he would not smoke, he might do something else, e.g., engaging another unhealthy behaviour such as: overeating, drug addiction or alcohol use. In other words, he thinks that there is always a cost of stressful life. Because of this reason, he prefers to be a smoker. Therefore, ‘coping strategy’ as emergent theme was considered under the title of justification in terms of escaping reality. Additionally, John finds smoking as an opportunity of having a break which helps him to cope with demands of work or study. At the same time, he perceives smoking providing little time for him to relax for a while:

“Generally I find smoking in order to give a break , so I like to smoke to give a break or end of my work, it marks the end of the things and beginning of things it provides me to think also when you are in a group, it gives you something to talk about , or if you are alone it gives you feel that you belonging yourself and think about it something and you do not feel strange because you are standing outside by yourself without doing anything, because you have a reason you are standing outside because having a cigarettes ... so it is ok, everybody understand why you are standing outside alone, (laughs) because I also tried a cup of tea for break, it worked for a while, but it is not the same ... , it is a small task, easy, and it is not very demanding”

Smoking cigarette was good enough excuse for John to be outside alone for a while. Cigarette was like a tool that helped John take a break from everything. These short breaks were perceived as chance to reflect and think. At the same time, he made sense of smoking as a way out from daily hassles which can represent end of a task. Smoking offered him to have his own time (outside) without feeling of shame or awkward. Smoking cigarette was like a company to him throughout the ‘break’. Even if he was

alone outside standing, there was reason, which was smoking cigarette. Therefore, standing alone and having ‘break’ is no longer weird or strange. At the same time, it provided sense of confidence and comfort. Similarly, being included in a group where most people smokes, John would not feel outsider. Smoking cigarette would provide sense of belongingness, and something that he shares with group members. Hence, smoking cigarette is not only providing an opportunity to relax and have a ‘break’, it also reduces potential feelings of anxiety and awkwardness in a social environment. For John, smoking cigarette is a coping strategy in multiple ways that has several functions.

Rebellious personality was identified as another emergent theme. This represented how John perceived and recognised himself as rebellious in relation to his smoking behaviour. This was prominent in the interview:

“Fundamentally it sounds terrible but I am buying because I prefer to do in what do you want instead of not doing something because of costing shorter life. Because everybody says that if you smoke it takes time from your life but I believe that there is an end of life so you should live in whatever way you want in. I’m not thinking how many years I am going to live. I’m not worried about that for now”.

He expresses himself as independent and as a person who can do whatever he wants in life. He prefers to spend his life according to his beliefs. The most important thing is that he mentioned nobody can stop his smoking behaviour unless he decides to. Although he highlights importance of informed decision, he seems not being sufficiently open for smoking focused healthcare messages. He seemed to reject health information easily. Nevertheless, he relates his own attitudes mainly to his personality. John’s reaction towards healthcare messages and campaigns against smoking looked like psychological reactance that led him acting as ‘rebellion’. This may be reflection of denial.

“I smoked 12 years. (Laughs) I think at this point advertisement do not work, and it is kind of rebellion that’s why I am involved in smoking. And that is possibly why campaigns do not work. Nobody cannot tell me what’s right for me or perhaps they could but they need to be very informed and to make me listen.”

He can be rebel even to his son. He mentioned that his son always tells him to stop smoking:

“I think it is a part of being rebellion person, for example my son tells me to stop and I am rebel to even him. And I remember when I am smoking,

telling my father to stop smoking. I think it is related when you are being old. We say when it doesn't kill you makes you stronger (Laughs)."

He believes that rebellious personality may contribute to do unhealthy activities in order to maintain independence. Smoking behaviour is one of these unhealthy activities he engages in. It is interesting that he frequently uses his 'rebellious' personality in order to escape from reality. As it was quoted above, he finds a way to rationalise his smoking behaviour as negative impact of smoking on health status is not shown immediately. Moreover, he mentioned that he really does not care about others' views on his smoking behaviour. He clearly showed that he liked being 'independent person' who has freedom to do anything. When he was asked about others' perceptions of him as a health psychology student and being a smoker, he said:

"Many tutors I know they do not see it is a good thing but I do not have any idea about the students (laughs)... who cares people."

In the meantime, he talked about how he perceives health psychology courses in relation to smoking behaviour:

"Reading journals and articles are effective because I decided to read them regarding to my coursework's and it's more effective than advertisements, absolutely it makes me change. The things is that when people try to stop me smoking, it doesn't work I need to give my own decision I think, whereas, reading journals, no one forcing me and I choose article which I will read has a much more impact."

Being smoker and studying health psychology degree seem not to cause any conflict in John. He even seemed powerful to being able to smoke while studying health psychology. Although he recognises importance of evidence as he is occupied with reading articles as part of the course, he also seemed to have strength standing by his choice (of being smoker). This strength may be related to him being 'rebellion' as he frequently refer to. Perhaps this is how he maintains and justifies his smoking behaviour through denial.

4. Discussion

This research aims to provide a health psychology student's rationales about his smoking behaviour and dilemmatic aspects in relation to this position. The analysis highlights ideas and beliefs of a health psychology student in relation to his smoking behaviour. His narrative shows that he is aware of his dilemmatic position, however, he seem to be strongly attached to his justification to maintain smoking. He often made connection between his smoking behaviour and rebellious personality. That is, he uses

his rebellious personality as an excuse for smoking. In the meantime, as a health psychology student, the participant believes that he needs to know more about negative consequences of smoking behaviour. This may be partly related to fact that he finds advertisements useless and not effective. At the same time this might be reflection of denial. There was social influence on his smoking behaviour during his childhood and early adulthood, for instance, his dad was a smoker. One of the good examples for dilemmatic position is that he mentioned that he used to tell his father to stop smoking while he was smoking. Having the knowledge and information do not always lead to behaviour change, which is one of the aspects that health psychologists focus on.

It is common that smokers frequently experience inconsistency between awareness of health outcomes of smoking and maintaining the smoking behaviour itself (Chapman et al., 1993). This inconsistency may be considered in the context of cognitive dissonance theory (Festinger, 1957). Cognitive dissonance theory suggest that person may hold two conflicting cognitions or one's cognition (attitudes, beliefs) may contradict with their behaviour. This tends to lead psychological tension. Coherence is needed in order to reduce this tension, hence a person may change their cognition or behaviour to achieve coherence. For instance, a person who is smoking and who is aware of health outcomes of smoking may experience cognitive dissonance. In this case, they may be expected to reduce or quit smoking, which may reduce inconsistency. On the other hand, they may change smoking related cognitions such as, minimising the importance of evidence showing smoking is harmful, denying the health outcomes of smoking or rationalising the behaviour. These strategies may be even easier to accomplish than behavioural change. Therefore, individuals who smoke are likely to rationalise their smoking behaviour in order to reduce cognitive dissonance. For instance, people who smoke may rationalise smoking and say that it is worth to smoke as they are happy with it. Rationalisation is typical defence mechanism that helps people who smoke to reduce cognitive dissonance hence psychological tension (Orculo & Teo, 2016). In the current study, the participant attempted to justify his smoking behaviour by suggesting that he has rebellious personality that he owns his freedom to do whatever he wants. Also he used smoking to manage daily stress. In different qualitative studies, people who smoke also hold irrational beliefs to reduce cognitive dissonance even if they were aware of negative health outcomes of smoking (Schmitt et al., 2005; Van Overwalle & Jordens, 2002). For instance, in one of these studies, participants believed that smoking would not be much dangerous

as long as they were moderate smokers. This was their way of rationalising smoking behaviour (Van Overwalle & Jordens, 2002).

Denial, on the other hand, is another strategy people may use as a defence mechanism to reduce cognitive dissonance. It may be sometimes easier for people to deny the facts when they avoid acceptance, this may protect their “ego”. Besides, people may deny circumstances unconsciously that are not consistent with their behaviour. In the case of smoking, a person may strongly believe that smoking cigarette is not the only way to harm health status. They may believe that even if they were not smoker, there would be different dangers that may negatively affect their health, therefore, they would be convinced that they there is no need to avoid smoking. In parallel with other qualitative research (Gray et al., 2014; Orcullo & Teo, 2016), this was evident in the current study. The participant strongly believed that there would be other harms to affect his health so he “prefers” smoking. Denial may serve a way to protect self-concept to maintain smoking behaviour.

This research provides interesting narrative that shows how a person on a dilemmatic position make sense of his own behaviour. Although many studies are available in the literature examined healthcare professionals’ health behaviours and cognitions, health psychology professionals’ health behaviours have been poorly studied. Hence, particularly smoking behaviour should be further investigated in health psychology practitioners. The current study may guide further research addressing similar research questions by using cognitive dissonance theory. Regarding data analysis, conducting IPA was appropriate as it provides a flexible approach in terms of interpreting the transcript by attempting to understand participants’ meaning making related to their experiences. Furthermore, it should be mentioned that analysis being conducted on a single case only represents the participant’s personal experiences. Although it allows researcher to focus on a deeper level of understanding with idiographic approach, single case study would not be ideal in the context of generalising findings on a broader society. Overall, this study provided a clear illustration of participant’s feelings, beliefs, and experiences about smoking and his dilemmatic position regarding his professional aspect.

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