

Emotions of Smokers During the Contemplation Stage of Smoking Cessation

by

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Abstract

Cognitive and behavioral approaches have been the primary focus of smoking-cessation research, with minimal attention given to the emotional component of the process. We explored the emotions of smokers through interviews with seven smokers in Corpus Christi, Texas, ages 43 to 79, in the contemplation stage of smoking cessation. Eight themes emerged from the analysis: (a) fear of developing smoking-related illness, (b) feelings of entrapment, (c) inner conflict, (d) a sense of freedom, (e) anxiety related to finding alternatives to smoking, (f) fear of being unable to quit, (g) loss of family relationships and connections, and (h) determination to quit. Participants described fears of developing smoking-related illnesses and associated these fears with feelings of being trapped by smoking. These feelings of entrapment may impede movement toward more advanced stages of smoking cessation. Findings provide support for more effective clinical interventions and improved outcomes for smoking cessation.

Keywords

action; consciousness raising, contemplation; counterconditioning; decisional balance; dramatic relief; environmental reevaluation; helping relationships; maintenance; precontemplation; preparation; processes of change; reinforcement management; self-efficacy; self-liberation; self-reevaluation; social liberation; stages of change; stimulus control; temptations; transtheoretical model

Introduction

Cigarette smoking is a public-health problem associated with high morbidity and mortality (Larzelere & Williams, 2012; Modesto-Lowe & Chmielewska, 2013). In the United States, cigarette smoking is the leading cause of preventable death, taking the lives of approximately 480,000 Americans each year (Centers for Disease Control and Prevention, 2014). People smoke for many reasons, including the desire for peer acceptance (Taylor, 2009); to satisfy a need for power (Randheer et al., 2014); to cope with stress (Tsai & Rosenheck, 2012); or to prevent unpleasant withdrawal symptoms such as irritability, nausea, weight gain, and headaches. These withdrawal symptoms are experienced in individuals with nicotine addiction (Taylor, 2009).

To date, smoking cessation research has focused on smoking and mental illness (DeHay et al., 2012; Esterberg & Compton, 2005; Solway, 2011), smoking rates, past quit attempts, confidence in quitting (Solway, 2011), risk perception among smokers (Codern et al., 2010), and nicotine replacement therapy (Britton & McNeill, 2013; Rogers & Sherman, 2014; Schechter, 2011). However, most of these studies did not include an exploration of the emotions experienced during smoking cessation (Calderwood, 2011; Solway, 2011). The effect of emotions appears as a common link in affecting the success of smoking cessation (Adams et al., 2012; Fucito et al., 2010; Menninga et al., 2010; Solway, 2011). Individuals attempting to stop smoking experience negative emotions such as anger, resentment, guilt, fear, anxiety, and ambivalence (Kelly et al., 2010; Kerr et al., 2013; Menninga et al., 2010).

Management of the negative emotions related to behavior change is central to the facilitation of change (Fucito et al., 2010; Solway, 2011). In addition to the emotions

experienced during health behavior change, change itself unfolds through various stages and processes that represent when and how people change (Norcross et al., 2011). The transtheoretical model (TTM; Prochaska & DiClemente, 1983), also known as the stage of action theory, provides an outline of these stages and processes.

Researchers have used the TTM widely in health behavior change research and have found the model to be effective in providing an understanding of smoking cessation (Paek et al., 2011; Prochaska et al., 2006; Robinson, 2012). The TTM models the stages of change (when people change) and the processes of change (how people change; Norcross et al., 2011; Prochaska et al., 1992; Velicer et al., 1998). The stages of change include *precontemplation*, *contemplation*, *preparation*, *action*, and *maintenance* (Prochaska & DiClemente, 1983, 1985, 1986, 1992). The processes of change include five experiential strategies: *consciousness raising*, *self-reevaluation*, *dramatic relief*, *environmental reevaluation*, *social liberation*, and five behavioral strategies: *counterconditioning*, *stimulus control*, *reinforcement management*, *self-liberation*, and *helping relationships* (Prochaska & DiClemente, 1983).

During the contemplation stage, individuals intend to stop smoking in the next 6 months (Norcross et al., 2011; Prochaska & DiClemente, 1983; Prochaska et al., 2006). Individuals in the contemplation stage of smoking cessation are more open to information about smoking (*consciousness raising*) and report thinking more about themselves in relation to their smoking behavior (*self-reevaluation*; Prochaska & DiClemente, 1983). Consciousness raising involves concerns about one's health and social concerns of smoking, and self-reevaluation involves smokers' view of themselves as smokers or nonsmokers.

Method

Theoretical Approach

The TTM (Prochaska & DiClemente, 1983), also known as the stage of action theory, is a stage-based theory of behavior change that focuses on intentional behavioral change and the decision-making abilities of the individual (Norcross et al., 2011; Paek et al., 2011; Prochaska et al., 2006; Prochaska et al., 2008). The TTM integrates key constructs from more than 300 other theories of psychotherapy, including psychoanalytic, humanistic, experiential, cognitive, and behavioral theories (Paek et al., 2011; Prochaska et al., 2006; Prochaska, Hall, Tsoh, et al., 2008).

The central organizing construct of the TTM, known as the stages of change, is the description of what occurs when individuals change behavior (Norcross et al., 2011). The stages of change are precontemplation (no intention to change for 6 months), contemplation (intention to change in the next 6 months), preparation (intention to change in the next 30 days), action (overt change has been evident in the preceding 6 months), and maintenance (change lasting beyond 6 months). During the contemplation stage, the individual becomes more aware of the hazards of engaging in a problem behavior. This heightened awareness prompts serious consideration of changing the behavior (Prochaska & DiClemente, 1983). Individuals in the contemplation stage of smoking cessation are increasingly aware of the health consequences of smoking.

Although interventions have been effective during the preparation stage as well as during contemplation (Paek et al., 2011; Prochaska & DiClemente, 1983), there can be particular value to intervening during contemplation. Smokers in the contemplation stage want to change, but this desire to change is often marked by ambivalence. Emotions can be intense in this stage, as the

idea of changing is often accompanied by fear of failure (Prochaska et al., 2006). This fear is compounded by anxiety that contemplators may feel about losing a comfortable, familiar, and important part of their lives and about evolving into a new, unknown self-image. The ambivalence is a result of preferring a former familiar self to a new unfamiliar self (Prochaska et al., 2006). Intervening during the contemplation stage may help to minimize ambivalence, shift the decisional balance to changing, and maximize the possibility of successful smoking cessation.

Sample and Data Collection

We recruited a purposive sample of seven contemplation-stage smokers ranging in age from 43 to 79 in Corpus Christi, Texas. All participants had decided to stop smoking during the preceding 6 months and freely consented to participate. We conducted in-depth, open-ended, semistructured interviews to explore the emotions of the participants regarding consciousness raising and self-reevaluation. We analyzed the data to identify emerging themes and significant patterns of participant experiences (Stake, 2005).

Analysis

We coded all data collected during the interviews and used an iterative process. The transcripts were read, coded, reread, and recoded as necessary. We identified key ideas and themes, with explanations and descriptions. The goal was to identify major patterns, subsequently organizing them into coherent categories. We used NVivo (Version 10) qualitative analysis software to code the interview transcripts and assist in the general organization of the findings. Data collection was terminated when no new themes or unique perspectives emerged.

Results

There were six non-Hispanic White participants and one Hispanic participant, reflecting the ethnic distribution of the region. Participants included one male and six females. Three were married, two were divorced, and two were widowed. All participants granted their written informed consent. Table 1 shows the demographic distributions of the participants. Overall, eight themes emerged from the data analysis: (a) fear of developing smoking-related illness, (b) feelings of entrapment, (c) inner conflict, (d) a sense of freedom, (e) anxiety related to finding alternatives to smoking, (f) fear of being unable to quit, (g) loss of family relationships and connections, and (h) determination to quit.

Fear of Developing Smoking-Related Illness

Participants were generally forthcoming regarding their fears and concerns about developing smoking-related illness. When asked about health consequences of smoking, MK1 acknowledged that health concerns were the primary reasons leading to her decision to quit smoking. Participant SS2 expressed her health concerns with panic in her voice, saying, “Getting sick from smoking scares me to death. I watched my husband die of cancer due to smoking.” Participant JK3 stated that he was aware that smoking jeopardized his health because he suffered from shortness of breath. Three participants (EW4, GW5, and RA6) expressed deep sadness about the loss of their loved ones from smoking-related illness.

Feelings of Entrapment

When discussing their feelings about the health consequences of smoking, all participants identified feelings of entrapment. MK1 described her 2-year struggle with smoking cessation and feelings of “being trapped in an addiction.” GW5 described a feeling of “being in a bear trap, or in a clear, square box with no way out.” EW4 expressed deep concern that she would develop

chronic obstructive pulmonary disease (COPD), the cause of her husband's recent death, if she did not stop smoking and "get out of this trap; it's like being held hostage."

Participant SS2 described a cycle of being motivated to quit smoking for health reasons, but allowing stress to cause her to increase smoking, which then led her to feeling like a failure. Participant JK3 described attempting to quit smoking at least five times and having feelings of being trapped by smoking. The females in the study expressed a variety of concerns and emotions about the health consequences of smoking. The male participant, JK3, expressed concerns about the health consequences of smoking but viewed quitting smoking mainly as a "chore," something he needed to do.

Inner Conflict

Several participants described feelings of inner conflict. Participant GW5 stated, "I'm a mom and I'm supposed to be a good role model. You know you're doing it to yourself, but you do it anyway." EW4 said that she was tired of the inner struggle and that she had strong desires to quit smoking completely. Participant JS7 expressed resentment at being "banished from clubs, restaurants, and places where people congregate; I feel embarrassed about being a smoker, ashamed." GW5 expressed health concerns, inner shame and embarrassment, and readiness to quit. She also expressed anger that members of society taunted her by asking, "Why don't you just stop? Can't you just quit?" She "hated" seeing herself as a smoker and being "at war" with herself inside. Five participants (MK1, SS2, GW5, EW4, and JS7) expressed dislike at seeing themselves as smokers. MK1 stated, "I don't feel good about myself as a smoker, because of the lines on my face and the changes in my skin color. Even though this bothers me, I think I might not be able to quit."

A Sense of Freedom

As they answered the interview questions, participants described being able to imagine the freedom that life would offer as nonsmokers. Nevertheless, they expressed doubt that they would actually be able to quit. Female participants identified the emotions of embarrassment, shame, frustration, resentment, and fear.

Participant JK3, the only male participant, did not express quitting as a sense of freedom, but as something he needed to do. EW4 became tearful and said: "Seeing myself as a nonsmoker would be the most wonderful gift to myself and my family. It will be the gift of a lifetime." Although participants expressed doubt about their ability to quit and fears of quitting, they expressed a strong desire to see themselves as nonsmokers. Participant MK1 stated, "I would feel accomplished if I can quit completely; I hope that someday it won't even bother me anymore, that I don't even think about it." Participant GW5 stated that she was placing all of her faith in being able to quit smoking with the help of the electronic cigarette and positive thinking. She said, "It's going to be a nice experience to be free of lack of energy and yellow skin from smoking." EW4 also said that the cigarette was "always grabbing" her and that she could envision the cigarette saying to her, "I can control you."

Anxiety Related to Finding Alternatives to Smoking

Participants expressed anxiety and confusion about finding alternatives to smoking. Participant MK1 said she had tried chewing nicorette gum and chewing straws. She stated, "I sit there with straws and gum mainly to substitute." GW5 said that she was "going to transition over to the Box Mod Vape (modified electronic cigarette); I can't just drop cigarettes." She expressed fear of the urgency of needing a cigarette and of failing to quit if her smoking alternative were unsuccessful. Three participants also expressed concern about gaining weight. EW4 explained

that ways to keep her from smoking included the use of the nicotine patch and engaging in activities that she found enjoyable, such as walking and biking.

Fear of Being Unable to Quit

Participants expressed doubt and fear about being able to quit smoking completely. MK1 described having strong feelings of self-doubt, wondering if she would be able to decline when offered a cigarette because of the “power and control cigarettes have over you.” SS2 stated that she knew she would have difficulty deciding whether to pay her car payment or to buy cigarettes.

Participant JK3 stated that telling himself, “I’m not going to smoke this cigarette. I might smoke tomorrow, but today I’m not going to smoke this cigarette” was self-dialogue that helped to increase his confidence about quitting. EW4 expressed her concern this way: “That little bitty stick of paper can take my life apart; all these little pieces of brown sticks have control over me. Quitting drinking was easier for me than quitting smoking.”

Participant GW5 compared her fear of being unable to quit smoking to the fear held by someone with a heroin addiction who desperately and constantly sought the drug. She acknowledged that even though she wanted to quit smoking, her fear of failing to quit kept her doubting her ability to quit.

Loss of Family Relationships and Connections

Participants expressed frustration and anger because they believed that cigarettes interfered with the quality of their lives and of family relationships in general. Participant MK1 expressed sadness about not being able to afford to travel to see her grandson and stay in touch with her family in North Dakota because of the amount of money she spent on cigarettes.

Participant SS2 said, “When I go out and smoke, I don’t stop at one and I miss out on special

conversations and times with my family, my grandchildren. Smoking feels like a wall keeping me from getting to the important things.”

Participant EW4 stated, “What’s at stake is everything you hold dear to your heart.” She expressed sadness about the loss of time with her daughters and grandson should she die from a smoking-related illness, asking, “Do I really want to hand over everything that’s so precious and valuable to me and my life to this little piece of paper with dried-up tobacco in it?”

Participant GW5 became tearful as she discussed her regret that her smoking had interfered with her ability to be a good mother. RA6 explained that being ill would interfere with times with her family. JS7 explained that she was under profound stress from taking care of her family and that she needed to smoke to cope with all the current stress.

Determination to Quit

Participants expressed strong intentions to quit smoking, but most doubted their ability to quit. Participant RA6 expressed her determination to quit in this way: “It’s a self-decision and it’s what I’ve decided to do for me. I’ve decided to give some thought to this and stop this foolishness.” With regard to negative emotions and physical discomfort about quitting, Participant GW5 stated, “I counter these emotions with trying to think of it positively and to think of the benefits of quitting successfully.” MK1 expressed determination to quit but questioned her ability to decline if she was offered a cigarette. She stated that she had developed “a habit, an addiction.” Participant SS2 described her determination to quit as a “struggle with myself,” wanting to quit but doubting that she would actually maintain her cessation if she could not manage her stress without smoking. Her main concern was her history of self-harm behavior and returning to it if unable to manage everyday stressors.

Discussion

The participants in this study were all aware of the need to stop smoking for health reasons, but they experienced resistance to change and struggled with actually quitting. Individuals in the contemplation stage are less defensive and more receptive to making a behavioral change through consciousness raising than they had been during previous stages (Prochaska et al., 1994; Veer et al., 2008). Therefore, therapeutic strategies may be more effective when implemented during the contemplation stage (Cornacchione & Smith, 2012; Siru et al., 2010; Veer et al., 2008).

Although previous studies have contributed to an understanding of consciousness raising and smoking, the current study was the first to focus specifically on the emotions related to the experiential change processes of consciousness raising and self-reevaluation used in the contemplation stage. All participants in the current study expressed health concerns about smoking, and these concerns were among the reasons that the participants were deciding to quit smoking. Results of previous studies (e.g., Boudreaux et al., 2012, 2013) suggest that fear and anxiety may motivate smoking cessation, and that the relationship between a cardiac event and smoking cessation depends not only on cognitive factors but also on emotions and emotional reactions.

Both the literature (Boudreaux et al., 2010, 2012, 2013; Dohnke et al., 2012) and the participants in the current study confirmed that knowing the health consequences of smoking could prompt a behavior change. Smokers affected by hospitalization for smoking-related illnesses were more likely to be in advanced stages of change (e.g., contemplation or preparation; Dohnke et al., 2012). This finding is of particular importance in that smokers in the

contemplation stage of change may be more receptive to smoking cessation interventions (Cornacchione & Smith, 2012; Fucito et al., 2010).

The participants in the current study had spent between 17 and 58 years as smokers, and all were aware of the connection between smoking and health consequences of smoking. However, they associated wanting to quit, out of concern for the health hazards of continued smoking, with feeling trapped. Participants struggled with emotions related to their self-images as smokers. Most of the participants believed they would feel an underlying sense of freedom about being a nonsmoker and envisioned the possibility of feeling freed from resentment and anger associated with being a smoker. These findings align with the TTM and previous research in that once individuals know about the health consequences of smoking, they begin to question whether they can feel comfortable continuing to smoke, and they often ask how life could be better without smoking (Prochaska et al., 2006). The female participants in the current study envisioned an underlying sense of freedom and satisfaction connected with being a nonsmoker.

Part of the conflict present in self-reevaluation was in the realization that the route to changing a problematic health behavior was not effortless, instead requiring the confrontation of difficult questions and the work of making self-assessments (Norcross et al., 2011; Prochaska et al., 2006). Participants in the current study demonstrated an understanding as to how their smoking behavior was controlling them and how they were failing themselves by not quitting. Furthermore, participants were able to realize that a healthier, happier life was possible if they were to quit smoking (Prochaska & DiClemente, 2005; Prochaska et al., 2006).

As evidenced in our study and in previous research, finding alternatives to smoking can increase anxiety and panic as smokers are faced with sacrificing a meaningful tool they have used to control these emotional states. Smoking was found to play an intricate role in women's

lives, providing a source of comfort and support when women were managing daily stressors (Borges & Simoes-Barbosa, 2012). Women smoked to ease the stress, anger, and fear that came with the role of parenting (Greaves, 2015). Some women even viewed their smoking as they would a friend or companion (Baddini-Martinez & de Padua, 2013). These previous studies support similar findings from the current study in that participants expressed strong feelings about forfeiting smoking, about ways with which they have smoked to cope with stress, and about negative emotions that have troubled them for years while relying on smoking to manage these emotions.

Little attention has been given in the literature to emotions experienced during the contemplation stage of smoking cessation. In particular, the finding of feeling trapped during the contemplation stage is an original contribution to the literature. The feelings of being trapped during smoking cessation may lead to increased symptoms of anxiety, with the result that patients may seek antianxiety medication. Feelings of entrapment may keep the smoker immobilized in the contemplation stage, preventing movement toward more advanced stages of change. Prochaska et al. (2006) recognized that resistance to advancing to the next stage of change characterized the state of ambivalence experienced in the contemplation stage. The findings from the current study imply that feeling trapped may also contribute to this resistance.

Self-reevaluation involves questioning the ability to maintain a positive self-image while continuing to smoke. This conflict adds to the struggle smokers face during smoking cessation. The findings of this study support the use of interventions that include a component to address feelings of entrapment generated by smoking. Including this component may promote stage advancement. These findings serve as a foundation for future studies in the area of smoking cessation and may promote progress in the field.

Future Directions

It is recommended that health and mental health clinicians in the field of counseling with the TTM use the results of this study to promote behavioral change more effectively. The patient may benefit if the physician explores possible feelings of being trapped. If done in an empathetic, questioning manner, this exploration may add to the patient's insight and promote the decision to quit smoking (Larzelere & Williams, 2012).

Focus groups for future research would allow deeper exploration of smokers' emotions. We recommend that future studies include the use of the Internet for recruiting participants to gain a more balanced distribution of male and female participants. Future researchers could conduct interviews at participants' homes or other sites of their choosing. We further recommend that future researchers explore possible gender differences in the emotions experienced in the contemplation stage of smoking cessation. Future researchers may wish to explore whether females struggle more with emotional blockages and feelings of helplessness during smoking cessation than males do in the contemplation stage. Furthermore, a more balanced distribution of ethnicity among participants may generate different results.

Finally, mixed methods, in which quantitative and qualitative results are synthesized, may strengthen the results of future studies. Longitudinal studies may be useful to explore whether the intensity of emotions can produce enough discomfort over time to lead to an actual commitment to smoking cessation.

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