

Exploring the Emotions of Smokers During the Contemplation Stage of Smoking Cessation: A

Multiple-Case Study

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LINDA MARIE SHAKE

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Abstract

Cognitive and behavioral approaches to smoking cessation have been the primary focus in smoking cessation literature with minimal attention given to the emotional component of the process. I explored the emotions of smokers through interviews with seven contemplation-stage smokers ages 43 to 79. Overall, 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. Contemplation-stage

smokers described fear of developing smoking-related illnesses and associated these fears with feelings of being trapped by smoking, which may impede movement toward more advanced stages of change. These findings provide a deeper understanding of smokers' emotions that may contribute to clinical practices and improve 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

Cigarette smoking is the leading cause of preventable death in the United States, taking the lives of approximately 480,000 Americans each year (Centers for Disease Control and Prevention [CDC], 2014). Approximately 43.8 million adults (aged 18 years or older) in the United States smoke cigarettes (CDC, 2014). People smoke for many reasons, including the desire for peer acceptance (Chen & Jacques-Tiura, 2014; Taylor, 2009); to satisfy a need for power (Randheer, Almotairi, & Naeem, 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, Morris, May, Devine, & Waxmonsky, 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). Individuals attempting to stop smoking experience negative emotions such as anger, resentment, guilt, fear, anxiety, and ambivalence (Kelly, Zuroff, Foa, & Gilbert, 2010; Kerr, Woods, Knussen, Watson, & Hunter, 2013; Menninga, Dijkstra & Gebhardt, 2010).

Management of the negative emotions related to behavior change is central to the facilitation of change (Fucito, Juliano, & Toll, 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, Krebs, & Prochaska, 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, Bae, Hove, & Yu, 2011; Prochaska, Norcross, & DiClemente, 2006; Robinson, 2012). The TTM models the stages of change (when people change), the processes of change (how people change), decisional balance, and self-efficacy or temptations (Norcross et al., 2011; Prochaska et al., 1991; Velicer, Prochaska, Fava, Norman, & Redding, 1998). The stages of change include *precontemplation*, *contemplation*, *preparation*, *action*, and *maintenance* (Prochaska & DiClemente, 1983, 1985, 1986, 1992).

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. Although there is a rich body of literature on the stages of change, however, very little attention has been given in the literature to the emotions experienced during the stages, particularly the contemplation stage of smoking cessation.

In this article, I consider the lack of research-based emotional support for smokers attempting smoking cessation. Using a multiple-case approach to qualitative research, I consider the emotions of contemplation stage smokers. My goal is to contribute to the therapeutic aspects involved in the smoking cessation process by exploring emotions.

More broadly, I focus on the emotions experienced during smoking cessation to inform clinical counseling practices and to assist physicians in counseling their patients who smoke about the importance of quitting smoking. In this way, I bring a much needed focus to smokers' emotions experienced during smoking cessation, rather than focusing only on cognitive and behavioral approaches.

Theoretical Framework

In the current study, I used the TTM (Prochaska & DiClemente, 1983) as a framework to explore the emotions smokers experience in the contemplation stage of smoking cessation, specifically emotions related to consciousness raising and selfreevaluation. The TTM, also known as the stage of action theory, is a stage-based theory of behavior change that focuses on intentional behavioral change and the decisionmaking abilities of the individual (Norcross et al., 2011; Paek et al., 2011; Prochaska et al., 2006; Prochaska, Wright, & Velicer, 2008). The TTM has been a collaborative effort, involving 50 years of clinical and research experience, to understand how people change high-risk behaviors. The TTM integrates key constructs from

more than 300 other psychotherapy theories, including psychoanalytic, humanistic, experiential, cognitive, and behavioral theories (Paek et al., 2011; Prochaska et al., 2006; Prochaska, Hall, Tsoh et al., 2008). The TTM, which builds on the strengths of each of these theories, integrates the most salient parts of each into a coherent whole (Prochaska et al., 2006).

Researchers derived the processes of change from several important theories of psychotherapy (Paek et al., 2011; Prochaska & DiClemente, 1983). For example, consciousness raising and dramatic relief fall within the framework of psychoanalytic theory. Researchers derived social liberation, self-liberation, and helping relationships from humanistic and existential theory. Self-reevaluation stemmed from gestalt or experiential and cognitive theory. Environmental reevaluation, stimulus control, and reinforcement management stemmed from behaviorism, whereas counterconditioning stemmed from both behaviorism and cognitive theory (Prochaska et al., 2006).

The processes of change involve the activities individuals perform to move through the stages of change and explain how individuals change their behavior (Norcross et al., 2011). There are five experiential and five behavioral strategies. The experiential strategies related to thoughts and feelings about changing a problematic health behavior include (a) consciousness raising, (b) self-reevaluation, (c) dramatic relief, (d) environmental reevaluation, and (e) social liberation (Prochaska & DiClemente, 1983). The behavioral strategies include (a) counterconditioning, (b) stimulus control, (c) reinforcement management, (d) self-liberation, and (e) helping relationships (Prochaska & DiClemente, 1983).

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). The processes of change involve the activities individuals perform to move through the stages of change and explain how individuals change their behavior (Norcross et al., 2011).

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. Therefore, bibliotherapy, values clarification, and imagery may be effective (Paek et al., 2011; Prochaska et al., 2006). Emotion-focused strategies targeted at negative affect, emotion management, and stress management may also be effective (Prochaska et al., 2006).

Consciousness raising and self-reevaluation are constructs commonly used during contemplation (Prochaska & DiClemente, 1983; Prochaska et al., 1988; Prochaska et al., 2006). Consciousness raising involves increased awareness about the health problems of smoking, generating emotions such as fear, worry, and regret (Baddini-Martinez & de Padua, 2013; Hammond, 2011; Solway, 2011). Self-reevaluation is closely related to consciousness raising in that as the smoker begins to examine the health hazards of smoking, he or she becomes more conscious of self-image (i.e., seeing the self as a smoker or nonsmoker; Prochaska et al., 2006; Veer et al., 2008). During the process of self-reevaluation, smokers envision how they could think and feel about themselves if they enacted change. Thus, self-reevaluation provides a

potential avenue to increase the motivation to quit smoking (Norcross et al., 2011; Prochaska et al., 2006).

Contemplation versus preparation

For the current study, the focus was on the contemplation stage of change and on the processes of change involving consciousness raising and self-reevaluation. There were several reasons for these choices. First, exploration of the emotions experienced during the contemplation stage of smoking cessation may be instrumental in transitioning smokers from the contemplation stage to the preparation stage of change, where the smoker focuses more on taking action to stop smoking (Prochaska et al., 2006). Next, an increase in understanding of the emotions experienced during the contemplation stage may assist in preventing smokers from remaining paralyzed in a state of ambivalence. Finally, the increased knowledge scholars obtain may provide a better understanding of the smoking cessation process as a whole and promote future research in the area of smoking cessation.

Interventions have been effective during the preparation stage as well as during contemplation (Paek et al., 2011; Prochaska & DiClemente, 1983). However, there can be particular value to intervening during contemplation. Although smokers in the contemplation stage want to change, this desire to change often coexists with 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).

There are subtle differences between the contemplation stage and the preparation stage (Prochaska et al., 2006). Preparation-stage smokers continue to reevaluate themselves and their problem behaviors as they did in the contemplation stage. However, confidence in the ability to change the problem behavior increases in the preparation stage, and the reevaluation of the self focuses more on the future than on the past. Furthermore, rather than spending energy learning about the health hazards of smoking, as the smoker does during the contemplation stage, the preparation-stage smoker focuses on taking action to quit smoking (Prochaska & DiClemente, 1983; Prochaska et al., 2006).

For these reasons, it would be a therapeutic disadvantage to wait until smokers are in the preparation stage for intervention. Contemplators are ambivalent, and they may not transition to the preparation stage at all, instead simply abandon the idea of quitting smoking (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. In fact, a thorough understanding of the emotions experienced during the contemplation stage is a necessary component in the overall understanding of the smoking cessation process.

The remaining core constructs of the TTM involve decisional balance and self-efficacy. Decisional balance, a construct based on Janis and Mann's (1977) model of decision making, involves weighing the negative and positive aspects of making a behavioral change (Atak, 2008; Prochaska, Redding, Harlow, Rossi, & Velicer, 1994; Velicer et al., 1998). Decision making is an integral part of moving from contemplation to preparing for actual change (Prochaska et al., 1994). An evaluation, or decisional balance, of the negative and positive aspects of changing a problem behavior usually precedes taking action to change the behavior (Prochaska et al., 1994).

Self-efficacy, a construct derived from Bandura's (1977) self-efficacy theory, can aid in evaluating how a person sees himself or herself. Related to self-esteem and self-confidence, self-efficacy represents the confidence individuals have in their ability to cope with being in high-risk situations without succumbing to temptations and reverting to the problematic behavior (Prochaska & DiClemente, 1983; Prochaska et al., 1994).

In the current study, I used the TTM as a lens to extend the current level of knowledge regarding emotions experienced about a problematic health behavior, specifically smoking. The study enhanced the model by providing information about the emotions experienced during the stage of contemplation, specifically the emotions related to consciousness raising and self-reevaluation. In this way, the results of the current study made a revelatory contribution to the existing theory.

Purpose of the Study

The purpose of the current study was to address the emotional component of smoking cessation by exploring the emotions smokers experienced during the contemplation stage of smoking cessation, specifically the emotions related to consciousness raising and self-reevaluation. Little attention has been given in the literature to exactly what emotions contemplation-stage smokers experience, specifically the emotions related to these two processes of change. Advancement in the field of smoking cessation cannot be fully conceptualized until the emotional component of the process is understood.

Method

Recruiting

I recruited a purposive sample of seven contemplation-stage smokers ranging in age from 43 to 79 from the Family Counseling Center and Corpus Christi Family Medicine in Corpus Christi, Texas. I recruited participants until I reached data saturation (Lincoln & Guba, 1985). Each participant represented a single case.

Inclusion criteria for the study included (a) interest in participating, (b) a minimum age of 18, (c) a decision to stop smoking during the preceding 6 months, and (d) ability to consent to participation. I conducted in-depth, open-ended, semi-structured interviews to explore the emotions of the participants regarding consciousness raising and self-reevaluation during the contemplation stage of smoking cessation. General interview questions, based on a literature review of the TTM and smoking cessation, served as guidelines to gather rich descriptions of the participants' emotions (Kvale & Brinkman, 2009). I used five interview questions for interviews with the participants (see Appendix A). I noted participant gender, age, marital status, ethnicity, and number of years smoking. I asked participants if they lived with other smokers. I analyzed the data to identify emerging themes and significant patterns of participant experiences (Stake, 2005).

I used a qualitative method and a multiple-case study design to explore the emotions smokers experience during the contemplation stage of smoking cessation, specifically the emotions related to consciousness raising. I obtained approval for the current study from the Institutional Review Board (IRB) of Northcentral University prior to the collection of any data. I obtained permission from the authorities at the Family Counseling Center and at Corpus Christi Family Medicine in Corpus Christi, Texas to recruit individuals being treated at these offices who might meet the study criteria. In offices where I obtained permission, I posted

flyers (see Appendix D) inviting individuals over the age of 18 who had decided to quit smoking within the preceding 6 months to participate in the study.

Participants

Overall, seven contemplation-stage smokers ranging in age from 43 to 79 were recruited. There were six White and non-Hispanic participants and one Hispanic participant, reflecting the majority race and ethnicity of the region. Participants included one male and six females. Among the participants, three were married, two were divorced, and two were widowed (see Table 1). To ensure an appropriate sample, I used purposive sampling (Patton, 2002). I did not obtain enough participants to reach data saturation through this method. Therefore, I used snowball sampling to locate other participants (Onwuegbuzie & Leech, 2007; Patton, 2002). Table 1 shows the demographic distributions of the participants.

Table 1

Demographic Distributions of Participants

Participants	Age	Gender	Ethnicity	Marital status	Years smoked	Occupation
MK1	53	F	Non-Hispanic White	Married	35	Jewelry lead manager
SS2	53	F	Non-Hispanic White	Divorced	25	Retail stocker
JK3	66	M	Non-Hispanic White	Married	38	Consultant
EW4	69	F	Non-Hispanic White	Widowed	35	Retired

GW5	43	F	Non-Hispanic White	Married	38	Unemployed/disabled
RA6	79	F	Non-Hispanic White	Widowed	58	Retired nurse
JS7	61	F	Hispanic	Divorced	17	Human resources manager

Limitations

Limitations are conditions beyond the control of the researcher that may limit the conclusions the researcher can draw from a study (Wynn & Williams, 2012). A possible limitation of the current study was that some participants might not have felt completely confident that their information and confidentiality would be protected. To mitigate this limitation, in the Statement of Informed Consent (see Appendix B), I assured all participants that I would hold their information in strictest confidence and that the identity of all participants will be anonymous. At the beginning of the in-person interviews, I assured all participants of confidentiality and anonymity.

The qualitative method was a limitation to the current study. The sample size was small, and generalizing the findings to a larger population was not possible. The small sample size and the narrow geographical location limited the extent to which the findings were transferable to other groups. Additionally, I would have liked to interview one family member and one friend of each participant. However, confidentiality issues precluded this possibility. Finally, all participants were asked to bring personal journals, diaries, emails, or letters about their emotions experienced during their smoking cessation journey if they were willing. None of the seven participants had written data of this kind.

Data Collection

I used five interview questions, based on a literature review of the TTM and smoking cessation (see Appendix A). The interview questions were field tested and served to gather rich descriptions of the participants' emotions (Kvale & Brinkman, 2009).

I triangulated the data with audio recorded, in-depth, semistructured interviews and purposive sampling (Fusch & Ness, 2015; Patton, 1990, 2002). Each interview was approximately one hour in duration and was audio-recorded and transcribed verbatim. The interviews took place at the Barnes and Noble coffee shop in Corpus Christi, Texas. The interview questions elicited experiential material about participants' emotions during the contemplation stage of smoking cessation. Participants provided information regarding gender, age, marital status, ethnicity, occupation, number of years smoking and whether they lived with others who smoked.

I kept notes in a reflexive journal during the interviews to record my personal insights as they occurred during the research process, thereby ensuring the dependability of the data. To ensure accuracy, I reviewed the interview tapes while I followed the transcripts. After transcription was completed, I performed member checking. Member checking provided each participant the opportunity to discuss and verify my interpretation of their information and to contribute new perspectives on the emotions experienced during the contemplation stage of smoking cessation (Stake, 2005). To ensure trustworthiness of the data gathered for the current study, I took verification steps during the data-gathering process as well as at the conclusion (Morse et al., 2002). Further, another researcher reviewed the transcribed interviews and

participated in the development of themes to ensure that all themes were consistent with the data presented.

Data Analysis

I used the method of analyzing interview transcripts in qualitative research as described by Stake (2005). I coded all data collected during the interviews and used an iterative process. I read, coded, reread, and recoded each transcript as necessary. I identified key ideas and themes, with explanations and descriptions.

I analyzed the data for the study in four phases: (a) direct interpretation (deriving key meanings from single instances), (b) categorical aggregation (grouping coded data into categories), (c) establishing patterns (searching for consistency), and (d) naturalistic generalizations (interpretations based on experience; Stake, 2005, 2006). The goal was to identify major patterns, subsequently organizing them into coherent categories. I used the main themes and categories to explain the findings, which provided additional meaning to the data. This method provided a manageable way of organizing large amounts of data (Stake, 2005, 2006). In addition, I used demographic information to make possible connections between major themes (Stake, 2005, 2006). I 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 (Lincoln & Guba, 1985).

Results

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

All participants struggled with identifying their emotions. Rather than identifying specific emotions, the participants commonly used analogies and metaphors to describe their experience with smoking cessation. Occasionally, the participants used feeling words. Participants were generally forthcoming regarding their fears and concerns about developing smoking-related illness, and they all had unique ways of describing their concerns. When asked about health consequences of smoking, MK1 acknowledged that health concerns were the primary reasons leading to her decision to quit smoking. She expressed fear of becoming ill from smoking, but she stated that she would rather not focus on her fear. 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.” Her facial expression communicated that her fear of illness greatly affected her. Participant JK3 stated that he was aware that smoking jeopardized his health because he suffered from shortness of breath, and he emphatically expressed that he did not want to be unhealthy from smoking. JK3 was not as forthcoming about his emotions as the other participants were, but he indicated that health concerns about smoking worried him.

Three participants (EW4, GW5, and RA6) expressed intense fear of personally becoming ill from smoking. They also expressed deep sadness about the loss of their loved ones from smoking-related illness. Participant JS7 expressed fear of becoming ill from smoking and described fear of having uncontrollable anxiety while trying to quit. As the participants were answering the interview questions and discussing their fears, they were deepening their realization of possible health consequences of smoking. This realization clearly showed in the facial expressions of the participants.

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.” The description included being taunted about smoking by people outside of this box. EW4 was grieving the loss of her husband just 1 month prior to the interview from chronic obstructive pulmonary disease (COPD), a smoking-related illness. She expressed deep concern that she would develop COPD if she did not stop smoking and “get out of this trap; it’s like being held hostage.”

Participant SS2 described a cycle that consisted of self-sabotage and feelings of being trapped. She described the cycle as 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. The result was a feeling of sabotaging herself and being trapped.

Participant JK3 described attempting to quit smoking at least five times and having feelings of being trapped by smoking. He said, “I give in to smoking again and feel awful, like

I'm chained to it." RA6 described being determined to quit because she no longer wanted to jeopardize her health and feel "trapped by smoking." JS7 stated that she did not like feeling ashamed because of her smoking, saying, "It's like a trap; it will be 9:30 in the morning and I'll realize I haven't smoked, but then it's a trigger to smoke."

In terms of consciousness raising, the emotions identified were sadness, fear, feeling trapped, and states of worry and anxiety. The female participants expressed more emotions with regard to consciousness raising than did the male participant. The females 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. MK1 said, "It's a battle with the self; it's a fight with myself," and SS2 admitted, "I feel embarrassed inside and ashamed about being a smoker." 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 described feeling frustrated about the amount of control cigarettes had over her, saying, "It's a big war going on in you; it's craziness." She 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 stated that she felt "strongly" about quitting, as she was "tired of being winded." She 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. Participants JK3 and RA6 did not express any feelings about seeing themselves as smokers or nonsmokers. 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.” She struggled with her inner conflict as she noticed smoking-related signs of aging, but she acknowledged exacerbating these signs by continuing to smoke.

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. Participant JK3, the only male participant, did not express quitting as a sense of freedom; but as something he needed to do. JS7 said, “I can’t imagine myself as a nonsmoker yet” and “I’d feel good to be able to say ‘no’ when I’m asked if I’m a smoker.”

Participant EW4 became tearful as she imagined the freedom of being a nonsmoker in this way: “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, “I’m willing to try pretty darn hard. 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.” Based on these descriptions, participants were largely aware of the strong grip smoking had on them, and at the same time they deeply wanted to experience freedom from smoking.

In relation to self-reevaluation, emotions identified were embarrassment, shame, frustration, resentment, and fear. These emotions were identified by the female participants. JK3, the male participant, did not express any emotions about seeing himself as a smoker or nonsmoker.

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. JS7, who was clearly struggling with anxiety, stated, “I often wonder how I’m going to deal with this anxiety and panic if I don’t smoke.” These three participants also expressed concern about gaining weight. For them, smoking was preferable to

eating as a relief from stress and anxiety because smoking did not entail unwanted weight gain. SS2 described trying to finding alternatives as a “struggle with myself,” doubting that she would be able to quit smoking if she could not control her stress without smoking. EW4 explained that ways to keep her from smoking included the using the nicotine patch and engaging in activities that she found enjoyable, such as walking and biking.

Participants JK3 and RA6 did not acknowledge specific emotions connected with the search to find alternatives to smoking. JK3 said that Chantix (prescribed medication for smoking cessation) was considerably more helpful than other prescriptions in his effort to quit. RA6 expressed that how she was going to quit was more important to her than emotions about quitting.

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.” She added, “This bothers me that I might not be able to quit completely because you know you really want to quit, but the habitual part about it is constantly grabbing you.” SS2 stated, “I fear not being able to stop completely.” She elaborated by saying that she knew she would have difficulty deciding whether to pay her car payment or to buy cigarettes. The difficulty she faced when making decisions fed her fear of not being able to stop smoking completely.

Participant JK3 described feeling comfortable about his current attempt at quitting with the help of Chantix but acknowledged, “It doesn’t mean I won’t smoke again; this bothers me.” He 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 concern over "the power cigarettes have over you," which increased her fear of the inability to quit. She 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. RA6 stated that if she were stressed, she would smoke. For this reason, even though she intended to quit smoking, she doubted that she would quit completely. JS7 expressed her fear of intense anxiety and panic during the cessation process and wondered if she would be able to quit completely without returning to smoking to calm her anxiety.

Loss of family relationships and connections

Participants expressed frustration and anger because they believed that cigarettes had control over them and interfered with the quality of their lives and 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 expressed specific concerns that smoking interfered with family relationships. She 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. It's a cigarette wall.

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?” She also acknowledged that in everyday life as a smoker, smoking interfered with the quality of her family relationships.

Participant GW5 stated that she worried about her children and that she felt she had not functioned properly as a good role model because of her smoking. She became tearful as she discussed her regret that her smoking had interfered with her ability to be a good mother. RA6 expressed her concerns about family relationships by saying, “When my chickies aren’t all together, then I’m not together.” When asked to clarify, RA6 explained that her family relationships were important to her and that she no longer wanted to jeopardize her health by smoking, as being ill would interfere with times with her family. JS7 explained that she was under profound stress from taking care of her family, as they were of the utmost importance to her, and that she needed to smoke to cope with all the current stress. She said, “I intend to quit smoking, but it’s not at the top of my list right now.” Two participants (JS7 and JK3) did not associate smoking with interference with family.

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.” JK3 anticipated that the most difficult time would be the first month and that afterwards, maintaining cessation would become easier.

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.” She plans to use an electronic cigarette to assist her smoking cessation. MK1 expressed determination to quit but questioned her ability to decline if she was offered a cigarette. She stated that she had developed “such a habit, an addiction,” that even though she intended to quit smoking, she had not yet been able to see her goal materialize. JS7 was clearly worried about her ability to control stress and anxiety without smoking, but she expressed intentions to quit in spite of this worry.

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. EW4 explained that she was determined to quit smoking and that she planned to use the nicotine patch to help her quit. She also planned to engage in activities that she found enjoyable. Even though the participants expressed a strong determination to quit smoking, for most, this determination coexisted with doubting the ability to quit successfully.

Discussion

The participants in this study were all in the contemplation stage of smoking cessation. They were all aware of the need to stop smoking for health reasons, but they experienced resistance to change and struggled with actually quitting. Consciousness raising, as defined by Prochaska et al. (1994), is a change process in the TTM marked by becoming aware of the

causes and consequences of a problematic health behavior. The individual becomes aware by seeking information about the problematic behavior and learning how to make behavioral changes. According to the TTM, contemplation-stage smokers commonly use the change processes of consciousness raising and selfreevaluation (Mander et al., 2014; Prochaska et al., 1994; Veer et al., 2008). 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 at 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).

In a study of consciousness raising (Hoek et al., 2013; Kees et al., 2010), the viewing of graphic health warnings about smoking were associated with emotions of fear and regret. Similarly, findings from the current study revealed that participants felt fear about the health consequences of smoking and regret for damage done to the body from smoking. The results of the current study supported which previous findings that fear and regret were associated with consciousness raising and smoking-related illness (Hoek et al., 2013).

Although previous studies have contributed to 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. Some had knowledge of specific diseases, such as COPD, related to smoking. Two participants were grieving the loss of loved ones due to COPD, and that grief was strongly motivating them to quit.

Although the fear of becoming ill from smoking was profound, the participants were torn between wanting to quit smoking and the challenges quitting would bring. According to their own statements, participants in this study were aware that smoking was jeopardizing their health, and at the same time, they felt powerless and trapped by smoking. The messages from these descriptions suggested profound internal distress and conflict. Nonverbal communication, such as facial expressions and body posture, confirmed these states.

Results of a study with 50 cardiac patients (Boudreaux et al., 2013) showed that behavioral change was triggered by a consequence of the problem behavior, specifically smoking. The results conveyed the importance of examining negative emotional states at the initial onset of symptoms. In response to an acute health event, negative emotional reactions such as fear and anxiety may motivate smoking cessation as the patient becomes keenly aware of the health hazards of smoking (Boudreaux et al., 2012, 2013). The results also showed that the relationship between a cardiac event and smoking cessation was complex and depended not only on cognitive factors but also on emotions and emotional reactions (Boudreaux et al., 2013).

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).

Each participant in the current study expressed the motivation to quit smoking out of the fear of developing smoking-related illnesses.

The participants in the current study had spent between 17 and 58 years as smokers, and all realized the connection between smoking and health consequences of smoking. However, they struggled with actually quitting, and they referred to this struggle as feeling trapped. Thus, participants associated wanting to quit, out of concern for the health hazards of continued smoking, with feeling trapped. This association represents a new finding related to the experiential strategy of consciousness raising as part of the TTM. No evidence was located in previous literature to indicate an association of feelings of entrapment during the contemplation stage of smoking cessation with consciousness raising.

A state of conflict is characteristic of self-reevaluation, which follows naturally from consciousness raising (Prochaska et al., 2006). Self-reevaluation is a change process that individuals use to move through the contemplation stage into the preparation stage. Preparation is similar to contemplation in that both stages are characterized by ongoing self-reevaluation (Norcross et al., 2011; Prochaska & DiClemente, 1983; Prochaska et al., 2006). During the process of self-reevaluation, individuals become aware that their values are in conflict with their problematic health behavior. The ability to self-reevaluate fully leads to feeling, thinking, and believing that life would be greatly improved if the problematic health behavior no longer existed (Prochaska et al., 2006). The belief that life would be greatly improved without smoking was exemplified in the current study by the sense of freedom that participants described when discussing seeing themselves as nonsmokers.

Participants expressed dislike regarding seeing themselves as smokers. These descriptions suggested that the participants struggled with emotions related to their selfimages 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. According to Prochaska et al. (2006), “Self-reevaluation follows naturally from consciousness raising” (p. 129). 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 envisioned an underlying sense of freedom and satisfaction connected with being a nonsmoker. The male participant denied having feelings about seeing himself as a smoker or 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). Prochaska et al. (2006) described two techniques of self-reevaluation. One technique involved evaluating the present and understanding the negative role of the problematic health behavior. Individuals understood how the behavior was controlling them and how they were failing themselves by not making changes. The other technique entailed a positive view of a healthier, happier, freer life after the change was made (Prochaska & DiClemente, 2005; Prochaska et al., 2006). Participants in the current study demonstrated these techniques when discussing that cigarettes were controlling them, that they feared being unable to quit smoking, that they felt as if they would fail if they could not quit, and that they foresaw a sense of freedom if they could actually stop smoking.

Several participants expressed anxiety, fear, and confusion regarding how to find a substitute for smoking. During the interviews, participants expressed desperation in trying to find something besides smoking to diminish the urgency to smoke. Individuals in the contemplation stage of smoking want to quit smoking, but this desire coexists with resistance to

change (Velicer et al., 1998). The findings of the current study provided further evidence of the profound struggling that often accompanies smoking cessation. Given the anxiety that many smokers feel about changing the life with which they are so familiar, the resistance and desperation they experience is understandable (Prochaska et al., 2006).

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. According to findings from a qualitative study (Borges & Simoes-Barbosa, 2012), smoking plays an intricate role in women's lives, providing a source of comfort and support when women are managing daily stressors. In a qualitative study on the meanings of smoking, Greaves (2015) found that women smoked to ease the stress, anger, and fear that came with the role of parenting. 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, relying on smoking to manage these emotions.

Participants in the current study expressed fear of failing in their attempts to quit smoking. Prochaska et al. (2006) acknowledged that action, or change, was accompanied by a fear of failure. In addition, contemplation stage smokers are anxious about sacrificing a familiar tool they have used for years to control emotions, instead adjusting to a new sense of self as a nonsmoker. This anxiety was exemplified in the current study by the participants' own descriptions as to what they were experiencing emotionally as they attempted to stop smoking. Participants doubted their ability to control stress without smoking, and they expressed feeling uncertain about seeing themselves as nonsmokers.

Many of the results obtained in the current study with regard to fear of the health consequences of smoking, fear of the inability to quit, and inner conflict were expected given the literature (Boudreaux et al., 2013; Hoek et al., 2013; Norcross et al., 2011; Prochaska et al., 2006). However, 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 as part of the use of consciousness raising, a finding drawn directly from participants' own words, is an original contribution to the literature.

Limitations

Limitations are conditions beyond the control of the researcher that may limit the conclusions the researcher can draw from a study (Wynn & Williams, 2012). A possible limitation of the current study was that some participants might not have felt completely confident that their information and confidentiality would be protected. To mitigate this limitation, in the Statement of Informed Consent (see Appendix B), I assured all participants that I would hold their information in strictest confidence and that the identity of all participants will be anonymous. At the beginning of the in-person interviews, I assured all participants of confidentiality and anonymity.

The qualitative method was a limitation to the current study. The sample size was small, and generalizing the findings to a larger population was not possible. The small sample size and the narrow geographical location limited the extent to which the findings were transferable to other groups. Additionally, I would have liked to interview one family member and one friend of each participant. However, confidentiality issues precluded this possibility. Finally, all participants were asked to bring personal journals, diaries, emails, or letters about their emotions

experienced during their smoking cessation journey if they were willing. None of the seven participants had written data of this kind.

Implications

Although researchers have identified a number of factors as important elements in affecting the success of smoking cessation, the effect of emotions appears as a common link (Adams et al., 2012; Fucito et al., 2010; Menninga et al., 2010; Solway, 2011). The specific problem addressed in this study was that smokers' have a lack of research-based emotional support. Cigarette smoking is a public-health problem associated with high morbidity and mortality in the United States (Larzelere & Williams, 2012; ModestoLowe & Chmielewska, 2013). Cognitive and behavioral approaches to cessation have been the primary focus in smoking cessation literature, with minimal attention given to the emotional component of the process (Fucito et al., 2010; Paek et al., 2011). Understanding smokers' emotions is a vital component in cessation program development, stage advancement, and the overall process of smoking cessation (Adams et al., 2012; Baddini-Martinez & dePadua, 2013; Mander et al., 2014). According to the TTM, individuals in the contemplation stage commonly use experiential processes of change, including consciousness raising and self-reevaluation (Mander et al., 2014; Prochaska & DiClemente, 1983).

The TTM, or stage of action theory, is a model of intentional change that focuses on the decision making of the individual, the stages through which people move, and the processes people use as they make health-behavior changes (Prochaska & DiClemente, 1983; Velicer et al., 1998). The focus of early research into the TTM was primarily on the cognitive and behavioral aspects of change, without focusing on the emotional component of behavior change

(Prochaska & DiClemente, 1983; Prochaska et al., 1992). The stages of change have been the most studied. Limited attention has been given to the processes of change and to the emotions experienced during behavior change, specifically smoking cessation (Armitage, 2009; Aveyard et al., 2009).

Emotions smokers experience during the contemplation stage of smoking cessation, specifically the emotions related to consciousness raising and self-reevaluation, have received little to no attention in the literature. The discoveries of the current study have contributed to the TTM and the field of smoking cessation by helping researchers and clinicians to understand the emotional hurdles contemplation stage smokers face as they attempt to stop smoking. Clinicians may be able to use the findings in this study to enhance stage movement and to improve strategies designed to help smokers achieve successful abstinence from smoking.

Regarding the fear of developing smoking-related illness, the consensus from the seven participants was that smoking was unhealthy and might lead to health consequences. This consensus aligned with the known fact that cigarette smoking is the leading cause of preventable death in the United States, taking the lives of approximately 480,000 Americans each year (including deaths from secondhand smoke; CDC, 2014). These findings demonstrated that health concerns from smoking generated emotions such as worry, fear, anger, and guilt.

According to the TTM, individuals in the contemplation stage of change are becoming aware of their problematic health behavior and are open to reading information and learning about their behavior (Prochaska & DiClemente, 1983, 1985, 1986, 1992).

Consciousness raising is a salient change process in the contemplation stage (Hoek et al., 2013; Major, 2011; Prochaska et al., 1994; Prochaska et al., 2002; Veer et al., 2008). As smokers

become more aware of the possible health consequences of smoking, they experience feelings of anger, guilt, worry, and fear (Farris et al., 2015).

The findings of the current study confirm earlier findings that anger results from the paradox of wanting to continue smoking but knowing that health risks increase from doing so (Adams et al., 2012; Baddini-Martinez & de Padua, 2013). Participants expressed intentions to quit smoking but did not want to face the challenges and changes cessation would bring. Smokers struggled with the realization that they could become ill from smoking and experienced feelings of guilt, worry, and fear, doubting their ability to quit. The result, according to many participants, was feelings of being trapped and held hostage.

This association of consciousness raising with a feeling of being trapped and held hostage during the contemplation stage of smoking cessation is an original finding of this study and an original contribution to the TTM. For practitioners, this finding may hold special significance, in that the feelings of being trapped during smoking cessation may lead to increased symptoms of anxiety, with the result that patients may seek antianxiety medication. This finding also implies that feelings of entrapment may keep the smoker immobilized in the contemplation stage, preventing movement toward more advanced stages of change. Although I located no studies confirming this finding of feelings of entrapment, Prochaska et al. (2006) recognized that the state of ambivalence experienced in the contemplation stage was characterized by resistance to advancing to the next stage of change. The findings from the current study imply that feeling trapped may also contribute to this resistance.

Regarding the theme of inner conflict, self-reevaluation is a change process commonly used in the contemplation stage of smoking cessation. Self-reevaluation involves affective and cognitive assessments of an individual's self-image in relation to both the problematic health

behavior and the new behavior (Norcross et al., 2011; Prochaska et al., 2006). Inner conflict often results from this assessment.

Inner conflict is multifaceted and carries several implications. Findings from the current study revealed that internal conflict resulted from the realization that smoking was self-sabotaging. This level of awareness was expressed as a desire to quit smoking, but continuing to smoke, even though the individual knew that smoking increased health risks. Findings also revealed that a feeling of helplessness was associated with the perceived power and control that cigarettes had over the smoker, and with noticing smoking-related signs of aging, while continuing to smoke. These findings further convey an association between the use of consciousness raising and a sense of feeling trapped by smoking.

A problematic behavior is often in conflict with essential self-values (Norcross et al., 2011). Self-reevaluation involves the smoker's questioning as to whether he or she can maintain a positive self-image while continuing to smoke. This questioning is evident of inner conflict (Prochaska et al., 2006; Velicer et al., 1998). This inner conflict is exemplified by the struggle with self-reevaluation, fearing failure in the attempt to quit smoking, and knowing risks are increased for developing smoking-related illnesses. The findings of the current study revealed that this struggle conveyed feelings of shame and embarrassment, resentment, anger, and fear, as well as dislike of a self-image of being a smoker. These findings further imply that inner conflict is ongoing not only with the use of consciousness raising but also with the use of self-reevaluation. 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.

In a seminal study on how people change, Prochaska et al. (1992) found that individuals in the contemplation stage commonly used self-reevaluation as they became more aware of the connection between their problematic behavior and their self-image. Self-reevaluation involves altering the sense of self, and that alteration is often accompanied by fear and conflict (Prochaska et al., 1992). During self-reevaluation, the increased level of self-awareness in relation to smoking behavior may produce enough frustration, shame, and embarrassment with smoking that individuals may make a stronger commitment to quitting (Hoek et al., 2012; Prochaska & DiClemente, 1983). The findings of the current study confirmed this earlier research. Participants' descriptions of frustration, shame, and embarrassment imply that smokers may be increasingly ready to quit smoking because they are tired of feeling this way.

Regarding the theme of a sense of freedom, once people acquire knowledge about the health consequences of a problematic health behavior, they begin to question how life can be better without the problematic behavior (Norcross et al., 2011; Prochaska & DiClemente, 1983; Prochaska et al., 1992). A sense of freedom is associated with seeing the self as a nonsmoker. These findings imply an ongoing emotional struggle for many smokers attempting to quit smoking. The findings also enhance the understanding of the contemplation stage of smoking cessation by demonstrating that in addition to the ambivalence that marks the contemplation stage, feelings of being trapped and held hostage by smoking also mark the contemplation stage. In particular, these feelings are associated with consciousness raising and align with the findings in the current study.

Regarding anxiety related to finding alternatives to smoking, the findings demonstrated that participants struggled intensely with failed attempts to find satisfying alternatives to smoking. The increased anxiety, confusion, desperation, and urgency expressed by participants

convey the complexity of the difficulties smokers face when trying to quit smoking. Regarding the fear of being unable to quit, the increased urgency to smoke, in particular, may have contributed to failed attempts at smoking cessation because the perceived urgency may have been so intense that the smoker again reached for a cigarette, which increases fear of being unable to quit.

Regarding the loss of family relationships and connections, sadness, frustration, and anger about smoking as interference in family relationships and connections convey a sense of grief and loss of these connections. Fear and anxiety regarding the physical discomfort of withdrawal from nicotine and the psychological effects of quitting may strongly contribute to a postponement of smoking cessation. The psychological effects of smoking cessation among patients with a history of self-harming behavior raise a concern that these individuals may return to self-harming behavior to cope with the stress of not smoking. Regarding the determination to quit smoking, findings imply that the unpleasantness of negative emotions can produce enough discomfort over time to lead to an increased determination to quit smoking. Implications further convey that the attraction of feeling a sense of freedom without smoking and the overall improvement of life may also lead to an increased determination to quit smoking.

The findings of the current study enhance what is known about the contemplation stage of smoking cessation. Findings imply that struggling with inner conflict and negative emotions during the contemplation stage of smoking cessation is ongoing. Contemplation-stage smokers were found to experience not only an increased awareness of their problematic health behavior but also anxiety, panic, and feelings of being trapped related to the use of consciousness raising during this stage. Anxiety and panic during smoking cessation have implications for the field of counseling and the field of health care. Health professionals offering support for smoking

cessation would recognize each smoker's level of anxiety related to smoking cessation and adapt targeted treatment thereafter. The findings of the study imply that successful smoking cessation treatment and stage advancement may be impeded if health professionals fail to understand and address smokers' emotions.

Limitations

Certain limitations may have influenced the interpretation of data for this study. First, there was no list of emotion words. A list of emotion words, such as Shaver et al.'s (1987) list of 134 emotion terms, might have been helpful in the identification of emotions. Next, the sample size was small. The participants may have felt inhibited, nervous because of the audio recording, and therefore not as forthcoming with describing their emotions. The coffee-shop environment was not conducive to the interview process, as there were distractions from background music and people coming and going. I would have liked to interview one family member and one friend of each participant; however, issues of confidentiality precluded this step. Finally, none of the participants had written data in the form of journals, emails, letters, or diaries to bring to the study. Despite these limitations, this study satisfied the overall purpose of acquiring a better understanding of the emotions smokers experienced during the contemplation stage of smoking cessation, specifically the emotions related to consciousness raising and self-reevaluation.

The findings from this study may contribute to the therapeutic process in the field of counseling with the TTM. By understanding the specific emotions smokers describe having in the contemplation stage of smoking cessation, therapists may be able to achieve more comprehensive and functional outcomes in smoking cessation treatment. Furthermore, the

results of this study demonstrate the need for additional research on emotions experienced during the contemplation stage of smoking cessation, specifically emotions related to consciousness raising and self-reevaluation.

Concluding Reflections

The study findings were consistent with previous research regarding the negative emotions smokers experienced in general when they attempted smoking cessation (Adams et al., 2012; Fucito et al., 2010; Kerr et al., 2013). The original finding that consciousness raising was associated with feelings of being trapped further enhances the knowledge base regarding the struggle experienced by contemplation-stage smokers as they attempt smoking cessation. By knowing this association, smoking cessation interventions can 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 worldwide. Additionally, the information obtained from the study has contributed to and extended the TTM in the area of emotions during the contemplation stage of smoking cessation, specifically the emotions related to consciousness raising and self-reevaluation.

Findings from this study showed that health concerns from smoking generate emotions such as worry, fear, anger, and guilt. In addition, these emotions suggest that smokers struggle with the realization that they could develop smoking-related illnesses yet doubt their ability to achieve successful smoking cessation. The result is feelings of being trapped and held hostage by smoking. This finding, which reveals an association between consciousness raising and feeling trapped, is an original finding of this study and an original contribution to the TTM. An

implication of this finding is that feelings of entrapment may contribute to keeping the smoker immobilized in the contemplation stage, preventing movement toward more advanced stages of change.

The findings of this study have enhanced what earlier researchers have known regarding the contemplation stage of smoking cessation. The findings imply that struggling with inner conflict and negative emotions during the contemplation stage of smoking cessation is ongoing. I found that contemplation-stage smokers experienced not only an increased awareness of their problematic behavior but also anxiety, panic and feelings of being trapped related with the use of consciousness raising during this stage. This finding is significant for the field of smoking cessation treatment. Exploring feelings of entrapment experienced during the contemplation stage of smoking cessation with the use of consciousness raising may open new avenues for smokers to advance stage movement and become more motivated to quit successfully.

Questions:

One (1) distinct way that our Journal stands apart from other *Journals* is that each article includes discussion questions for training purposes. This allows for the completing of the “missing link” plaguing most modern-day *Journals*: *Journal* articles are written for other scholars, not the students that should be the primary sources served.

In direct contrast to our competitors, we are leading with Dr. Shake’s dissertation related to smoking: Exploring the Emotions of Smokers During the Contemplative Stage of Smoking Cessation: A Multiple Case Study.

Here are the corresponding discussion questions:

1. Do you agree with Dr. Shake’s belief that we should first (1st) account for emotions experienced when individuals try to stop smoking? Why or why not?
2. When you or someone you knew/know tried to quit smoking (or some other addiction), did you/they experience any, many and/or all of the following?
 - Anger
 - Resentment
 - Guilt
 - Fear
 - Anxiety
 - Ambivalence
3. How is Dr. Shake’s dissertation still relevant today?
4. If you are or were a smoker, do you consider yourself a “contemplative stage” or a “preparation stage” smoker?
5. What role did fear play in the results of this study based on the subjects?
6. What is the greatest limitation of this study in terms of all its subjects being in the contemplative stage?
7. Have you ever lost someone due to a smoking or addiction problem? How might this have been avoided?
8. What did you learn most from reading this study? Be specific.

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Appendixes

Appendix A: Interview Questions

Q1. How did you feel about deciding to quit smoking within the previous 6 months?

(Contemplation stage)

Q2. Describe the emotions you experience when you think of the health consequences of smoking. (Consciousness raising)

Q3. How do you feel about seeing yourself as a smoker? (Self-reevaluation)

Q4. How do you feel about seeing yourself as a nonsmoker? (Self-reevaluation) **Q5.** Describe any other emotions you experienced during your recent attempt to stop smoking and what they were related to.

Appendix B: Statement of Informed Consent

Introduction:

My name is Linda M. Shake. I am a doctoral student at Northcentral University in Arizona. I am conducting a research study on the emotions smokers experience when they quit smoking. I am completing this research as part of my doctoral degree. I invite you to participate.

Activities:

If you participate in this research, you will be asked to:

1. Talk about how you feel as you quit smoking. This will take 10 minutes.
2. Talk about how you feel when you think about how cigarette smoking can cause you to be ill. This will take 10 minutes.
3. Talk about how you feel when you think of yourself as someone who smokes. This will take 10 minutes.
4. Talk about how you feel when you think of yourself as someone who does not smoke. This will take 10 minutes.
5. Talk about any other feelings you have while you quit smoking. This will take 10 minutes.
6. If you agree to share your personal diary, journal, emails, or letters that may have information about your feelings while you quit smoking, please bring these items. If you bring emails or letters, please bring only what you have written. Do not bring responses from anyone else. With your permission, I will make copies of the items you bring. This will take 10 minutes.
7. You will be asked to read over your words from the interview to make sure it is correct. The researcher will ask you for your email address or phone number so she can contact you to go over the interview. This will take 30 minutes to complete.
8. The interview will be one-on-one. No group interviews will take place.
9. The interview will take place at the coffee shop in the Barnes and Noble book store, located at 5129 Blanche Moore Drive, in Corpus Christi, Texas

Altogether, the above activities will take 1 hour and 30 minutes.

Eligibility:

You are eligible to participate in this research if you

Are 18 or older;

Decided to quit smoking within the last 6 months; and

Are able to choose whether you will participate in the study or not.

You are not eligible to participate in this research if you:

Are not 18 or older;
Have not decided to quit smoking in the last 6 months; or
Are unable to choose whether you will participate in the study or not.

I hope to include 6 to 12 participants in this research.

Risks:

There are minimal risks in this study. Some possible risks include: feeling uncomfortable about talking about your feelings.

To decrease the impact of these risks, you can: stop participating at any time, and you may refuse to answer any interview question.

Benefits:

If you decide to participate, you may benefit by talking about the feelings you are having while quitting smoking. Talking about these feelings can help you feel heard, and you will be in a safe place where you can talk about your feelings in complete confidence.

The potential benefits to others are: results from this study may help others who are trying to quit smoking.

Confidentiality:

The information you provide will be kept confidential to the extent allowable by law. Some steps I will take to keep your identity confidential are: I will never use your real name in this study. I will use only a fictitious name or number to identify you.

The only people who will have access to your information are myself, my dissertation Chair, my dissertation committee, and the person transcribing the interviews. The Institutional Review Board may also review my research and view your information.

I will secure your information with these steps: locking it in a secure location. I am the only person who will have the key to this secure location.

I will keep your data for 7 years. Then, I will delete electronic data and destroy paper data.

Contact Information:

If you have questions for me, you can contact me at L.Shake3859@email.ncu.edu, or you can call me at 361-815-1966.

My dissertation Chair's name is Dr. Miranda Jennings. She works at Northcentral University, and she is supervising me on the research. You can contact her at mjennings@ncu.edu.

If you have questions about your rights in the research, if a problem has occurred, or if you are injured during your participation, please contact the Institutional Review Board at irb@ncu.edu or 1-888-327-2877 ext 8014.

Audiotaping:

I would like to use a voice recorder to record your responses. You can still participate if you do not wish to be recorded. If you consent to being recorded, please sign below.

Voluntary Participation:

Your participation is voluntary. If you decide not to participate, or if you stop participating after you start, there will be no penalty to you. You will not lose any benefit to which you are otherwise entitled.

Mandated Reporting:

I am required to report suspicion of child or elderly abuse to the Texas State Department of Human Services.

If I am concerned you might hurt yourself, I must get help for you. In that case, I will contact Bayview Behavioral Hospital.

If I am concerned you might hurt someone else, I will: contact the police or Bayview Behavioral Hospital.

Signature:

A signature indicates your understanding of this consent form. You will be given a copy of the form for your information.

Participant Signature	Printed Name	Date
Researcher Signature		Printed Name

To be completed by Interviewer Only:

Participant ID: _____

Date: _____

Participant, please complete the questions below:

AGE

When were you born? Month _____ Day _____ Year _____

How old were you on your last birthday? _____

GENDER

What is your sex? Please check: _____ Male _____ Female

MARITAL STATUS

What is your marital status? Please check:

Married _____

Never been married _____

Widowed _____ Divorced _____

Common Law _____

Separated _____

RACE/ETHNICITY

How do you describe yourself? Please check the one option that best describes you:

_____ American Indian or Alaska Native

_____ Black or African American

_____ Hawaiian or Other Pacific Islander

_____ Hispanic or Latino

_____ Asian or Asian American

_____ Non-Hispanic White

EDUCATION

What is the highest level you completed in school? _____

SMOKING BACKGROUND

How many years have you smoked? _____

Are there others in your home who smoke? _____ Yes _____ No

If "Yes", how many other smokers live in your home? _____

Appendix D: Recruitment Flyer

Research Study
Exploring the Emotions of Smokers
During the Contemplation Stage of Smoking Cessation: A
Multiple-Case Study

VOLUNTEERS WANTED FOR A RESEARCH STUDY

You are invited to participate in a research study to explore the emotions of smokers who have decided to stop smoking 6 months ago. You will be asked to participate in an individual interview (approximately 1 hour). If you have written about your feelings about quitting smoking in a diary, journal, emails, or letters, and feel comfortable sharing these items, you will be asked to bring them to the interview. If you bring emails or letters, please bring only what you have written; do not bring responses from anyone else. The interview will be audio taped.

To take part in the study:

You must be at least 18 years of age

You must have decided to stop smoking 6 months ago

You must be able to choose whether you will participate or not

Your Confidentiality

This study is not affiliated with any group and no one will know you are participating, other than the researcher. Reporting of the results will not include any information that will reveal your identity. The researcher will remove all of your personal information. The interview will be one-on-one. No group interviews will take place. The interview will take place at the coffee shop in the Barnes and Noble bookstore, located at 5129 Blanche Moore Drive in Corpus Christi, Texas.

If you are interested in participating in this study, or would like more information, please contact:

**Linda M. Shake
Doctoral Candidate
Northcentral University**

361-815-1966 or L.Shake3859@email.ncu.edu

All communication is confidential