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SMOKING TOBACCO: A STUDY FROM PHENOMENOLOGICAL APPROACH

Introduction

The legacy of smoking in general, and cannabis smoking in particular, considering India is ancient indeed, with the earliest reference to the act mentioned in the *Atharvaveda* (Watson and Joy 1999). The infamous tobacco was introduced in the subcontinent in the 17th century. Cigarette smoking is the second most popular form of tobacco use in India, after *bidi* (an indigenous cigarette) (Reddy and Gupta 2004). The Government of India has ratified international convention named Framework Convention for Tobacco Control (FCTC) and has also constituted the Cigarette and Other Tobacco Products Act, 2003, to protect public health by prohibiting smoking at public place; and adopted various preventive measures for behavioural modifications of smokers (Samet and Wipfli 2009). However, it has been seen that 'preventive model' does not work satisfactorily among youths (Vuori 1980).

Research dealing with smoking have outlined umpteen number of ways in which smoking can harm and kill individual who happens to be hopelessly in its grip (Doll and Hill 1950; Rantakallio 1978; Bonita 1986; Levenson *et al.* 1987; Giovanucci *et al.* 1994; Botteri *et al.* 2008). The ever spreading knowledge of 'tobacco smoking being injurious to health' is being hammered down one's conscience by the repeat telecasts of advertisement, news clips and the omnipresent foreboding images dealing with the repercussions of smoking. This is exactly what piqued the interest; if the people know that smoking is harmful, then why they continue smoking? The question appears whether there exist linkages between the intricacies and subtleties of human mind and compulsive nicotine addiction as found in some studies (Marazzi *et al.* 1986, Shah *et al.* 1999). A WHO (2002) estimate reveals that in India 30% of adult males and 3-5% of adult females are smokers. A unique feature of smokers in India is that when it comes to uptake of smoking as a habit, this country lags behind both America and the countries of Europe (Registrar General of India, 2005) and that the average daily consumption per smoker is also conspicuously lower (Gupta 1996 & Gajalakshmi *et al.* 2003).

Phenomenology of Smoking

Contemporary Continental perspectives on consciousness derive either whole or partly from Phenomenology, the philosophical orientation inaugurated by Edmund Husserl (1859-1938). Phenomenology refers to any method for the study of human consciousness that (1) grounds knowledge about consciousness in intuition as the prime source of insight and as the final arbiter of truth about consciousness, and (2) recognizes the possibility of, and seeks knowledge about the essential structures of consciousness (Spiegelberg 1982). Heidegger (1927/1996) sought to describe this entity as we call (Being) (*Da-Sein*) in its average everydayness. He denoted the categories of experience as *existential*. In answer to the question: What is Being? Heidegger replied that a fundamental and reflective approach to descriptive phenomenology reveals the following categories of Being: Being-In-The-World, Being-With-Others, and Being-Towards-Death.

Rather than considering smokers as passive recipients of effects, our study aims to portray smokers as situationally-expedient, adaptive agencies. Insights from smokers can go a long way in eradicating many stigmas and naive ideas that dominate the anti-smoking environment these days. It is felt that when it comes to the realignment of policy credentials, suggestions from smokers are just as important as advices from health professionals.

Aims and Objectives

Our study aimed at providing an insight on cigarette smokers; their prejudices, their opinion making in the light of the extent of nicotine dependence, the strategies so employed in order to enjoy smoking yet not suffer the consequences, and other such ideational aspects to justify continuing the habit largely perceived as harmful and self-deteriorating. Thus, the objective of this study was to find out the phenomenological aspect of smoking.

Materials and Methods

The Study Area

The study was conducted on a group of smokers residing in the city of Kolkata, West Bengal. There was no attempt to choose certain specific municipal wards/areas from which the respondents were to be selected for the study. The respondents were chosen irrespective of sex and age but, all belong to the Bengali speaking Hindu community, which is the numerically most dominating community of this region.

The Participants

We defined 'smokers' in this study as who smoke at least one cigarette a day provided no situational restrictions exists. We selected a total of 47 individuals for our study. We used convenient sampling technique in recruiting

the participants. The prime focus of this study was to get the 'lived-experience' of smoking cigarettes from the participants. We contacted some individuals in the known circle and requested them to provide contacts of those who were known to them as smokers. In some circumstances, the people providing the contacts would inform the potential participants a priori by saying, "A guy would be calling you. He is from the University of Calcutta, doing some research on cigarette smokers....". Then, the latter were approached by telephone and given all the necessary details regarding the nature of study, the necessary details of the investigator, and about the rationale of this study, and the voluntary form of participation. The participants were guaranteed that the data would be used solely for the purpose of research and complete confidentiality would be maintained with the data. Since the interview were to be one-on-one conversation, the participants were told a priori about the need to meet personally. If they voiced affirmation to the demands of the study, then the venue and timing of the interview were fixed with due priority to the participants' choice (of place and time) since the logic was to provide comfortable ambience to the participants. Since the interview was open-ended, it was necessary on the part of the participants to talk at length about the emotive, behavioural, and social meanings which they ascribed to smoking.

Out, of the 47 participants initially enrolled for the study, one individual, who happened to be a part of a musical band in Kolkata denied to participate fearing social repercussions, if any personal information were to spill forth. Even after repeated assurances to quell his fears, he seemed convinced that he being somewhat 'famous' would make matters worse. Four others, who earlier assured participation but failed to turn up for the interview because of busy schedule in their personal spheres. Two individuals, it so turned out, were out of station; the researcher decided neither to interview them over phone nor accept written responses to questions (via email), since they wanted to get the facial expressions, and body language, tones and tenor of the answers at the time of interview. These were considered as gold standard in phenomenological insights. Since a written consent would preclude all of the above, the respondents were told so and due thanks was given for their enthusiasm. Of the remaining 40 individuals, 35 were males and 5 were women. All the individuals so interviewed were engaged in a variety of vocations (students, service holders, music band members, and teachers). One of the researchers (DS) took all the interviews by meeting the participants in person. The average duration of each interview comes to 33 minutes approximately.

Data collection techniques

Interview

A Sony make voice recorder (ICD-UX533F) was used to record the whole conversation between the respondent and the investigator. Before the

commencement of the interview, participants were reminded of the recording aspect of the interview. The questions were framed in such a fashion that there would be few highly inclusive questions which would be easy for the researcher to memorise. Depending on the responses of the participants, the more probing, counter-, or subtle questions were asked. Memorizing questions allowed more eye contact with the respondent which, in a way, contributed to the spontaneity of the conversation. We maintained a uniform ordering in placing the questions before the participants in course of the interview. Presented below is the list of issues on which interview was conducted.-

1. Why did you start smoking?
2. In the urban public sphere, there is usually a debate between smoking being considered a prop to urban sociability and smoking as a disease. What are your views regarding these two poles?
3. What is it in your opinion that people do not understand about smokers and smoking?
4. What opinions do you have regarding advertisements/media materials that aim to discourage people from smoking?
5. What are your experiences with relation to smoking cigarettes and your ideas, and feelings regarding your habituation with cigarettes?
6. Do you have a concealed fear psychosis on the well-known ill-effects of smoking?

The interviews were conducted either in vernacular (Bengali) or English language, depending upon the choice of the participants. So, all the six questions were translated to Bengali language and re-translated to English language to check for the consistency in the meaning. Depending on the responses, counter questions were asked in order to validate the convictions, perceptions, and opinions of the respondent keeping in mind to put forth those questions in a manner which would not intimidate or irritate the respondent. In order to ensure that the identity of the participants be kept completely under wraps, each of them were assigned a code identity, for males it would be XY followed by the number of the participants interviewed, for example, XY 4 whereas for females it would be XX followed by the number of the participants interviewed chronologically.

Result and Discussion

Why one starts smoking?

A multitude of factors and/or reasons may attract an individual to the activity of smoking. Smoking as a treasured activity by certain family member(s) can leave a deep indelible impression on many individuals in their

young ages, the very imagery of someone smoking growing on them, birthing an inquisitiveness to experience this cherished activity. Individuals, as children, experience, create, and institutionalise the world keeping their family members as reference standards. So when a father, a mother or any other close family members smoke, the child immediately feels the need to do the same from the need to imitate and imbibe that very activity. The imitation of certain activities makes the child feel different: it is like assuming a different social role and status and this is especially attractive a prospect when it comes to imitating activities predominantly associated with adults. The inquisitive factor creates a desire to experience the unknown. The idea of taste guides many a food preference in children which is noticeable in how they put anything and everything in their mouth. So, when they find their parents or some friends or any other individual smoking, they get a natural curiosity to know what that queer paper pipe tastes like (it must taste good due to which that person loves having it so many times a day right?). Taste, then, is another reason why an individual is driven to take their first puff.

“My father used to love his hookah (an indigenous smoking device). He used to ask me to prepare the tobacco for him and kindle the fire. The latter requires me to use my breath.....that is how I first got my taste. When he would leave after having his fill, I would gloriously take his place and enjoy the hookah.” (Participant XY 4)

Participant XY 4, a man of 68 years, with a smoking habit spanning 56 years, vividly remembers the time when he used to surreptitiously mimic his father while he was away, thus introducing him to the world of tobacco. Here, it is the desire to do the same thing as a parent that drove him to try out smoking.

“I had a craving for bidi (an indigenous form of cigarette). My friends, with whom I used to hang out in my childhood days, started smoking since the age of six /seven. I had a few drags then but I never developed the craving. And I had this feeling: I would not get high on my father’s money. Though I started earning since class nine, even then I didn’t smoke. During college days, I was doing theatre and many people would smoke there, however, their presence never bothered me. One fine day, I found this boy smoking a bidi....I went up and asked for a few drags.” (Participant XY 6)

Our respondent, XY 4, is a male of 27 years, for whom, the mere presence of people smoking did not create the fertile ground to take up smoking. Rather, as he puts it, was the taste of cigarettes that attracted him. Firstly, he would abhor the bitter sensation, but subsequently started enjoying it.

But the important thing here is the role played by one’s surroundings, the repository of experiences which encroaches upon one’s consciousness. A friend circle is an arena of near-equal individuals, who, together, try to learn, experience, and practise new things. Many a time, they are the ones who coax, cajole an individual to experience their first smoke. For participant XY 2, being with his friends (a significant part of his experiential world) meant that he had to smoke, not as a compulsion, but as a normal thing to do. The

smoker here, along with his friends, collaborates to create a jointly constructed meaning of the phenomenon at hand i.e. smoking. Other than taste, friends, or family, the desire to experiment, to try new things, or stuffs, the very mention of which invites chastising from one's parents are the principal reasons behind an individual trying out smoking. The more forbidden an activity or an object is, the greater is the desire to know what it really entails.

When participant XX 1, now a mother of two, (presently living in Kolkata) was growing up in Paris, she quickly could perceive herself as being somewhat different from the other girls who were around her. The fact that she belonged to a very different ethnicity guided many actions and attitudes during that time; including her taking up smoking. Being different was not perceived by her as a handicap, it was an opportunity to carve herself out from the masses; that she was headstrong, independent, and cool. Smoking was an activity that was audacious, so taking it up was going to be a statement of how daring she was willing to be. So here, it was a matter of subjective perception of self which determined the uptake. Her friends also wished to carve out a niche for themselves, and the respondent also vividly recalls the image of her grandfather chain smoking. Smoking not only allowed her to be different, but also allowed her to connect with her peers. The understanding, significance, and meaning of smoking are not developed separately within an individual, but in coordination with other human beings. Smoking helped her to create a persona; a cape that she wanted to wear. Next, it became an inextricable part of her personality, exhibiting the rebel. *Da-Sein* is a being which is intimately related to its own being. This is to say that *Da-Sein*, in its existence is concerned with itself, concerned about how-it-is and with its continuing-to-be. So, *what-you-want to-be* is a powerful motivator to take up activities recognised as something off the beaten track. Glamorous film stars and intellectuals have contributed to an image of a seductive, sexy, and mysterious smoker, which has had a huge impact on tobacco use. This has contributed to the stereotypes of 'the angry young man', 'the brooding lover', 'the feisty dominatrix', and 'the philosopher' to say the least. For participant XY 7, a scene of a Bengali movie where the famous Bengali matinee idol Uttam Kumar was letting out puffs while throwing his dialogue became a deeply cherished fascination. This eventually motivated him to try this smoking with his friend. In this way, the how-being i.e., the way the entity is encountered by someone is highly variable from person-to-person and is dependent on the social context of *Da-Sein*.

Why one goes on smoking?

The cigarette smoker begins to recognise the continuing importance of the intuited object and goes on to find purpose in why he/she is doing so. Purpose in life give the human conscience a sort of satisfaction, and here the conscious being creates an explanatory basis of why one smokes. The continued

intake of nicotine creates a state of gradually increasing dependence causing habituation to smoking. The dependent individual then feels the necessity to have cigarettes with them at all times (the satisfaction of *Da-Sein* upon having the intended object intuited) and failure to do so makes the smoker approximate the difficulty of his/her existence. Smoking starts as an enjoyable auxiliary activity and soon percolates down to become second-nature.

“You wanna have cigarettes even if you don’t wanna smoke. I used to feel this, even when I didn’t have cigarettes. I used to look into my bag and say, (!!!!!!!) I have to buy cigarettes, although I didn’t feel like smoking. But I knew I should have the choice, I should have the choice when it comes to smoking cigarettes.....It increased as time went by.....you create a persona when you grow up, like people say you are what you wanna be, so you become the person who smokes.....that’s the persona I perceived.....about more than 20 cigarettes a day: things then went out of control.” (Participant XX 1)

“Being devoid of cigarettes leaves me irritated and frustrated, I get angry easily when I am unable to smoke. I am just unable to concentrate on my activities. When I feel the need, I must have my cigarette.” (Participant XX 2)

One of the most common cited reasons when smokers are asked about the perceived advantages of smoking is that they ‘enjoy’ it or some consider it more like a stress-buster, while others attribute traits like a ‘stimulant’ or a ‘relaxant’.

“When you are under pressure, smoking doesn’t reduce the pressure, it changes your perspective of how you look at the pressure. It’s like a belief, once you have it, maybe it didn’t do anything, but you feel that it’s done something.....actually nothing happens, but you feel you are done with it.” (Participant XX 3)

“With each drag, there is a lot of emotion attached: it’s as if I am talking to my cigarette.....it understands what I am going through right then right there. When I don’t smoke, it doesn’t complain, it doesn’t say come have, come have me.” (Participant XX 3)

Growing dependence on smoking isn’t just explicable in physiological parlance, a lot depends on the subjective perception of its utilitarian value. Sometimes, a smoke can be perceived to bring about a whole paradigm shift in outlook. For example, the participant XX 3 feels deeply that smoking makes her feel good about everything. She feels that cigarettes genuinely cool her down and make her less angry at the world. Slowly as she begins to realise the contribution of those tiny cigarettes to her well-being, her dependence on smoking increases. A less-known ‘benefit’ of smoking, affirmed and reaffirmed by many smokers, is its capability to be a breach-closer, interstice filler, capable of giving company when no one else is around.

“A fag with a novel, a fag while walking towards a destination, a fag when I am engaging someone in a conversation, studying, everything! I do it all the time: otherwise, I get the feel that something is amiss!” (Participant XX 2)

“It’s always been with me,...I am sad, I am pissed, getting up at 3 in the morning, I am feeling nothing...nothing... just sitting, its always been there.” (Participant XX 3)

“When I am bored, or my mind is working too much or when I am doing nothing, I like having my cigarette.” (Participant XY 6)

Some of my respondents who had to stay away from family for work or studies cite that point of time as the peak phase of their dependence. To some, it is a matter of recreation; the best part of which is that the ‘kick’ doesn’t last long and kind of like a transient fun. Sometimes, certain situations can also call for the need to enjoy a ‘good fag’, like being in the midst of a beautiful weather, being with friends and so on. There are cases where the individual picks up smoking habit when passing through a difficult time of life.

“Well! I was really into this relationship around 2-3 months back and accidentally it came to an end. At that point of time, you go through that entire process of being an emotional wreck and the other person doesn’t really comply with the situation. I had decided to do nothing about it: I would not call her up...being with a person is like a drug; you get used to it, like a cigarette and the only way of quitting the drug is distracting yourself from it. So when the urge for the person came or when I felt I had to call her up, I would smoke a cigarette. It worked wonders.” (Participant XY 10)

But this is where the hyper-variability within human beings comes to light; people react differently about their perception of developing dependence on nicotine. Some people react by enacting mock-cessations, where they would abstain from smoking for a set amount of time only to see whether they are in control. Sometimes they are successful, and even when they are not, they return to their smoking ways. Others, like, participant XX 3, attempts romanticisation of cigarettes; going deeper with this relationship and ascribing personal, humane qualities to their cigarettes, like that of a friend with whom she likes to ‘romance’. To some smokers, like participant XX 2, her growing dependence does frustrate her, to the extent that she regrets having that inquisitiveness that made her take up smoking in the first place. But she confesses that such thoughts come only rarely to her head, and more often than not, she just wants to enjoy her life and smoke. Thoughts of helplessness appear banal and trivial to many smokers and they quickly substitute such thoughts with something brighter or something subjectively more urgent.

Smoking - a disease.....or is it?

Smoking, in the anti-smoking paradigm, is viewed as nothing short of a disease, capable of ruining relationships, inhibiting one’s potential, dimming one’s rational train of thought and so on and so forth. It is also proven statistically to cause several life-threatening problems like cancer. This is what medical professionals and doctors say about smoking. What does the foci-of-the-phenomenon say?

“Smoking a disease? No! Of course not! I think, it is ridiculous, it is like saying someone who is a homosexual is diseased and therefore needs a treatment. You can be dependent on your habit of going to the temple everyday for 10 minutes or you can be dependent on a chair.....ya!, there are a lot of people who depend on a number of things. So why nicotine? Yes, people are dependent but that’s not sickness, you know! You could be biting your nails or you could be eating your skin or whatever, that would be a problem too but it’s not sickness.” (Participant XX 1)

“Nonsense! Complete nonsense! People have been smoking since God knows when. I don’t think statistics can prove that it can cause disease. There is no clinical proof. Every time you inhale an exhaust of a bus, it’s like smoking ten cigarettes. What are we doing about that?...We hear about passive smoking now-a-days, for how long have you been hearing this? 10 years? People have been smoking for hundreds of years. Nobody complained then.” (Participant XY 8)

“Smoking doesn’t kill.....it’s all the secondary things associated with it that must also be taken into consideration. Are you just smoking all your life? Is that the only thing that you do? The minute you are born, you are in a progressive process of depletion ... every year you are going towards death.....I might die today due to some accident and people would say, “Ohh!! He was a smoker.” But did they know why I smoked? I would rather die knowing that I was responsible for it.” (Participant XX 10)

These are just some of the replies of the study participants when confronted with the obnoxious inquiry about what they feel about smoking being a disease. But every smoker we interviewed knew the ill-effects of smoking. And they had coping mechanisms to deal with it, but none of them would go so far as to suggest that smoking kills. One of the most common coping strategies is the mock-cessation which smokers enact in order to test their dependence. Sometimes, when the smokers face health issues which they trace back to cigarettes, they cease to smoke, allow themselves to heal and later resume smoking. In phenomenological parlance, *Dasein* finds itself absorbed in the world, engaged in some task, which is to say, working towards some possibility. Absorbed in its work, the beings that surround *Dasein*, for the most part, remain inconspicuous. They are there at hand-or not-when and if *Dasein* requires them, but otherwise, exist largely withdrawn from *Dasein*’s awareness. It is only those aspects of the world that are relevant to the task *Dasein* is performing which are conspicuous to it. *Dasein* primarily becomes aware of beings in the world when they either fail to assist *Dasein* in its project or impede *Dasein*’s bringing-about of its project. Smoking acts as a catalyst, it is a significant conditioner in the arc of *Dasein*’s inherent possibilities and intrinsic capabilities, and so becomes an extension of the smoker himself/herself. It is only when the cigarette fails in its capacity to help the *Dasein*, when the cigarette impedes the flow of existence that *Dasein* becomes aware of its presence and starts paying heed. A smoker is aware of the role of the cigarette as soon as it starts to harm him/her. *Dasein*’s project thus becomes the basis of its system of reference to things in the world, for what shows up to

Dasein as things worth paying attention to. The smoker becomes aware of the entity of cigarette and quickly remodels its activities to bring about a state of homeostasis.

An important element in the smoker's prerogative when faced with the consequence of an extension of oneself turning against the whole is the element of concern. Concern is "the meaning of "There-being". As Kovacs explained, it is the 'structural unity' of existence, the given drive-to-be among beings, and the "ultimate 'whereunto' of all references" (Kovacs 1990: 63, 93). Concern is the understanding-interpreting-signifying by which the references that comprise the world (as a matrix of meanings) are ordered. The totality of those ordered references constitute the substance of being-with (with-being, *Mitsein*). With-being is coextensive with being-in-the-world and shares the same horizons with there-being's fallenness (its preoccupation and dependence on being-to-be). The power of concern to accomplish itself is contingent on its with-structure at the same time the structure of being-with is contingent on the way concern unfolds (Heidegger 1927/1996). The with-structure of the cigarette smoker reflects their concern as the *drive-to-enjoy-and-free-of-craving*. The *drive-to-be* and *free-of-craving* is synonymous with the smoker's existence. The 'drive-to' signifies the compulsion and power of that 'is'. The 'be' connotes the potentiality toward which that compulsion and power propel (Joaquin Trujillo 2004: 167-187). Smokers often stress the importance of their smoke never demanding their attention but being there whenever they need it (the cigarette). They insist that you can only enjoy something as long as you feel you are living your life to the lees with it; the moment there is the "I must have it, I must" part, that's when it's time to take care of yourself. But the fact remains that some smokers get so dependent that they cannot abstain for even their stipulated duration. Instead, the sight of other people smoking, being in circumstances when he/ she earlier used to (enjoy) smoke are principle reasons for the smoker to return to the dependence. Sometimes, a smoker introspects and abstains temporarily when there happens to be a conflict of interest; when the smoker realises that "You can't have your cake and eat it too". When smoking is identified as a possible deterrent to the endeavour of the smoker, he/she decides to quit for the specified duration and continues thereafter. Here the main priority is to ensure that one mode of entertainment must not be in the way of the other; no one likes a conflicting existence, why should smokers be any different? The smokers I interviewed confessed to having undergone a time when they were all dependent enough to be termed as addicts. But most of them insist that they are no longer in that highly dependent state and have 'grown out of it'. Sartre says that the action of denying the past - saying that one *was* and no longer *is*, is a further example of intention towards the constitution of being (Sartre 1943). Despite speech that may deny the past, the past is still present in *Dasein's* being because the denial in fact affirms the past's presence. While the respondent may say that "I am no longer what I was", this statement relies on the past, demonstrating that the subject

was once, once *is*, and therefore is still the past but only in a present way of *Being*. For a person to state that “I am no longer addicted”, affirms that the person was once an addict, and the person’s past has constituted the individual’s *Being* through its relation to historicity.

When a cigarette smoker is face to face with the harmful effects of smoking, a train of thoughts dealing with quitting does come, is prominent as long as the smoker is dealing with the ill-effects. The world circumscribing the existential space of smokers time again provides them with a conviction that smoking is not a disease.

“When I see a 65- 70-year old smoking cigarettes and I go on to inquire about their habit, to which they reply with pride that we have been smoking since college days and are still going strong, I am thinking about the reasons why this guy never got cancer. So that way, maybe I might not get cancer either.....I am getting my mental strength to continue smoking....if fate decrees one have cancer, then that is what it will be no matter what, smoker or not, it will happen.” (Participant XY 11)

“After a point of time you realise that everything is going to kill you.....every single thing on the planet is going to kill you.....you can’t eat your food, it’s toxic, you can’t eat the fish in the water, it’s toxic, through social media you come to realise that every food is poisonous. So what do you do? Stop eating? You wanna do something? Go ahead and do it.” (Participant XY 10)

Smokers we interviewed accept the reality of self inflicted harm and in case they emerge victorious in reducing their intake, they find it okay to continue smoking. The lack of any conclusive evidence of smoking being exclusively responsible for any morbid condition is the one thing that provides fertile ground for the resistance of smokers to accept smoking as a disease. The younger crop of smokers (belonging to the age-group of 20-30) insist on ‘doing what you want to do no matter what others say’ and it is this daring, to-your-face attitude gives them the conviction to go on smoking.

To quit or not to quit

A smoker has to convince oneself to stop smoking forever prior to taking any steps in that direction. But what moves a smoker to think about quitting? It has been mentioned earlier in the text that beings that impede *Da-Sein* become a part of its awareness. It is only faced with circumstances of ‘either-smoke-or-health’ that the individual is forced to think, primarily of abstaining, but if worse, of quitting. Interview with smokers of different age-groups reveals a common thread; no matter how strong the external pressure, as long as the conviction to quit doesn’t arise from within oneself, every effort to abstain would go to waste. The experience of suffering from some serious health issue, or even the sight of someone suffering greatly due to smoking (not through the ads, but seeing for oneself) are the principle reasons put forth by my respondents as a drive to quit.

“ Maybe I am just waiting for my conviction....suppose, tomorrow, the doctor were to tell me that I suffer from lung cancer, so, whether I am actually waiting for the irreparable damage to set in I don't know, but what I do know is that the day when this happens, I will have my conviction. Then, my conviction will be my necessity, not my urge to smoke.” (Participant XY 6)

“ I have to quit....if in the future my health deteriorates., I am a young girl now, and will become a woman soon, I will not only have myself suffering, but my families, my partner everyone....all my future hopes for a normal life will be over. Right now, I don't have the urge, but sometimes the urge to quit is present.” (Participant XX 2)

Compare the above quote with the one below by the same respondent:

“This concern for the future doesn't always stay. Daily concerns soon flood my mind; going out with friends, preparing for my exams, chilling out....and the urge to smoke returns.” (Participant XX 2)

Both these statements depict the dilemma of the smokers in general who want to quit. On one hand, they feel the need to quit, to get rid of their habit, but on the other hand, is the urge to relax, “chill out” as many refer to it, with a smoke. For some, attempts to quit can be motivated by anti-smoking sensitisations since it fills the mind with concern of not letting one's habit get bigger than oneself. But just like the above case, the thought to quit is replaced by thoughts dealing with daily life activities and the urge to quit gets diluted. Since smoking is an extension of oneself, the thought of quitting sounds more like letting go of a part of one's identity. Letting go of smoking means letting go of the desire to be oneself; that power-to-be enervates the inter-human synergy that structures everyday concern and unceasingly projects the “other” as a means to free its potentiality. The “other” here is the cigarette.

When smokers are trying to explain why they are unable to quit, the common statement that came up was ‘I know I can quit if I want to’. The being-in-question is reminding and reassuring itself of its control, of its capacity to be-free-of-craving and yet, possessing the drive-to-be. And the conviction of not needing to quit emanates from the aspect of self-understanding. As Heidegger (1927/1996) explains, “The *Dasein's* self-understanding is made possible on the horizon of temporality”. Everyday time, treated here as an entity, is given in a way that the *Dasein* has the access to its own understanding of the ‘whatness’ of events in relation to time, “ it is time for this” or “it is not yet time for that”. It is that relation to time that allows *Dasein* to understand itself. In saying, “it is time for this”, *Dasein* understands the priorities for the sake of now. In this way, *Dasein's* relation to self-understanding, and happening is a temporal one.

“I never thought of quitting because it never occurred to me that I could smoke' that' much to inflict 'that ' much of self-harm on my lungs percolating to the permanence that is lung cancer.” (Participant XY 2)

“Hell, I know smoking harms me; I know it's a disease. And I continue with my disease because I really love self-harm” (Participant XY 2)

“I know that I will be able to curb but I don’t know whether I will be able to quit. During the beginning of my smoking, I used to tell people that I am capable of quitting the very next day Similarly, maybe I am confidently saying now that curbing it is possible but 10 years hence I might be unable to do even that.” (Participant XY 6)

Every human being holds on to some beliefs, some constructs, and certain hopes to make sense of the world about them. These thoughts come to guide every judgement and action of the individual. In this case, even a step such as quitting smoking can get in the way of one’s belief systems.

“Every time I have tried to quit, something very bad has happened to me and it’s weird. I have tried to quit three times and in all the circumstances very bad things happened. First time....don’t really remember...second time I stopped.....my guitar player left my band RANDOMLY one day. The anxiety, the shock, and the realisation that we have to bounce back again got me to smoke. The third time.....my girlfriend left me....Smoking.....has been therapeutic. Probably when I get rid of my superstitions, I will try quitting.” (Participant XY 10)

But some smokers quit, and they need neither special treatment nor any of the concerted effort of agencies around oneself in order to do so. Remaining true to their words, they do it on their own.

“I had reached saturation point. It was a time when I felt like, ughhhh, oh my God, what’s wrong with me....why am I feeling like this? And I have been a singer, so I felt that my body was rejecting the smoke and I was getting bored with the taste of the cigarette, I was bored of it. I smoked like 30 cigarettes a day then and my son, by then 4-5 years old would tell me to stop smoking. I am not saying that I quit because my son told me to.....the universe gives back, at that point.....I wanted to be a non-smoker. Something gives back at the end; I didn’t decide the night before the day I quit that I would do so. I woke up the next morning, I remember, my throat was all jammed and sticky, it was due to the cigarettes. I reached office, I had 5-6 packets of cigarettes in my bag and I took them out and distributed it to everybody else.” (Participant XX 1)

Some feel they have had enough, while others feel a change in their outlook towards the habit seeing their environments change; finding oneself in a position where caring for near and dear ones becomes a priority, finding old friends with whom one used to smoke quit it citing health reasons, and otherwise having undergone health issues oneself in the past (triggering the mock-cessations then) are important catalysts to influence an individual to go ahead and finally quit. Sometimes, a health problem, which is caused due to smoking, may catalyse a series of steps taken by the smoker to quit smoking.

So what is a smoker’s relationship with a cigarette?

Different smokers identify with their cigarettes differently. The emotions and beliefs which are ascribed to cigarettes are contingent on the priorities, prejudices, knowledge, and experiences of the individual that

smokes. Interviews with the respondents of the present study show that a cigarette means not only different things to different people but the very meaning evolves as the person matures as a human and as a smoker. When an individual takes up smoking, the cigarette is the cynosure of their eyes; it's their newest experiment, it's the centre of other's envy, it is the epitome of swagger and maturity, it is the symbol of daring 'young-blood', it is the prop to feeling all grown up. But then, the cigarette changes in its connotations as the person gets more dependent; as the cigarette starts acting like a companion, as a therapeutic agent, as a part of one's reason for being. An important component in this section is the aspect of memory, of remembrance, whereby the smoker recollects, constructs, and presents their experiences in subjective tongue. On the one hand, time is a subjective experience; each person experiences time in their own way, and in relation to their conscious presence and existence in time. *Dasein*, as a term, represents a characterisation of a relation between an entity (human) and its relation to being-there, present. *Dasein* is to be-there; it is the being that has a way of being-there. The *Dasein* always finding itself understanding the things alongside it. What is understood is the being of an object, what is given to *Dasein* in its commerce with them, what that entity is, its whatness, and what it is in order to do. Entities are represented in a way that makes what is there (entity) accessible to a relation to being. *Dasein* can relate to entities and objects because, in understanding what they essentially are, *Dasein* understands itself and for what sake it-is. Happening is *Dasein's* understanding of the relationship between the past as a region of events, and also the past that makes it possible for the understanding of the present. Happening is what makes being possible. The very relation to the past has an aspect of Dualism; it can be treated as something that is extraneous to the individual, as a series of events that has happened and so on, and also gives the *Dasein* the understanding to be in the present moment and situation. Let us take the case of respondent XX 1, who has recently quit smoking. She puts forth the different meanings that a cigarette had for her (and still has) in a manner that is reflective of the individual's capacity for introspection:

“When you are 14, or 15, you light up a cigarette to come across as someone cool, because you wanna be cool in front of other people, but you actually come across as someone really stupid. You don't realise that, but you are consciously making an effort to look so cool, you continue smoking. But later, when you become 19, the action grows on you — you are smoking because it has become your second-nature.” (Participant XX 1)

She calls her desire to be cool 'stupid' in retrospect. The formative years of smoking are always remembered with a lot of emotion. Her calling the brash and somewhat 'foolhardy' attitude at that point of time as stupid is not a reflection of her being regretful of her actions, it shows how she has grown as a human and also as a smoker to stop considering cigarette as solely a prop, but as a part and reason behind what she is today.

“(After the commencement of habituation) You realise, big deal.....since I have been doing it, that is what I will do. So the ego makes you continue, you get to persevere for the wrong thing.....felt stretched after this....like too little butter scraped over too much bread”. (Participant XX 1)

The ‘wrong’ thing is wrong since it posed problems at times for her. She got sick which made her concerned about her capacity as a singer, and she was feeling like an outcast since her other female friends only smoked in privacy. But does she love her time as a smoker? Yes.

She defines cigarette smoking as her most loyal relationship. She identifies her cigarette in terms of humans of different sexes:

“Depends on circumstances, when I am walking alone, it’s my boyfriend; it is giving me company and making sure I am alright. When I am with my girlfriends sipping on my margherita, then it is another girlfriend spending time with us.....when I am picking up a butt from the ashtray, that was a one-night stand.” (Participant XX 1)

Our respondent here, in different circumstances of her life, likes to associate and crack up with people irrespective of gender. Her confidence to mix with boys and girls alike is reflected in her gender-fluidity when personalising her cigarette. Also, the act picking a cigarette butt from the ashtray, to her, is a type of a guilty pleasure, terming it a one-night stand. Now that she has quit, she clarifies that smoking was her most loyal relationship. Smoking is still a taboo in our society, and although families finding out that their boy is a smoker calls for a scold and some reprimanding at most, the resistance goes over the top when it comes to a female smoker. The credentials of women empowerment lies in giving courage to a woman to do things; things they are debarred from doing according to mores of the society but which their male counterparts do with reckless abandon yet preach women to abhor it. So, for some women, smoking becomes their way to challenge gender stereotypes, it becomes their instrument of rebellion.

“When you are smoking, you are holding a cigarette..... it’s a new thing.....it’s liberating...it’s LIBERATING. It’s like chopping off your hair for a woman. Cigarettes do this to people’s minds.” (Participant XX 1)

She refers this sensation of accomplishment to not just women, but to men. Taking up smoking is a thrill, since rarely does a family encourage someone to smoke; and the topic of smoking always brings up issues of how cigarette can kill you and how it can contribute to one’s eroding of values. But now that she has quit smoking, does she regret her past?

“I have no regrets.....because...it all boils down to loving yourself now; current situation, current circumstances, do I like myself? Am I confident enough? Have I acquired all the things that I wanted to achieve as a smoker? So whatever I am now, it’s because of all those things that have happened to me, all the things that I have done, and that certainly includes smoking....it helped me grow. Habituation to something worse may have happened...a known devil is better than an unknown one.” (Participant XX 1)

Now let us take the case of another respondent, XY 5.

“It’s a beautiful relationship; she is something I kiss every day, she is something that relaxes my mind, she is something that helps me sort issues out...as in, I am reading a book and I am unable to understand its meaning, then it actually tells me to that I need more time. It is always telling you to not be rash; take some time, sit down, have me, and think about the issue at hand or stop thinking, it will simply come to you.” (Participant XY 5)

The important point here is that our respondent refers to his cigarettes always as a ‘she’, a member of the opposite sex. And his talking about the relationship that he shares with cigarettes is loaded with a lot of panache, and he relates his interaction with a cigarette to a relationship with his girlfriend. Cigarette, in his own words, has helped him out of tight spots, has given him moments to be proud of, and has never left his side. But when I wished to label cigarettes on the basis of the utilitarian value that they have played in his life, he was quick to retort:

“I’ve never treated her in such a pathetic way to invite the label ‘anti-depressant’. Smoking, I respect her a lot, I respect the fine tobacco that is chopped, filled in that beautifully rolled cigarette. I won’t demean her by calling her names. Today I am not going to label my father, my mother, neither will you. Cigarette has played such an important role in my life, I did not find the need to label it. So, I want you to respect her. Smoking has opened up a new horizon in my brain, and its food is tobacco.” (Participant XY 5)

References to beings important, priceless in life, like partners, parents, are abound in this text and the ones that follow when my respondent is clarifying his take on cigarette smoking. Obviously, he has personalised his smoke to a degree that he finds his cigarette worthy of all empathy and understanding that is necessary to value a human. But has he not faced health issues? Yes he has, he was forced to abstain from it for awhile for that. He even has in situations, where, according to him, smoking just made matters worse. But to him, it’s all part of being in a relationship.

“A relationship with a woman can give you a lot of things....if a break-up is happening; obviously it’s because of some reasons. You take a gap after that, you go into hibernation; the duration may change from person-to-person. What are you doing then? You are just healing yourself up. Aren’t you getting into relationships after that? You are. It’s a relationship that I am having with her, so ya, I have to return to my girlfriend.” (Participant XY 5)

This statement is in the light of why he has returned to smoking after trying a couple to times to abstain from it.

“Today the world is running on Maya, you cannot ignore that fact, my dad has a wife because this world is running on Maya, again, I am telling you, he is born alone, and he’s gonna die alone. So why is he having her? Why is he having me? Because it’s Maya, irrelevant.....but it smooths your life....don’t my mom and dad fight? There are harmful effects of a relationship, but that does that refrain you from having a relationship.” (Participant XY 5)

A smoker, ultimately being human, has the capacity to create a vast system of meaning to justify, make sense of, and integrate one's actions according to the perceived priorities of life.

"It's like ice cream, so you have a good meal, you care for an ice-cream, sometimes you get it, sometimes you don't, you don't feel really bad that you didn't get the ice cream, but if you did, that would be nice." (Participant XY 2)

"See uhh, it's true that money can't buy a lot of things. Friends, people who are close to you, even if you invest on them, economically, and you get very attached to them, there is no guarantee that they will be able to satisfy you or not. There is always a fear of them back-stabbing you. But in case of cigarettes, its complete satisfaction. You pay for it, and then you enjoy a very nice smoke; the amount that you spend on it, it doesn't go in waste." (Participant XX 3)

The latter statement is a reflection of the importance cigarette can get in a person's life when they have had to deal with emotional perturbations with the very people whom they once held dear. This statement is not a proof of her being heartless, it just shows how a cigarette can be therapeutic to individuals dealing with psychological and emotional trauma.

The sole reason behind such symbolic elaboration is the continuous search for reason, knowledge of why one is doing this, a sense of purpose.

Anti-smoking sensitisation, is it effective?

Anti-smoking sensitisation is 'infamous' because of its logic that fear psychosis is the best medicine to get rid of an addiction, especially an addiction that is as widespread as cigarettes. The sole purpose of showing terminally ill patients hopelessly writhing in hospital beds, waiting to die a horrible death for the sin of smoking that they have committed are to scare the smokers to the point that they feel that same fate is what awaits them if they don't stop now. On the basis of the interviews taken in the course of this study, we come across smokers who find the anti-sensitisation campaign as something which should not only continue, but become even more stringent in its objective to rid this country of smokers and then, there are those who consider all this sensitisation and the scientific data on which it is based as utter nonsense. It should be kept in mind that the latter, by no means, are non-literate. Most of the interviewed respondents stress the importance of agency; of the fact that ultimately, it depends on the smoker's willpower to leave the habit once and for all. Extraneous factors can play a conditioning role in making a person receptive to the cues of the bad effects of smoking but, ultimately, the deterministic part is the individual's sincere effort to dump the habit. But yes, each and every smoker had their unique tales on the importance of the sensitisation program.

"It's hilarious, really hilarious.....they (the ads) are absolutely meaningless. It grosses people out and it exposes children and adolescents to this thing.

When they see something that is portrayed as bad, they feel like trying it. You (the government and the anti-smoking lobby) are putting it in their minds all the more. So they feel like trying it, even if they had never decided to in the first place. Let's just say you put a boy and a girl in the same room, and tell them to not do anything. Dude what are you thinking? If you are discreet, I think it will go unnoticed and young kids won't be so fatally attracted to it. But if they look at those ads, they get an idea like, "Ohh!!! This looks exciting. Let's try it out. ". People should just take it easy and let things be." (Participant XX 1)

Regarding the content of the sensitisation materials, she had the following thing to say:

"A smoker is always going to go and have a cigarette, no matter what you show him about lungs or whatever. Nobody cares. I don't think any ad, in whatever capacity or role would have sent a message across to me to not smoke. You don't stop having beef steak when you go out thinking about cow slaughter." (Participant XX 1)

'The more forbidden the fruit, the tastier it looks'; that's what the advertisements do, according to my respondent. Instead, her logic is that as long as you leave things be, leave it on the conscience of people to do or not do it, things are going to be all right. Respondents point out that as far as the pictures on the cigarette packets are concerned, they don't look at it when they are buying their cigarettes. And as far as the ads are concerned, repeating the same thing over and over again causes a certain amount of disenchantment from what the ads really want to portray. Some of my respondents lament that although the intent of these anti-smoking propaganda is good, which is to ultimately stop kids from buying it, to stop shopkeepers from selling cigarettes and other such addictive stuffs off to children, it fails to affect members of the habituated smoking class to think twice before smoking because of one serious flaw; it assumes that people smoke because they do not know about the consequences. In reality, many smokers smoke vehemently knowing everything about the ill effects; the ads are blissfully ignorant about the constructive role cigarette plays in the lives of many smokers, hence they invite either denial or utter disregard from their target audience. No one wants to hear the same thing over and over again about their habit being a silent killer. Respondent XX 1 says that since she knew about the ill effects of smoking, there were times during her smoking days when she, while smoking "would put a pin on it; putting the conscience aside. No one wants to go on a guilt trip when they are trying to enjoy their fag," My respondent XX 3 feels that sensitisation should be left to the awareness part alone and the rest should be left to the individual to decide whether continuing is their cup of tea or not.

"If I have a kid, I would just tell him, " See, this is a cigarette, this is what it offers, this has got nicotine, this is how it can affect you." Now if he wants to have a drag he is free to do so. Half the doctors are smokers, I think people should be made aware of the ill-effects of smoking and then left alone. It's high time you leave people alone and let them decide on their own." (Participant XX 3)

The people who smoke know that smoking is not the only way a person can get to have cancer and other such life threatening diseases, and this notion is corroborated by the people they see around them. This makes them doubt the very scientific research that goes into making those sensitisations. So, the label 'SMOKING KILLS' falls on deaf ears.

"I am apathetic to many things, many things in my own life, and that is what makes me a masochist. The government ads don't work." (Participant XY 2)

"If there were a metre that could tell me, that if I smoke 5 cigarettes a day, from now on, in the next two years I won't get cancer, but if I smoke 7 cigarettes a day, I will, that would have been the best metre for me. But I don't know that. That is where the risk starts. It is bad, I know; in Bengali, there is a word called 'gyan paapi', meaning someone who chooses to do wrong in spite of knowing everything; I think I am that." (Participant XY 3)

"Unless you give people a time line, it's all up in the air; nobody knows what is going on. You haven't seen it (the harm to the organs), I haven't seen it. Since we cannot gauge self-harm, it is easy to be masochistic." (Participant XY 3)

Our respondent here needs a metre, and interviews have revealed that he is not the only one to desire so. People want to smoke and they will; it's just that they want to know the limit of their body so that they can do so responsibly.

"Pick up people from the streets, ask them about their smoking habits and tell them the amount of time they have before they die of cancer. This would work because the spectator of those ads would see familiar faces in the crowd who will seem very innocuous, given their habit of smoking." (Participant XY 3)

Whereas some of the participants feel that choice of people should be respected and that banning the cigarette is not an option, others feel that is exactly what the government should do if it is so sure that smoking can kill people.

"The ads are unsuccessful because the basic thing is wrong. If the government really feels smoking is bad, they should stop production of cigarettes, all tobacco products. Why can't they do it? If you make things available easily, and then preach don't smoke, that is not going to help. If banned, I will be forced to leave smoking, everyone will be. You say that this is poison and people will die, and you allow it to be sold that is no way to stop it. This is double standard." (Participant XY 4)

The first legislation with regard to tobacco smoking in India was the Cigarettes (Regulation of Production, Supply and Distribution) Act, 1975, which made the presence of statutory warnings on cigarette packets mandatory. The Supreme Court of India, in *Murli S. Deora vs. Union of India*, recognized the harmful effects of smoking in public and also the detrimental effects on passive smokers, and in the absence of statutory provisions at that time, prohibited smoking in public places (auditoriums, hospital buildings, health institutions, educational institutions, libraries, court buildings, public office, public conveyances, including the railways). Prohibition of sale of tobacco products

in an area within 100 yards of any educational institution was brought into force from 1 December 2004. Smoking in public places was prohibited nationwide from 2nd October 2008 under the *Prohibition of Smoking in Public Places Rules, 2008* and The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply, and Distribution) Act, 2003. The nationwide smoke-free law pertains only to public places. After several rounds of amendments and delays, rules making it compulsory to include pictorial warnings on cigarette packets were notified on the 3rd of May, 2009 and finally came into effect from the 31st of May, 2009. The Cable Television Network (Regulation) Amendment Bill, in force since September 2000, completely bans cigarette and alcohol advertisements. And last but not the least, two infamous anti-tobacco advertisements, titled *Sponge* and *Mukesh*, began to be screened in movie theatres and on television. They were subsequently replaced by the advertisements, *Child*, and *Dhuan*.

Many smokers respect the government's initiative for they feel that it helps bar public smoking and gives people the necessary awareness. But they draw a line the moment propaganda begins to vilify as hopeless, irrational victims of a dangerous narcotic oblivious about the fellow non-smoker's ordeal, including their family members. And although some smokers tend to be just that, when the government is trying to reach out to every smoker, giving an overarching, over-simplified version of the smoker does no justice to their otherwise good intentions to curb smoking. Smokers are sensitive, rational, and conscientious beings, as are all so-called healthy folk out there. So it is of utmost importance to understand their side of the story to get a better grasp of the phenomena of smoking, and to make the world a healthier place for all. To sum it up in the words of a female respondent,

"I can make a list of things which the world imposes on us which makes us die a more horrible death than smoking. If you kill a female child the moment you realise that it is female, is it a better death than dying by smoking? You force yourself on a female whenever you want to in certain parts of the country, is that a better living than smoking? You tend to tell your child, I am spending so much on you, I want to see you established in five years as an engineer or as a doctor, is that a more beautiful life than what I am leading? Look, in this dystopian world, problems are a part of life; there are so many ways to die...your pain goes out, reverberates there and comes back, the world is a part of your pain. The death that you die everyday, isn't that a more painful death? So just to eradicate that part, if one drag helps to make you feel better, that is living not dying." (Participant XX 3)

Conclusion

In the preceding section various case studies done by the authors have amply reflected many of the above factors. The study revealed how a respondent got the earliest kick of tobacco smoke while blowing the fire on his father's *hookah*; how impressed someone was with her chain-smoking grandfather

while she was still a child; how one started smoking influenced by friends; how, someone in a foreign land took up smoking as a coping strategy; how someone was impressed by a favourite film star smoking on the screen; how a female took up smoking as a sign of rebelliousness against male dominance in society, and how people got addicted from influences prevailing at home (father or a close relative being a smoker) and so on.

To many of my respondents, smoking is a panacea – a true friend in hours of need – a friend who is by his side all the time – even when his beloved offloads him. To some it is a habit so in grown that without a cigarette, he feels forlorn and lost! The cigarette makes someone concentrate more on studies, and so on and so forth. The point to note here that smoking becomes almost the second nature to the smoker. As Mark Twain (1903), an avid smoker asserts:

“It has always been my rule never to smoke when asleep and never to refrain from smoking when awake”.

To many of my respondents smoking is a great soothing agent – ever ready to relieve one from stresses and strains of daily chores. They almost tend to feel the way the famous British author and politician Edward Bulwer-Lytton (1859) felt when he wrote:

“He who doth not smoke hath either known no great griefs, or refuseth himself the softest consolation, next to that which comes from heaven.” (cited in Partington, W. 2013)

Considering cigarette as ‘friend’ or ‘companion’ is very common to smokers. The allure of smoking is aptly described by Klein (1993):

“The moment of taking a cigarette allows one to open a parenthesis in the time of ordinary experience, a space and a time of heightened attention that give rise to a feeling of transcendence, evoked through the ritual of fire, smoke, cinder connecting hand, lungs, breath and mouth.”

— Klein (1993) *Cigarettes are Sublime*.

Many of our respondents almost possess a reckless attitude about the health hazards associated with smoking. One of them even declares philosophically – death is inevitable – it would come any way – so why bother! About the risks involved, someone quipped that so many things in life involve risk-taking! Are people avoiding it? One of the elderly respondents jokingly remarked when asked about the risks involved:

“Not all who smoke die from ill effects of smoking! World Health Organisation says that about 50% of smokers die from ill effects of smoking. I believe in taking chances!”

This risk taking attitude may be related to mind-over-body syndrome as outlined by Somov (2012), who observes that human beings differ significantly in so far prioritising the two main domains of his existence, viz. cognitive and physical, are concerned, i.e., some attach more importance to the physical

aspect in comparison to the mind and vice versa. Smokers, relatively oblivious as they are with bodily risks, belong to the mind-over-body personalities whose are ever ready to experiment in various risk-taking behaviours as a coping mechanism. Similar risk-taking behaviours are displayed when someone derives mind-kick from risky ventures like skiing off mountain cliffs, climbing precipitous peaks, jumping out of planes, or engaging in risky body contact games. It is to be noted that risk-taking propensities as tested through BART test (Balloon Analogue Risk Task) is a feature in many psychological assessment of people including smokers (Lejuez *et al.* 2002).

Thus, smoking is indeed a complex phenomenon involving physiological, psychological and other environmental factors. All these aspects need to be taken into consideration and be a part of the public health endeavours to formulate a more pragmatic and sympathetic approach to policy making for effecting smoking cessation.

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