

Smoke Screen: An Ethnographic Study of a Cigar Shop's Collective Rationalization

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It is the purpose of this ethnographic study to explain why efforts from the medical establishment, the press, and friends and family are unsuccessful in persuading a group of men at a local cigar shop to stop smoking. I also seek to determine how these men create a linguistic defense shield that, ironically, protects them from the anxiety that such messages are designed to produce. I argue that the regulars at the shop collectively craft and share 6 prosmoking arguments that (a) rebuke the findings of the medical establishment, (b) anesthetize the regulars from the impact of antismoking messages, and (c) relieve cognitive dissonance and anxiety created by the act of smoking. I establish a theoretical foundation for the study, describe how the regulars craft and converge their collective narratives, and detail the 6 collectively created prosmoking narratives most frequently used by the regulars in countering antismoking messages.

On a cold November evening in 1999, my fellow regulars at Tullio's Cigar Shop and I gathered to lay to rest our friend and fellow cigar smoker, Greg Singer. After the church service, we organized a secular wake, complete with plenty of booze, cigars, and Greg's favorite music (supplied by the cigar shop's rock and roll band). Although we tried to keep our focus on Greg's life, the inevitable feelings of our own immortality invaded our thoughts. Most disturbingly, however, we were confronted with the macabre irony of the wake: The same cigar-smoking hobby that united us during Greg's life, may also be the same hobby responsible for his death.

I first met Greg and the other cigar-smoking regulars in the summer of 1997 as I searched my city for a cigar shop, curious to learn more about America's trendiest new fad. I serendipitously discovered what can best be described as my city's

"most unique retailing establishment," Tullio's Cigar Shop.¹ Along with selling a wide variety of cigars, Tullio's has also evolved into a de facto men's smoking club where no dues are charged, no application form is needed, and no pledging is inflicted. In fact, the only requirement to become a member is a desire to participate in the community of cigar smoking, basketball loving, gregarious men.

As one enters Tullio's for the first time, one is struck by the abundant humidior displaying thousands of cigars for public consumption, which is typical for most cigar shops; seating for 20; and a refrigerator in the back brimming with patrons' "favorite beverages" (the latter two entities are atypical for most, if not all, cigar shops). As I would come to learn, Tullio's has no liquor or food license, but instead has an empty 5 gallon pickle jar positioned at the main counter. The tacit protocol calls for patrons to put a dollar in the jar for each consumed beverage. James Tullio, the store's owner and only employee, collects the money at the end of each day and replenishes the stock before the start of the next day's business.

The interior design, to use the term very loosely, can best be thought of as a cross between Sanford and Son's living room and Floyd's Mayberry barber shop. Overhead fluorescent lights fill the room as a myriad of discarded living room furniture, an old dentist chair, and a few mismatched bar stools line the perimeter of the shop. The walls are covered with a wide range of amusing artifacts, including a mounted deer's head, an old surf board, and a photographic montage of customers. Most recently, in an effort to infuse some "culture" into the shop, James humorously hung the classic, "dogs playing poker" print over the brown reclining chair. As one wife observed, "the room is done in tasteless testosterone."

The regulars of the shop are predominantly White men, born in the state of Kentucky, and their ages range from 30 to 65 years.² Most are political moderates with a penchant toward a unique form of Civil Libertarianism (e.g., keep your government off my liquor, pornography, guns, and cigars).³ Income and occupation seems to be the most varied aspects of their lives. The regulars range from multimillionaires to the chronically unemployed. Heart surgeons, university professors, and venture capitalists share their lives with carpenters, janitors, and lawyers.⁴

Of all the eccentricities of this shop (and of its patrons), perhaps the most fascinating aspect of Tullio's is the way in which the regulars engage in the daily activity of smoking, seemingly impervious to its well-publicized harmful effects. Week

¹The geographic location of the cigar shop is in a medium-sized southern city (population = 250,000). The name of the cigar shop as well as the names of its patrons have been changed.

²The terms *regular*, *member*, and *interviewee* will be used interchangeably to differentiate those that actively participate in the cigar shop's culture from those that simply purchase their cigars and quickly leave.

³This ideological predilection is summarized in the shop's new T-shirts offered for sale to customers, which read, "Warning—Harassing me about my smoking can be hazardous to your health."

⁴Of the over 250 customers who patronize Tullio's Cigar Shop, no more than 45 are considered to be "members" or "regulars."

after week, friends, family members, and acquaintances plead for their abstinence;⁵ news reports from daily newspapers and broadcasts inform them of the dangers of cigar smoking to their lungs, heart, and mouth; and national health organizations bombard them with press releases and public-service announcements (PSA)⁶ persuasively reiterating the same basic lesson: smoking kills! Although some of the content may produce short periods of cognitive dissonance and anxiety for a small number of these smokers, most of it is ephemeral at best. Within days, and sometimes hours, after wives and children have implored their husbands and fathers to quit smoking, the local press has reported on the "latest findings from the *New England Journal of Medicine*" or *20/20* has broadcasted its latest investigative report on the hazards of cigar smoking, the regulars at the cigar shop light back up with only the smell of cigar smoke on their minds.

It is the purpose of this ethnographic study to explain why such efforts from loved ones, the media, and the medical establishment are unsuccessful at persuading these men to stop smoking. I will argue that the regulars at the shop participate in a process of group rationalization that, ironically, protects them from the anxiety that such messages are designed to produce. The linguistic outcome of this group rationalizing process takes the form of six prosmoking arguments that (a) rebuke the findings of the medical establishment, (b) anesthetize the regulars from the impact of antismoking messages, and (c) relieve cognitive dissonance and anxiety created by the act of smoking. Throughout the course of this article, I (a) review the literature on cigar smoking trends, risks, and barriers to prevention; (b) detail my methodology, establish a theoretical foundation for the study; (c) describe how the regulars craft and converge their collective arguments; (d) detail the six collectively rationalized prosmoking arguments most frequently used by the regulars in countering antismoking messages; and (e) discuss some implications of this study.

REVIEW OF CIGAR-SMOKING TRENDS, HEALTH RESEARCH, AND PREVENTION EFFORTS

Prior to the 1990s, cigar consumption had been steadily decreasing since the turn of the century. Since 1993, however, the *New England Journal of Medicine* reported a 50% increase in the number of cigar smokers, while during this same period, the

⁵Every regular in the shop reported that friends, family members, and acquaintances have attempted to persuade them to stop smoking.

⁶The overwhelming majority of public-service announcements (PSAs) that attack tobacco use focus on adolescent cigarette consumption. Nonetheless, the regulars at Tullio's view these messages as part of a larger and more general attack on all tobacco products. Consequently, televised anticigarette PSAs generate an enormous amount of discussion about the health risks (or lack thereof) of cigar consumption.

number of cigarette smokers declined 2% (Stacher, 1999, p. 1829). Furthermore, unlike the demographic trends found in cigarette smoking, these new converts are better educated and wealthier, according to both the National Cancer Institute (NCI; 1998, p. 52) and the *Journal of the American Medical Association* (Rigotti, Lee, & Wechsler, 2000, p. 699).⁷ Furthermore, although the majority of these new smokers are White men, the number of African Americans, adolescents, and women smoking cigars has also reached an all time high.⁸

As a result of this unprecedented growth in popularity, cigar retailers, such as Tullio's, are opening and thriving throughout the United States⁹; periodicals dedicated to the promotion and sales of cigars are flourishing (e.g., *Cigar Aficionado*, *Smoke*, *Tobacco International*, *Cigar Monthly*); fashion models, rock stars, movie actors, and sports celebrities are publicly touting their glamour and sophistication; and cigar bars, cafes, and cigar-tasting parties are ubiquitous in most metropolitan areas across the United States.

This growth in popularity has also generated increased interest by health researchers. Before 1988, cigar-smoking research was virtually ignored by the medical establishment. By 1996, however, the Robert Wood Johnson Foundation; Massachusetts, New York, and California Departments of Public Health; American Cancer Society; NCI; Roswell Park Cancer Institute; and U.S. Surgeon General, David Satcher, began devoting proportionate attention to "America's newest fad."

Faced with this new inundation of varied and diverse research on the subject, the NCI, in collaboration with over 50 scientists both within and outside the Federal Government, created a 247-page monograph systematically reviewing the complete corpus of cigar-smoking research.¹⁰ The following are the most significant conclusions to emerge from this report given the scope and function of this study:

⁷In recent years, the fastest growing segment of the cigar market has been the *premium cigar* category (loosely defined, these are cigars that are hand rolled and imported, cost more than \$3.00 per cigar, and cannot be purchased at your local gas station) in which sales have increased by 154% since 1993. Prior to the 1990s this segment of cigars was responsible for less than 7% of all the cigars sold in the United States (National Cancer Institute, 1998, p. 52). Tullio's is exclusively a premium cigar retailer.

⁸Perhaps most disturbing, adolescent cigar use is becoming increasingly more prevalent. A *Robert Wood Johnson Foundation* national survey reported that 37% of men and 16% of women between the ages of 14 and 19 have smoked a cigar during the previous year. In several states, in fact, cigar use among adolescent men exceeds the use of smokeless tobacco (National Cancer Institute, 1998, p. ii).

⁹The number of retail cigar shops specializing in premium cigars have increased from 2,358 in 1992 to 4,948 in 1996 (Scott, 1997).

¹⁰In a similar attempt to summarize the new growth in cigar-smoking research, the American Cancer Society organized a 1998 conference that reviewed the research conducted by government and private agencies, academia, health educators, and tobacco control experts (see Baker et al., 2000).

1. The risks of cancer to the oral cavity and esophagus are similar among cigarette and cigar smokers ... Regular cigar smoking has also been linked to lung, larynx, and probably cancer of the pancreas (p. 155).

2. On average, cigar smokers are less likely to inhale cigar smoke than are cigarette smokers to inhale cigarette smoke, and this reduced inhalation of tobacco smoke probably explains the lower risks of coronary heart disease, chronic obstructive pulmonary disease, and lung cancer seen among cigar smokers compared to cigarette smokers (p. 155).

3. There is substantial variability in the pH of the tobacco smoke produced by cigars, but most cigars produce smoke that is more alkaline than cigarette smoke. This alkaline pH facilitates nicotine absorption across the oral mucosa and may explain why cigar smokers are less likely to inhale than cigarette smokers (p. 191).

4. Cigar smoke contains the same toxic and carcinogenic compounds identified in cigarette smoke (p. 97).

5. Measurements of the carbon monoxide concentrations at a cigar party in a hall and at a cigar banquet in a restaurant showed carbon monoxide levels comparable to those observed on a crowded California freeway (p. 177).

This increase in the popularity of cigar smoking and the growth of medical research on its harmful effects, however, has not been equitably met by prevention researchers or agencies. In fact, there has not been a single nationally coordinated effort targeting cigar smokers and only a dearth of localized attempts at the state level (e.g., New York, California, and Oregon), each of which primarily targeted adolescent cigar use and relied on tradition PSAs to reach at-risk individuals.¹¹ Consequently, the large majority of the health information received by the public comes from press releases and broadcast news stories summarizing cigar trends and medical research. As the literature on prevention campaigns has asserted, however, traditional dissemination of medical research through news agencies does little to decrease the use of addictive substances (Dervin, 1989, p. 72).

In addition to this lack of funded campaigns and research aimed at preventing or reducing cigar smoking, there are at least five other explanations for cigar's unfettered growth and the medical establishment's inability to affect change: (a) nicotine addiction, (b) the misconceptions that cigar smoking is benign, (c) poorly enforced advertising restrictions, (d) the glamorization of cigars, and (e) group rationalization.

The first, and most obvious, barrier in persuading cigar smokers to quit is nicotine addiction. Contrary to popular belief, cigars can deliver nicotine to the smoker in "concentrations comparable to those delivered by cigarettes and smokeless to-

¹¹With the help of Linda Block and the Center for Disease Control's Media Network representatives, I was able to find only three 30-sec, video-format public service announcements (produced for Massachusetts, New Mexico, and California) and some modest programming efforts by Oregon and New York. Kentucky has done nothing.

bacco" (Jasinski, Johnson, & Henningfield, 1984, p. 297). In fact, the "amount of nicotine available as free, unprotonated nicotine is generally higher in cigars than in cigarettes due to the higher pH of cigar smoke." This free nicotine is "readily absorbed across the oral mucosa," and may be one explanation for why cigar smokers are less likely to inhale than cigarette smokers (NCI, 1998, p. 97). The addictive potential of cigar smoking, however, seems to be lower than that of cigarette smoking (Gerlach et al., 1998). This difference appears to be related to the large number of cigar users who define themselves as "occasional" or "special event" (celebrations and important outings) smokers, rather than a difference in the composition of the smoke" (NCI, 1998, p. 97).¹²

Second, the general misconception that cigar smoking is less harmful than cigarette smoking also seems to play a role in prevention efforts. Kirchner (1999, p. 2672) cited that the "perception that cigars are less harmful than cigarettes" serves not only as an incentive for individuals to start smoking cigars, but also as a significant barrier in persuading users to quit. The primary author of the NCI's (1998) chapter on the marketing and promotion of cigars, asserted that the major source in the perpetuation of this misconception comes from the industry itself. He reported, for example, that *Cigar Aficionado* had waged countercampaigns against the Environmental Protection Agency, Occupational Safety and Health Administration, Centers for Disease Control, and American Cancer Society for their "new prohibition" and "scare tactics" aimed at an overtrusting American public (pp. 205–206).

A third barrier in prevention efforts is the lack of restrictions on cigar advertising. The advertising and promotion of cigarette and smokeless tobacco products have been restricted through voluntary measures since 1965. "These codes have a number of provisions, such as prohibiting models in ads who appear to be under the age of 25, not to associate smoking with glamour, physical fitness, or wealth, and not to place brand-name tobacco products in movies" (NCI, 1998, p. 225). Interestingly, however, cigar manufacturers' advertisements and promotions have not adhered to those voluntary codes. If the codes were strictly applied to cigar advertising, asserted Falit (1997), current cigar advertising and promotion would be severely restricted.

A fourth, but related, barrier is the "recent marketing efforts that have promoted cigars as symbols of a luxuriant and successful lifestyle" (Altman, Levinse, Coeytaux, Slade, & Jaffe, 1996). Cigars are presented as (a) "lavish, even outrageous, luxuries and indulgences" that (b) often evoke a "romantic vision of prerevolutionary Cuba" and that (c) are necessary props for every stud or playboy (NCI, 1998, pp. 198–217). Adding to this glamorization, sports heroes, women super models, pop icons, and movie megastars have lent their names and reputa-

¹²This finding stands in stark contrast to the large number of cigarette smokers who define themselves as "frequent" or "everyday" users.

tions to support this increasingly popular cultural image. Michael Jordan, Madonna, Demi Moore, Elle Macpherson, Arnold Schwarzenegger, Mario Lemieux, Bill Cosby, Mel Gibson, David Letterman, Jack Nicholson, Denzel Washington, and Chuck Norris, to name only a few, have all openly flaunted their passion for cigar smoking.

A final barrier, and perhaps the most relevant to this study, is the power of at-risk groups to collectively rationalize their risk-taking behavior. In the case of the men at Tullio's, their collective rationalization produces a linguistic defense shield that protects them from antismoking messages. Surprisingly, however, this seemingly common phenomenon within peer groups has been completely ignored by prevention researchers, regardless of their focus (e.g., cigarettes, sex, drugs, alcohol).¹³ It is hoped, therefore, that this study will both illuminate the serious threat group rationalization poses for prevention efforts, and invite further investigation into the study of this phenomenon.

METHOD

This study employed ethnographic methods of data gathering. As Nick Trujillo (1992) asserted, "ethnographic methods require researchers to immerse themselves in the field for an extended period of time in order to gain a detailed understanding of how members interpret their culture" (p. 352). The data presented in this study were collected using participant observation and interviewing over a 3-year period (September 1997–June 2000) that, in total, entailed over 600 hr of fieldwork.

Before I became an ethnographer studying the regulars at Tullio's, however, I was first a "Tullio's regular." This position allowed me a privileged opportunity to become a trusted participant observer with unlimited access to the shop's rituals, conversations, self-disclosures, arguments, parties, and weekend outings.¹⁴ The men in the shop freely shared their professional and private lives with me, expecting only to be treated fairly and respectfully in the finished monograph.¹⁵ My close relationships with the regulars, however, were always tempered by my concern as

¹³This void in the corpus of prevention research, however, is understandable given the limited access most researchers have to at-risk peer groups and the spontaneous creation, development, and application of their collective rationalizations.

¹⁴A *participant observer* "attempts to become a full-fledged member of the cultural group in order to understand how it influences its members" (Frey, Botan, Friedman, & Kreps, 1991, p. 238). As Bogdan and Taylor (1975) explained, *participant observation* refers to "research characterized by a period of intense social interaction between the researcher and the subjects, in the milieu of the latter" (p. 5).

¹⁵One specific step that I adopted during the 3 years of this project to ensure that my research goals would not interfere with the natural development of the group rationalization process was to remove myself as a participant from any conversation dealing with the health issues of cigar smoking.

a researcher of "losing the ability to separate myself objectively from the situation" (Frey, Botan, Friedman, & Kreps, 1991, p. 238).¹⁶ In the end, however, I was confident that neither my friendships with the regulars nor this project's academic integrity were jeopardized by my dual roles as participant and observer, friend and researcher.¹⁷

During the 3 years, I spent an average of 2 days per week and 2 hr per visit at Tullio's. Aside from the observational time I spent in the cigar shop during official store hours, I was also the percussionist for the cigar shop's rock band, "Up In Smoke." The band rehearses every Tuesday night (after the store closes) in Tullio's basement. The band consists of seven regulars from the shop with varying degrees of musical expertise. The majority of the band's "gigs" are private parties given by other regulars. As one can imagine, cigar smoke and cigar talk are always key ingredients at both gatherings.

Before beginning this project, I received consent from both the store owner, James, and the regulars who would be observed and interviewed. The regulars in the cigar shop were informed that I was undertaking a project that would "analyze the ways in which they constructed counterarguments to address the medical establishment's antismoking messages." Much to my surprise, all were overwhelmingly enthusiastic. They were as excited to participate in a research project that, according to a regular named Bob, "would treat smokers fairly," as they were to have their story in print.

All regulars who were observed supplied oral consent in the presence of the store's proprietor. In addition, those who were also interviewed were asked to sign an informed consent form. Both groups were informed that their identities would not be disclosed and that any references to their identities that would compromise their anonymity would be removed prior to the completion of the article.

During observation sessions of this project, I adopted three specific practices that enabled me to capture more detail and accuracy of the interactions. First, I took extensive field notes in the shop that reconstructed our verbatim conversations. Although this activity was reported to be conspicuous during the 1st week, my presence with my notebook over the subsequent 3 years became an established and welcomed expectation. Second, I recorded many of our more lengthy exchanges on a portable tape recorder that I had left at Tullio's for such occasions. This, similar to my note taking, also became expected and humorously tolerated. Finally, I dictated descriptions of significant events or dialogues into a portable tape recorder on my way home after especially active discussion days.

¹⁶This phenomenon, termed by Frey, Botan, Friedman, & Kreps (1991) as "going native," refers to "researchers who become so close to the people they are studying that they begin to ignore or deny unpleasant or unethical aspects of their behavior" (p. 238).

¹⁷Other ethnographic research that has employed similar methodology include Ritti and Silver (1986), Crawford (1986), Philipsen (1975), and Van Maanen (1988).

Along with the copious field notes that were taken over this 3-year period, I also conducted 20 audiotaped interviews that specifically focused on health-related issues of cigar smoking. Although the regulars at Tullio's are a fairly homogenized group of men, I attempted to balance the age, class, occupation, and seniority of the interviewees. These observational and interviewing sessions complied with the academic and moral guidelines established by Agar (1986), Fetterman (1989), Spradley (1979), and other ethnographic researchers.

After all the field notes and interviews were transcribed, statements dealing with health issues of cigar smoking were organized by their dominant arguments. The overwhelming majority of such statements took the form of prosmoking arguments aimed at refuting antismoking assertions. These prosmoking arguments were clustered around six dominant arguments, which are detailed later.¹⁸

THEORETICAL FRAMEWORK

Oetting and Beauvais's (1986, 1987) Peer Cluster Theory supplied a congruous perspective for the analysis of the cigar shop's collectively created, and jointly shared, prosmoking arguments.¹⁹ The application of their theory to this project can best be understood by detailing two assumptions in their work about human interaction and communication.

The first assumption of the Peer Cluster Theory is that communication creates psychological reality rather than corresponding to it. As Cassirer (1946) asserted, "symbolic forms are not imitations, but organs of reality, since it is solely by their agency that anything real becomes an object for intellectual apprehension, and as such is made visible to us" (p. 8). More than 2 decades later, Scott (1967) introduced this idea into mainstream communication research by arguing that, "Insofar as we can say that there is truth in human affairs, it ... [is] the result of a process of interaction at a given moment." Thus communication "may be viewed not as a matter of giving effectiveness to truth but of creating truth ... Rhetoric is epistemic" (pp. 9-17). Consequently, language constructs our understanding of

¹⁸To help clarify the terms that will be used in this article, the word *argument* is used in its traditional sense to mean the presentation of a case through reasoned, strategic language aimed at persuasion. Within larger, more developed arguments, however, one may find many types of support (narratives—stories, statistics, testimony, etc.) used to strengthen an argument's persuasiveness. Consequently, when I mention the chaining out of *stories*, or the use of *narratives*, I refer to parts of larger arguments that serve to augment and bolster its impact and influence.

¹⁹In recent years, Oetting and his colleagues expanded their research on peer clusters by placing them within a larger social context. This larger, more encompassing research project has been labeled the *Primary Socialization Theory*. For the purpose of this ethnography, however, Oetting's original Peer Cluster Theory is most appropriate. For more on Primary Socialization Theory see Oetting (1999) and Oetting and Donnermeyer (1998).

family, love, hate, individuality, freedom, liberty, democracy, and modern medicine. It dictates our tastes in food, clothing, art, music, architecture, literature, the erotic, and cigars. Such ideas, therefore, are not universal a priori truths, but emerge within a particular social context, influenced by politics, economics, culture, and peer groups.

A second assumption of the Peer Cluster Theory is that not only do symbols create reality for individuals, but these individual realities converge with each other during social interactions, creating a shared reality for the participants. For Bormann (1983), a rhetorical scholar who theorized on a similar convergence during the creation of group fantasies, this *chaining out* process occurs when "two or more private symbolic worlds incline towards each other," and merges "them more closely together," and, at times, "even overlaps [them] during certain processes of communication" (p. 102). This process is engendered when "a small group of people with similar individual psychodynamics meet to discuss a common preoccupation or problem" (Bormann, 1972, p. 400). A collective narrative begins to emerge, according to Bormann (1972), when a member of that group "dramatizes a theme that catches the group and causes it to chain out because it hits a common psychodynamic chord of their common difficulties" (p. 400). For Oetting, Spooner, Beauvais, and Banning (1991), this convergence of shared realities most acutely takes place within the context of peer groups.²⁰ In such situations, the members of a peer group mutually affect each other by agreeing on decisions, coordinating behavior, and encouraging and discouraging certain types of activities. Consequently, each member of the peer group is as much a persuader as he or she is persuaded. Oetting et al. expanded on this symbiotic relationship:

Peer Cluster Theory alters the concept of peer pressure. The vision of the "evil stranger" forcing drugs on the "innocent youth" is one that appeals to the Norman Rockwell in us, but it does not match reality. In the real world, it is not the anonymous pusher who introduces drugs, it is the child's best friend who suggests and initiates everything ... And every child is as much a "pusher" as a "pushee." When adolescents insist, "I am NOT subject to peer pressure!" they are not lying. They know that the peer cluster is a true mutual society. (pp. 240-241)

These collectively created arguments, however, do more than just justify deviant behavior; "they are a way for people to capture and relate their experiences in the world." Such arguments, wrote Hollihan and Riley (1987), "respond to peo-

²⁰Oetting Spooner, Beauvais, and Banning (1991) developed the Peer Cluster Theory during their examination of teenage drug use. The theory has not been previously applied to adult peer groups. They were quite explicit in claiming that "Peer cluster theory is a theory about adolescent drug use, about those years when drug use is initiated and when it evolves. It is not a theory about adult addicts or alcoholics" (p. 240).

ple's sense of reason and emotion, to their intellects and imagination, to the facts as they perceived them, and to their values" (p. 15).

In short, therefore, people search for, and unwittingly construct, "stories which justify their efforts and resolve the tensions and problems in their lives, and desire stories that resolve their dissonance and are psychologically satisfying" (Hollihan & Riley, 1987, p. 15). However, as Oetting et al. (1991), Bormann (1972, 1983), and Hollihan and Riley (1987) all recognized, not everyone participates in the same storyline. Indeed, those that do not share the same story, whose life experiences demand different types of stories, may view such convergence as "mere rationalizations" (Hollihan & Riley, 1987, p. 15). Such judgments, however, miss the very nature of the storytelling process: All human understanding of reality is constructed and mediated through symbolic interaction. Some stories (ours) just appear to be natural and absolute, whereas others' stories (theirs) appear to be constructed and relative.

THE CREATION AND CONVERGENCE PROCESS

For the regulars at Tullio's, their jointly created and converged rationalities supply them with an alternative ontology to "mainstream" health information. Their collective reality antithetically frames (a) cigar smoking as a benign hobby—not a life-threatening habit; (b) the medical establishment as over reactionary and poorly informed; (c) the general public as antismoking tyrants who have been duped into believing the misinformation given to them; (d) the regulars, including themselves, as uniquely enlightened about the "true" health risks of smoking; and (e) the political and social milieu as oppressive and persecutorial toward cigar smokers.

The existence of such collectively constructed realities was aptly theorized by Oetting and his associates (1986, 1987) in their Peer Cluster Theory. The question left unanswered by these scholars, however, is how this rationalizing process occurs in real time. At best, we have Bales' (1970) description of how group members "fantasize" or "dramatize" in problem-solving discussions.²¹ He observed that

the tempo of the conversation would pick up. People would grow excited, interrupt one another, blush, laugh, forget their self-consciousness. The tone of the meeting, often quite and tense immediately prior to the dramatizing, would become lively, animated, and boisterous. (p. 140)

²¹Bormann (1972) paid homage to Bales' (1970) ground-breaking research with small groups. Bales "provided the key part to the puzzle when he discovered the dynamic process of group fantasizing" (p. 396). It was this key element that engendered Bormann's Fantasy Theme research of the 1970s.

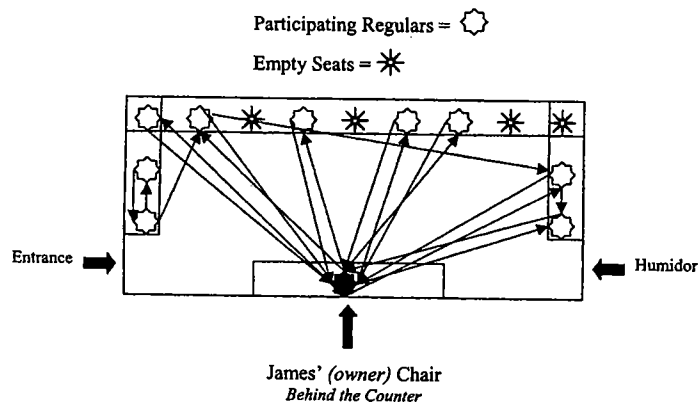


FIGURE 1 Representative networking diagram of a prosmoking discussion (July 12, 1999, 3:00–3:20 p.m.).

The regulars at Tullio's, however, do not "grow excited" or "blush" and "laugh" as their arguments converge. In fact, their discussions, at first glance, look much like normal, peer-group conversations. Through prolonged observation, however, a unique, formulaic pattern emerges.

The process of creation and convergence typically begins when the group is confronted with a health report or antismoking comment. Such antecedents are often introduced by the local paper, the national news, or regulars. In reaction to such claims, James will typically engender one of the six recurring prosmoking counterarguments (discussed in following section). Next, one of the regulars will assume control of the argument and develop it further before passing it back to James. James, in turn, validates the addition or augmentation of the previous statement and then passes it on to the next willing narrator. As this process evolves, James' role as gatekeeper and validator becomes less obvious. He no longer overtly confirms each utterance before the argument is passed to the next patron. There is still a clear understanding that James is orchestrating the discussion's flow and duration. His tacit agreement and nonverbal feedback is always monitored by the regulars (see Figure 1). This process continues until the discussion runs its natural course, or is unnaturally disrupted by a phone call, customer, or newly arriving regular with "hot gossip."

Following is a transcribed segment of a typical conversation from July 12, 1999 that illustrates this chaining out process. The antecedents to James' initial sortie was a tongue-and-cheek statement, made by a 50-year-old regular named David, as he lit his first cigar of the day. In response, James selected one of the six prosmoking rebuttals, the "life-is-dangerous" argument, to reestablish cognitive balance to the shop:

David: [Striking a match] These things are taking years off my life.

James: Nonsense! There're people every day living into their 90s who have been smoking cigars their whole life. Look at Milton Berle and George Burns for God's sake. It's the other stuff in life that will get you ... drinking, and stress, air pollution, grilling out, and cutting your grass. Did you know that walking behind your lawn mower and breathing in all that carbon monoxide is equal to smoking something like a hundred packs of cigarettes?

Mark: There was this professor at the university who was strongly against any type of smoke. He was very health oriented. He rode his bike everywhere. Died of lung cancer. Never smoked a day in his life. And that is the truth, too.

James: Happens like that all the time. You go to the gym only to be killed on the ride home.

Alex: Or being baked to death in the sauna [laughter].

Larry: When you say a million people die of lung cancer you have to ask yourself, how many would have died regardless of whether they smoked or not. Who knows what factors in their lives gave them that cancer. It is like what James said, it could have been from cutting the fucking grass or breathing car fumes.

James: How about these people who are health nuts that will live no longer than you or me. Or that runner, you know the marathon guy, who died of heart failure.

Larry: Right. I bet you George Burns never ran a day in his life.

Alex: Except to grab a cigar or martini [laughter].

James: Ask a parent who lost a kid—would you rather have your 16-year-old son back who died in a car wreck or have a kid who smokes two packs a day, but lives into old age. Cars kill a hundred ... a thousand ... a million times more kids than tobacco could ever kill.

Larry: What about Robert's son?²² What a waste.

Mark: There was this old man who lived near me—he invented a headache powder. He smoked two packs a day and lived until he was 103. His son who never smoked a day in his life—fell out of a window.

James: That's right.

Michael: A local family, Mr. Blush, died almost at 101. He smoked cigars almost all his life. Towards the end, he was only allowed to chew on them. But that was once he turned 95. He died and it had nothing to do with cigars. He was almost 101 and just died.

James: My aunt smoked Vice Roy cigarettes until she was like 94. She fell in the bath tub and broke her hip and died of complications.

²²Robert is a regular whose son died in a car accident on his 16th birthday. This tragedy is often raised when premature or unexpected deaths are discussed within the life-is-dangerous argument.

This conversation continued for the next 30 min, developing in much the same manner. David, the man who made the first incendiary comment, even joined the process and remarked that, "getting out of bed every morning is a health risk." Fittingly, James concluded by confirming David's assertion with the standard, "You got it."

Throughout the course of such interactions, regulars weave their rationalizing arguments together to form a common reality about their lives as smokers, for example, all of life is a health risk, so there is no point in worrying about something as insignificant as cigars. Individual statements become part of the shared vocabulary and consciousness of the group. As Bormann (1983) put it, the "private symbolic worlds" of individuals who share a common problem "incline towards each other ... and overlap" (p. 102). Not all statements, however, incline toward each other to become part of the collective story. In the case of the previous exchange, for instance, most of the statements derived from previously crafted and converged *topio*, a myriad of which have been part of the group's vocabulary for years (e.g., James' Milton Berle and George Burns reference or Mark and Michael's I-know-old-men-who-smoke examples). Other statements simply served to confirm, satirize, support, question, or add humor to the discussion (e.g., Alex's jokes or James and Larry's affirmations). However, on rare occasions, utterances—if they "hit a common psychodynamic chord" in the hearts and minds of the collective—can potentially become new addenda to the shared rhetorical canon (Bormann, 1972, p. 400).²³ The lawn mower argument, for instance, has begun to diffuse throughout the shop and into the life-is-dangerous argument. In recent months, it has been used on at least five separate occasions by four different regulars. Although it is too early to conclude that the motif has made the transition from individual utterance to group argument, it certainly shows signs of such an evolution.

At a more general level, this convergence process at Tullio's has collectively produced six recurring prosmoking arguments. These six arguments not only dominated group discussions, they also were present in 90% of the interviews (or 18 of the 20), with 100% of the interviewees citing at least five of the six arguments in rebuking antismoking "attacks." In many cases, regulars even supplied identical examples, testimony, and statistics as support for these six rebuttals. The prosmoking arguments of the regulars, therefore, should be seen not as isolated creations outside the influence of their peer group, but as collective creations crafted through social interaction in which meaning is shared and cooperatively constructed.

Four additional observations about the group's argument creation and convergence will help supply a thicker description of the chaining out process. First, throughout the course of this project, there was rarely any overt mention in group

²³Bormann has termed this process as moving from "fantasy type" to "fantasy theme."

discussions of James' controlling role. During the interviews, however, regulars often described James as "the quarterback," "the captain," "the president," and "the big cheese." He, at times, has even humorously referred to himself as "the grand pooh bah" of the shop. This power to steer, alter, lead, and direct conversation, however, does not solely come by virtue of his proprietorship of Tullio's. James is also a very gregarious and outgoing individual. His strong, domineering personality tends to place him at the center of most interaction, regardless of location. Along with being extroverted, he is also the most passionate about antismoking campaigns and what he sees as "the tyranny of nonsmokers." His fervor seems to invite the earliest and most aggressive rebuttals during such conversations. Finally, the physical layout of the store directs the natural flow of conversation toward James. He is placed behind the main counter in an elevated chair, which patrons humorously refer to as the "throne."²⁴ This physical placement, much like the placement of a teacher in a traditional classroom, allows James to see his patrons, and vice versa, but does not facilitate open lines of interaction between fellow regulars. Subsequently, most conversations must go through James before they can be redistributed back into the patron's seating area (see Figure 1).

It is also interesting to note the protocol for "passing off" and "taking control" of the argument. It is expected that whoever inherits the story, even if it is James, will acknowledge and validate the previous additions and augmentations. Remarkably, given the very opinionated nature of these conversations and of the regulars, there is rarely a contraction, rebuttal, or nonsupportive response uttered. This not only creates a supportive climate for the narrators, it also affords a great deal of freedom in the story-telling process. Weak ideas are eventually weeded out through the lack of repetition and convergence, but this abrogating process is done so gradually that it is never obvious or insulting to the contributors.

A third finding worthy of note is how often the same six prosmoking arguments are discussed. It is not uncommon to hear, and participate in, the creation and convergence of these six arguments on a weekly basis. Indeed, with the exception of college basketball, no other single topic dominates discussions as much as prosmoking arguments. The argument that "smoking in moderation" poses no serious health risk, for example, has been an argument that I have heard chained out on over 15 different occasions. Nonetheless, the story telling continues, undaunted by repetition or the lack of originality, week after week, year after year. At a practical level, the repetitiveness of this linguistic dance accomplishes some important outcomes. First, it serves to strengthen the six recurring arguments. The more the storylines are repeated, the greater opportunity there is for regulars to abolish weaker assertions, reinforce existing ideas, and test the feasibility of possible addi-

²⁴The placement of the furniture in the shop is dictated by practical matter of space and accessibility, and not the owner's desire to control conversation or attention.

tions. Second, it allows all regulars, despite their visiting schedule, an opportunity to claim some ownership of the collective argument. Whether one visits Tullio's on Friday evenings or on Tuesday mornings, there is a high probability that all will encounter the same six arguments being retold, recast, and refined. Third, it aids in the retention and application of the arguments. The more the regulars participate in prosmoking discussions, the easier it will be for them to recall, access, and employ the appropriate argument given the antismoking exigency. Fourth, it facilitates group convergence and internalization. As Oetting and Beauvais (1986, 1987) discussed, the more time a peer group spends with each other, the greater chance there is for the creation and convergence of group arguments.

Finally, there seems to be little awareness by regulars about their participation in the collective creation and convergence of their arguments. When the regulars were interviewed in isolation about the risks of cigar smoking, each reiterated the same six counterarguments. However, when asked about the invention process of their arguments, most (80% or 16 of the 20) interviewees responded that their arguments were developed privately, using nothing but their own critical thinking. These people were unaware, or unwilling to admit, that the group had any impact on their prosmoking arguments, or, for that matter, that they impacted on anyone else's arguments.²⁵ As John said, "we are a bunch a bright guys in here, we can figure it out for ourselves." The following section will analyze these six recurring prosmoking arguments that have been latently crafted and converged by the regulars at the shop.

THE SIX RECURRING PROSMOKING ARGUMENTS

Throughout the 3 years of this study, I observed approximately 30 regulars collectively create, refine, and share six recurring prosmoking arguments. These arguments punctuated both real-time interactions and isolated interviews. Working within these larger arguments, however, regulars often customized their positions to fit their individual lives (i.e., smoking habits, degree of anxiety over smoking, educational level, age, and seniority at the shop). The primary function of these arguments was to inoculate regulars from the potential dissonance-causing and anxiety-creating effects of antismoking messages. The six collectively crafted prosmoking arguments are (a) all-things-in-moderation argument, (b) health-bene-

²⁵Another possible explanation of why these men did not acknowledge the influence of others on the construction of their prosmoking arguments could come from cultural forces outside the shop. Multicultural and gender research on the communication styles of American men both assert that there is a very strong notion of "individuality" and "independence" in the ideological, normative messages they receive from their dominant culture. As a result, to admit that they were influenced by other men could be perceived by them as admitting to weakness or dependence.

fits argument, (c) cigars-are-not-cigarettes argument, (d) flawed-research argument, (e) life-is-dangerous argument, and (f) the Greg argument.

All-Things-In-Moderation Argument

One of the most popular and recurring prosmoking arguments discussed in the shop is the all-things-in-moderation argument. As George, a 36-year-old regular stated, "Anything in moderation is not going to hurt you." It is only when people smoke to excess that "they have a problem." Within this larger storyline, however, regulars often adapted their arguments to accommodate their specific smoking habits and lifestyles.

Some of the regulars, for instance, use the variables of time or place to frame their ideas of moderation. For Larry, who smokes 25 to 30 cigars per week, reducing his cigar smoking on Sundays (the only day that Tullio's is closed) allows him to conceive of himself as a moderate smoker. "If I smoked cigars constantly, seven days a week, had one in my mouth all the time, I would worry about it. But on most Sundays, I will not smoke at all." Similarly, Rod sees himself as a moderate smoker because he does not smoke at work or at home. "The only time I light up," he says, "is when I am in here. That is pretty damn moderate." And still another regular, Vic, claims that since the purchase of his new car, he no longer smokes while on the road, "If I was not a moderate smoker before, I sure am now." Although on long trips, he admits, "I may sneak one or two cigars."

Regulars also rely on comparisons and contrasts to lend support to their moderation thesis. Mark, who smokes 15 to 20 cigars per week, finds a helpful comparison in the "research I [he] read on alcohol and health." People simply need to "limit their cigars. It is just like a few drinks a day. You are not supposed to drink a fifth of whisky a day, but if you have two or three drinks a day they have actually proven that to be beneficial." Similarly, Jim, influenced by the same shared storyline, mentions a "60 Minutes piece on wine that showed that two glasses a day is good for your heart." Moderation, he continued, "is the key for everything. As long as you only smoke two a day, you are not going to have any problems." Lewis, a 60-year-old insurance salesperson, supports his idea of moderate smoking by contrasting "the man who ran 20 miles a day and his doctor told him he was killing himself with too much exercising." The moral being, as he would explain, "anything, even health, out of moderation is bad."

A significant number of regulars also supported their belief in moderation by ironically utilizing the medical establishment—the same institution they discredit in other arguments (see flawed-research argument following). In fact, 6 of the 20 interviewees reported that their doctors gave consent to their "moderate" cigar smoking. Mark recalls his doctor telling him that his smoking "is not enough to worry about"; Bob's doctor reportedly told him that "anything in moderation is

fine." Paul, Mitchell, Peter, and John also reported similar encounters with their doctors, using, in many instances, similar description of their visits and the advice received; "As long as you don't abuse smoking, a few cigars are not going to hurt you."

By adopting moderation as a basic guideline for smoking, the regulars create a defensive shield against what they see as the medical establishment's blanketing claim that "all smoking is dangerous" and its overgeneralization of individual smoking habits. However, perhaps the most fascinating aspect of this collective discussion was what went unsaid. Regulars rarely defined what constituted "moderate smoking" in public exchanges. In fact, only once in the 3 years of this project did I ever hear an exact number or a concrete definition of what constitutes a heavy or excessive smoker. Functionally, this ambiguity allows the regulars, who vary in their smoking habits, to customize the argument to fit their individual smoking lifestyles, share in their common and collectively crafted argument, and avoid excluding or insulting other regulars who are heavier smokers.

In private, however, these men were much more willing to clearly demarcate between moderation and excess. In every case, "excess" was defined as 2 to 3 cigars more than what the interviewee presently smoked. For instance, Alex smokes 3 cigars a week, but claimed that "smoking 6 per week is excessive." Ray, who smokes 6 to 8 cigars per week cited 10 to 12 cigars as being "too many for health reasons." Even James, who, by everybody's private definition is excessive, claimed to be a moderate smoker. From his perspective, it is John (a customer that buys a box of cigars a week, but who is not a regular), who smokes 10 cigars a day, who is excessive. "See, those are the guys," James explains, "that are susceptible to mouth cancer."

Health-Benefits Argument

A second recurring argument crafted by the regulars highlights the health benefits of cigar smoking. Contrary to medical research, these men believe that there are actually health reasons to smoke. This is one area, James reminds his regulars, that is "never considered in their research about smoking." Specifically, for the men of the shop, the single greatest benefit of cigar smoking is stress reduction.²⁶

²⁶Although stress reduction was the only benefit collectively cited, there were other health advantages mentioned during the interviewing process. Dave reported that nicotine actually has an "anti-aging element" in it that makes smokers look younger. Rob reported that nicotine "helps you when you are nervous and it gets you alert when you are sleepy." Charles claimed that it was cigars that reduced his "high blood pressure" when other medications could not. These benefits, however, never became part of the larger, collective argument shared by the regulars.

This argument is most often articulated by regulars sharing personal testimony about the stress-reducing power of cigars and the shop. Lewis, for instance, tells fellow regulars that "after a hard day on the road traveling, a good cigar is the only thing that keeps me from exploding." It "has this calming effect on me that makes all the stress and tension of my life leave." Rob, a 53-year-old salesperson, reports that when he is "nervous and uptight," he comes to the shop for a similar type of therapy. "I am kind of a hyper guy anyway. I need something to cool me down. That is probably why I smoke." Derk, drawing on the same converged argument, similarly cites the calming effects of smoking on his life, "It gives me a chance to sit here when I have a high-stress day to think things over; it is a quieter time." He admits, however, that he does not know "if it is escapism, but it gives me time to get away and relieve stress, so that is a good thing."

Other regulars admit to the hazards of smoke, but view the benefits of stress reduction as a sound medical trade off. Phil, for instance, acknowledges that "spending so much time in Tullio's is harmful," but believes that "stress will kill you a lot quicker ... I'll choose to die from cancer in my 80s, than to die from stress in my 60s." Charles, a long time regular, conceives of the decision to smoke in similar terms:

It is an offset. That danger is no different than stress. I can have a real stressful day, smoke a cigar in here and unwind. 'Cause you don't really think about anything when you are smoking a cigar. It is a trade off. So what I lose in smoking I more than make up in relaxation. To me, stress wears and tears on your body a whole lot quicker, harder, and faster than a cigar.

Finally, many draw on medical testimony to strengthen their claims. Douglas often tells the regulars that his personal physician "condones" his smoking. "In fact, he encourages me to come in here and relax and smoke a cigar. He says it is the best thing I can do." Danny, another long-time regular, affirms Douglas' claim and tells of his "friends who are physicians" that also support his moderate smoking for the sake of stress reduction. The granddaddy of all medical testimony, however, came from the now legendary 1995 encounter with Dr. Jones, a visitor to the shop and heart surgeon. As the story is retold, Jones was asked by a nervous customer whether smoking is dangerous. He responded by testifying to the therapeutic powers of cigar smoking: "I've been on duty for the last 36 hours, and this is the most relaxed I have felt in days." As he "blew out a big mouthful of smoke," he rhetorically asked, "Now how can that be bad for you?" Because of the credibility of the source, and the uncomplicated, nonjargon based nature of his response, this story was retold by every long-term regular that I interviewed. To this day, it remains the first, and the definitive, example supplied by the regulars when the salubrious nature of smoking is discussed.

Through the process of collective convergence, regulars create and share an argument that details the benefits derived from smoking. Closer scrutiny to the discourse, however, reveals that regulars perceive the health benefits coming from the act of "sitting in Tullio's with friends," and not the act of smoking itself. In every case in which "stress reduction" was mentioned, the context of the act was crucial to the argument. No one claimed, for instance, that smoking at work, home, or in the car served the same function. It was only at the shop that "stress reduction" took place. The context is so important to the act of smoking, in fact, that all but 1 of the 20 interviewees said that they would smoke less if it were not for Tullio's; 6 reported that they would probably not smoke at all. What is not found in the discussion, however, is the acknowledgment of the irony that the same place that serves to reduce stress also facilitates their smoking. Then again, such acknowledgment may serve to only increase stress.

Cigars-Are-Not-Cigarettes Argument

A third strategy crafted by the regulars to counter antismoking messages is the contrasting of cigar and cigarette smoking. With this argument, regulars grant that the medical research on the harmful effects of cigarette smoking is valid and well supported. What they argue as invalid and poorly supported are the perceived inferences drawn by the medical establishment that cigar and cigarette smoking are similar, and thus equally dangerous. Specifically, the regulars point out that cigarette smokers smoke more often, use a tobacco product that is impure, and inhale.

The first major difference highlighted by the regulars is that cigarette users smoke more often than cigar users. Bob, as an ex-cigarette smoker, testifies that when he smoked cigarettes, he had "one in my mouth from the time I woke up to the time I went to bed." He was up to "two packs a day, every day." After he quit cigarettes and "took up cigars" he now smokes only "a few hours every day; not before 12:00 noon and not after 7:00 p.m. when Tullio's closes." Roy, a carpenter and builder, tells of the men on his work site that smoke "all day long. Those guys have one hanging out of their mouth every time I look over there." In contrast, he claims that he does not "light up until work is finished." In a worried tone, he tells me that "those guys are killing themselves." For James, Frank, Derk, and Robert, it is not the amount of time spent smoking, but the number of units smoked per day that becomes important. "Can you imagine," Frank asked, "if we were smoking 40 cigars a day?" Derk wonders "why more cigarette smokers don't have cancer. You can't go through 30 of those things a day and not be affected." For Robert it is what "makes one a hobby and the other a bad habit. Hobbies don't kill you, 30 bad habits a day will."

The "spiking" of cigarettes with additives and chemicals is another key difference discussed. Thomas, a 37-year-old financial advisor, recalls "all those stories

that came out during the court case in Florida that found that cigarettes are injected with higher doses of nicotine to make you addicted quicker." Similarly Luther, soon after the Florida case was decided in favor of the state, expressed his disgust with the cigarette manufacturers. Cigarettes have "always been questionable. You can smell and taste the chemicals and impurities in them. I for one," he concluded, "am not surprised in the least that those things are stepped on." On another day, prompted by a *60 Minutes* news report on the tobacco industry, a group of regulars discussed the industrial factories that make the cigarettes and the chemical engineers they employ.

Frank: God only knows what they do with those things.

William: I know what they do with them, they make dirt tobacco taste tolerable and spike it with preservatives to give it a longer shelf life.

Roy: I heard that they put embalming fluid, or something like it, in the cigarettes. It is suppose to increase your cravings for them. Remember that whole Florida thing?

William: I remember it. You're right.

Bill: Hell, that whole Florida case put a panic in everybody's lives.

Frank: I heard that they boost the nicotine level.

William: They don't care about their product. I bet you will find paper, rat shit, finger nails, you name it, mixed in with that cheap tobacco. People have no idea what they are smoking. At least when I light up, I know what I am getting.

James: I have seen pictures, talked to representatives, have gone to tobacco shows. I know how these things are made [he holds up his cigar]. What I sell are made in small, open-aired shops where rollers take care in their product. The tobacco comes from the field, is dried, and goes straight to the rollers. There is no time, or need, to wreck them with additives and chemicals.

Roy: You ever smoke one of those cheap gas-station-brand cigars? You can taste all the crap they put in those. Those chemicals will kill you faster than anything.

A final contrast used to differentiate cigarettes from cigars is the act of inhaling. Of the 19 interviewees who discussed the cigarette argument, 18 stressed that cigarette smokers inhale, whereas cigar smokers taste and smell.²⁷ Subsequently, cigar smokers not only pride themselves on having a refined palate (much like wine aficionados), they also believe they are much healthier. Daniel, for example, sees

²⁷The smoke from a cigar is much heavier and denser making inhaling an unenjoyable, if not painful, experience.

"cigarette smoking as more insidious, addictive, and dangerous because of the intention to inhale." Larry, a 50-year-old insurance adjuster, claims that he quit "smoking cigarettes because the inhaling was killing me." He recalls going to the doctor with constant "lung congestion." Since he switched to cigars, however, he has "never had any problem with breathing or my [his] lungs." For Rod, influenced by the same converged storyline, cigarette smoking "has always been out of the question." He remembers "trying it once at 22" but has not tried it since: "I hated the inhaling part. I would not inhale a cigarette for nothing." Finally, Mark, by equating smoking with inhaling, is able to define himself as a nonsmoker outside of harm's reach:

I really don't consider myself a smoker because I don't smoke cigarettes. I have always justified it that I don't inhale it so that it is not as negative or detrimental to my health. So I justify it in that vein. So I am not actually smoking since I don't inhale.

By contrasting cigarette and cigar smoking, regulars create a cognitive buffer between the established, and reasonably indisputable, research on cigarette smoking and their cigar consumption. The creation of this buffer is achieved by highlighting three key differences between cigarettes and cigars, then asserting that because of these differences, the medical establishment cannot legitimately draw comparisons between the two. However, this collective argument seems to set up the proverbial strawman argument. After reviewing the media's coverage on smoking research, I was unable to find any reports that drew direct comparisons between the medical establishment's findings on cigarette smoke and the harmful effects of cigars.²⁸ What I did find, however, was a separate body of research that specifically focused on the hazards of cigar smoke. In the 10-year period from January, 1990 to January, 2000, the local newspaper published over 60 articles that reported on the health risks of cigars. Although these reports were discussed in the crafting and convergence of other arguments—for example, the flawed-research argument and the life-is-dangerous argument—they were never mentioned during the crafting and convergence of the cigarette argument. By deemphasizing this cigar literature and emphasizing the cigarette research, regulars are able to create a world in which the medical establishment is naive, if not illogical, and their research irrelevant. In the end, the research on cigarette smoking is unexpectedly, and ironically, used to relieve anxiety and guilt about smoking cigars.

²⁸The reason that I reviewed the media's coverage of medical research and not the primary sources themselves is because the men in the cigar shop, like most Americans, receive their health information through secondary sources. Thus, what is actually reported in the *New England Journal of Medicine* is not as important as what the local and national news says is reported in the *New England Journal of Medicine*.

Flawed-Research Argument

In the fourth recurring argument crafted and converged at Tullio's, regulars acknowledge the existence of research on cigar smoking (unlike the cigarette argument), but discount its findings due to flaws in its assumptions, methods, and conclusions. The two recurring weaknesses highlighted by the regulars focus on the lack of sufficient research and the ephemeral nature of scientific findings.

One firmly held belief at the shop is that, until very recently, cigar smoking has been overlooked by the medical establishment. Subsequently, the limited research that has been produced in the last 10 years is seen as too insufficient to draw any conclusive findings. To highlight this perceived void, regulars will often contrast the lack of cigar research with the abundance of cigarette research. Gordon, a 64-year-old horse trainer, for example, "just doesn't see any overwhelming evidence" that cigar smoking "is going to bring us to a quicker demise than anything else." This "cigar trend is so new—all they [the medical establishment] have done is test cigarettes." Will, a 53-year-old insurance agent, does not remember, "until a couple of years ago, hearing anything that it [cigar smoking] was detrimental to your health." In fact, he claims, that is why he "started smoking cigars and not cigarettes." Similarly, Aaron claims he "has not seen enough studies" to tell him "whether cigar smoking is as bad as cigarettes." And until there is enough evidence, Aaron angrily asserts, he "will not stop smoking based on medical hunches."

The perceived lack of significant research on cigar smoking, however, is not the only argument used to critique the medical establishment. The regulars also find great utility in the ephemeral and dynamic nature of scientific findings. For many at the shop, the medical establishment has lost its credibility by what is perceived as the ceaseless changing, overturning, and augmenting of previous findings. Bob stated, "What they tell you today is good for you, will kill you tomorrow." "I have seen too many reversals over the years," Richard claimed, "They come out with this big research finding and everybody says this is the way it is, then 4 to 6 years later, they come back and reverse it."

Newspaper articles and news reports often supply regulars with added examples and support for their claims. After the press began reporting on the differences between polyunsaturated and saturated fat, for example, James reminded his customers, "This is how it always happens. They tell you that 'x' is going to kill you so everyone stops using 'x,' then they say whoops, we were wrong. And in the mean time, they put me out of business." Robert also found utility in the changing definition of "fat." When asked about the health risks of smoking cigars, he responded by reminding me that "science always corrects itself . . . It is just like that fat thing, they tell you all fat is bad, then they say some fat is good." Until they know, "one way or another," he concluded, he is "not going to sweat it." Similar discussions emerged during the national discussion in the press on the changing view on moderate wine consumption.

- Wayne: Wine is bad for you, remember, and now they tell me that the French are healthier because they drink wine.
- Rod: Isn't it always that way? They don't know what they are talking about. Remember that whole debate on fat? It's good, it's bad, it's good, it's bad.
- Wayne: I can't wait until they tell us that cigar smoking is good for us.
- Alex: You know it's coming. Cigars are next. I know it is good for me. My blood pressure is way down when I am in here [laughter fills the room].
- Rod: Keep in mind, these same idiot doctors that are telling us that wine, fat, and cigars are killing us also used leaches and blood letting not too long ago.
- Charles: Hey, I heard they are using leaches again to fight infection. I saw this gross program on the Discovery Channel. It was sick shit.
- Wayne: You see—it is all conjecture. That proves the point. What is good today is bad tomorrow. They're fuckin' hacks.

By jointly creating and exploiting weaknesses in the research produced by the health industry, regulars are able to discount the validity of their antismoking claims. Whether these "weaknesses" are legitimate is irrelevant to this study. What is relevant is the question of why the medical establishment's ethos is vulnerable to such attacks. For the men at the shop, the answer is three fold: (a) They are viewed as uninterested in seriously researching cigar smoking; (b) their scientific findings are seen as ephemeral and unstable; and (c) within the context of these two aforementioned "flaws," their conclusions are perceived to be both irresponsible and unfounded. In the end, the regulars critique of the medical establishment allows them to reestablish their cognitive balance and relieve their anxiety over smoking.

Life-Is-Dangerous Argument

The fifth argument crafted and converged by regulars contrasts cigar smoking with life's other dangers. These dangers range from polluted air and food preservatives to alcohol and driving. In general, however, such hazards are either "environmental dangers" (i.e., dangers imposed on individuals without their direct consent) or "behavioral dangers" (i.e., dangers freely chosen by individuals). From the perspective of the men in the shop, both types of dangers are far more hazardous and ubiquitous than cigar smoking. Subsequently, worrying about something as insignificant as cigars is not only a waste of time and energy, it is also diverting attention away from life's "real dangers." All 20 of the regulars who were interviewed incorporated at least one of these "dangers" into their prosmoking arguments.

Environmental dangers are often highlighted by regulars as life's "real dangers." Mark, for example, sees "tobacco as the easy target." What the medical establishment "ought to look at are the other dangers we encounter day to day—car pollution, water pollution, processed foods—all these things have a much worse effect on my body than cigars." C. J. sees similar hazards in "the air that we breathe," and the "preservatives in foods." These things, he asserts, "are more harmful than a few cigars. Tobacco is picked on because people think it stinks." Drawing from the same converged storyline, Robert tells me that "cigars aren't shit." What is really "killing us is the stuff that modern life is sneaking on us":

We are living in an urban environment. We live with man-made machinery, buildings, electricity, power lines, carbon monoxide, preservatives in foods, bad water, and the stress of driving in traffic. These are the things that are really killing us. So my advice to you is light up and relax. 'Cause you are going to get fucked either way.

Behavioral dangers, or lifestyle choices, are also seen as health risks. "Alcohol by far," Charles reports, "is worse for you. The historic evidence behind alcohol as opposed to cigars is overwhelming. Alcohol is much, much worse. Much more lethal." For Arthur, it is alcohol that "kills more people than tobacco, but is totally tolerated in America." "Alcohol," James concurs, "is worse than tobacco in terms of fatalities. But you don't see anybody trying to ban drinking." The problem is, he concluded, "that everybody is focused on smoking but they're ignoring all these other risks."²⁹

Other behavioral dangers that are highlighted by the regulars include driving, flying, walking across the street, riding horses, or climbing mountains. For the regulars, these activities are seen as producing more deaths than cigars but "are never singled out." "People are heroic," Jake argues, "if they climb a rock and fall off and break their necks and they are paralyzed at 22. Why is that good and smoking is bad?" Chuck wonders why "insurance rates are increased if you smoke cigars, but not if you climb mountains or jump out of planes." That type of logic, "is just so narrow minded. And once again, smoking is the bad guy." For Bob, "walking across the street" or "driving in a car" is more dangerous. "For Christ's sake, I could be hit by a car tomorrow. But when I do," he remarks, "I am going to go with a cigar and a smile on my lips."

By highlighting both environmental and behavioral dangers, regulars draw attention away from the hazards of cigar smoking by punctuating other health risks in their lives and create a world in which virtually everything is dangerous. Subsequently, quitting cigar smoking becomes a futile act in the face of overwhelming

²⁹Interestingly, most regulars also enjoy consuming alcoholic beverages while smoking. As Mark says, "cigars and Kentucky bourbon go together like men and women. One without the other is missing the point."

and omnipresent dangers. After all, according to James, "cigars are not the things that are going to kill you. It is everything else in life ... so what are you gonna do?" Paradoxically, therefore, by increasing their anxiety about life in general, the regulars are able to decrease their anxiety about smoking.

The Greg Argument

This final crafted argument deviates from the standard established by the aforementioned five arguments in two significant ways. First, whereas previous prosmoking arguments were all generated in response to general and impersonal antismoking messages, this argument emerged out of an immediate and personal exigency in the lives of the regulars. Second, whereas the previous arguments were designed to be malleable and multifarious for use in a myriad of defensive situations, this argument is applicable to only one specific situation: The death of Greg Singer, a fellow cigar-shop regular.³⁰

Greg was a 55-year-old bar owner who was one of the original regulars at Tullio's. He also was a fellow band member (the vocalist); the recognized "ambassador of good will" for the shop; and, before 1998, in seemingly good health. In the fall of that year, however, Greg began feeling increasingly fatigued. After a series of tests at the University hospital, he informed the regulars that he would have to stop smoking and drinking while awaiting a heart transplant. Similar to most of the regulars, however, he believed that as long as he drank and smoked in moderation, no true harm would befall him (see the all-things-in-moderation argument).³¹ On November 10, 1999, Greg suffered a fatal heart attack and died before a replacement heart could be located.

During the initial grieving period, regulars reminisced and mourned the loss of their friend. At his wake the band played his favorite songs while his buddies smoked and drank in remembrance. Soon after the funeral, however, a growing sense of disquietude and angst spread through Tullio's about the possible impact of cigars on Greg's death and, subsequently, on their lives. Compelled to relieve their cognitive dissonance, regulars met at the shop to discuss the causes and effects of this tragedy. By the end of the first week, regulars had successfully crafted an argument that discounted smoking as a cause of Greg's death. By the end of the

³⁰Although the previous prosmoking arguments had been in development before my initial arrival at the shop in the summer of 1997, this argument had its initial inception during the early stages of this project. Consequently, I was able to trace the creation and convergence process of the argument from its nascent.

³¹During the last months of Greg's life, he had dramatically reduced his cigar smoking. He had reported that he was smoking only 1 or 2 cigars per week, down from his previous level of 17 to 20 cigars per week.

interviewing segment of this project (9 months later), 19 of the 20 interviewees supplied almost identical explanations for the loss of their friend.

James argued, "Smoking had nothing to do with his death. He lived, drank, and played hard and it took a toll on him in the end." Drawing from the same storyline, Joseph concluded that "Greg's death had absolutely nothing to do with his cigar smoking. Greg drank too much, period!" From Robert's perspective, "Cigars had very little impact on Greg's life. He had a lifestyle that was one never ending party. In the end, it caught up to him." Gordon not only claimed that smoking had "nothing to do with Greg's death," he believed that "if Greg would have relaxed a little more and come in here with his friends and more often, he might still be here." Even Greg's best friend, Charles, concurred and argued that "Greg's real problem was not related to smoking at all. It was more his drinking and the stress he was under over the last couple years with his business and his bad heart."³²

Whether smoking had actually caused or exacerbated Greg's death is beyond the scope and function of this investigation. What is important, however, is that his death became an exigency so plaguing that it demanded a rhetorical response from the men in the cigar shop. At the crossroads of the debate was whether cigar smoking induced Greg's death. In the end, the regulars created a storyline in which stress and alcohol, factors outside the context of the cigar shop, caused Greg's death, and, in doing so, also relieved the anxiety and uncertainty they were experiencing over their own cigar smoking and mortality. Interestingly, stress and alcohol were also used in two previous arguments (health benefits and life-is-dangerous arguments) to rebuke antismoking messages. As Kenneth Burke (1945) observed, there is nothing quite as useful as a good scapegoat, or two as the case may be (pp. 406-408).

DISCUSSION

Throughout the 3 years of this project, a number of issues have emerged dealing with the weaknesses and limitations of prevention efforts aimed at cigar smokers. The most obvious of these issues is the general lack of antismoking messages aimed at cigar smokers. Although at-risk groups, ranging from cigarette smokers to drug users, have all been targeted by expensive and elaborate campaigns, virtually no money or time has been dedicated to cigar smokers. What makes this void even more pondering is the unprecedented growth of cigar consumption by adolescents in the last decade and the emerging medical research that confidently cites its can-

³²There was one lone voice of dissent. Michael, a 57-year-old horse trainer, was the only regular who broke from the tacitly agreed on party line. In our interview, he claimed that, "Greg had heart problems for years. It ain't rocket science—of course smoking made matters worse. And I hope if I was met with those same set of problems, I would stop smoking all together."

cer causing potential. This need is made even more acute by the unfettered freedom of the tobacco industry to advertise and promote cigar smoking as a harmless and glamorous indulgence. With such a one-sided conversation being sponsored by cigar companies, it has become increasingly obvious why cigar smokers, including the men at Tullio's, believe that "lighting up" their favorite "stick" is nothing more than an innocuous hobby.

Because health prevention experts have not taken the responsibility to inform and persuade the public of the hazards of cigar smoking, most of the information received by the men in the cigar shop comes from either their news agencies or from friends and family members reiterating news-agency information. As one regular stated, "Every time the news comes out with a story on cigars, I get double blasted. I have to hear it the first time from them, and then I have to hear the shit all over again for the next week from my kids and my wife." Unfortunately, both sources have proven to be highly unsuccessful at persuading the regulars at Tullio's to quit smoking. The media's messages (a) appear too infrequently to have any cumulative effect, (b) suffer from journalism's general lack of credibility, (c) are perceived to be reactions to a fashionable trend—not sincere concerns for public health, and (d) are primarily produced to be entertaining information—not strategic persuasion aimed at stopping at-risk behavior.

The messages from the family members, on the other hand, are much more repetitious and credible. Unfortunately, the men at Tullio's also report that such messages are typically (a) simplistic reiterations of media reports (i.e., wives and friends summarizing the antismoking content of newspaper articles and television broadcasts) and (b) emotional pleas for abstinence without logical substance (e.g., "Stop, those things are going to kill you," "If you love me you will give them up," "They make you stink," or "They are cancer sticks."). In the end, the only two messengers (the media and family members) that are in positions to affect change, fail. They are simply no match for the arsenal of collectively created antismoking rebuttals produced at Tullio's.

This project has not only illuminated weaknesses in the messengers' persuasive strategies, it has also highlighted some of the more glaring weaknesses in the messages themselves. Specifically, this study has punctuated some of the more vulnerable areas in the corpus of antismoking arguments. It is recommended, therefore, that future efforts by prevention agencies do the following: (a) dismantle the malleable and nebulous nature of the "safety-in-moderation" argument; (b) discuss the factual relation between cigar smoking and stress reduction; (c) clarify the delineation between cigar and cigarette smoking research; (d) spotlight the vast amount of credible cigar-smoking research that has been generated in the last decade; (e) explain that shifts in scientific paradigms result from long, arduous periods of study—not from capricious, arbitrary decision making; and (f) compare and prioritize the dangers of cigars smoking with the myriad of other, less urgent risks highlighted by the media. Although these six suggestions may not be the panacea for

cigar abuse, they would nonetheless make a significant contribution in strengthening, what is at the present time, a very weak and pregnable agglomeration of anticigar-smoking arguments.

Finally, although the goal of this ethnographic study is to illuminate hidden aspects of a specific speech community, I am, nonetheless, left wondering whether this type of group rationalization happens elsewhere. Would we find a similar phenomenon in playgrounds, schools, businesses, or bars in which groups of individuals are (a) gathered for a common purpose (e.g., smoking cigars, drinking, smoking marijuana, turning tricks, or using drugs); (b) faced with overwhelming evidence about the health risks of their behavior; (c) unable or unwilling to stop their high-risk behavior; and (d) experiencing dissonance, anxiety, or guilt over their behavior. If the answer is yes, then perhaps health communication researchers need to devote research aimed at better understanding the group rationalization process and reconsider their traditional approaches of reaching at-risk groups (e.g., fear appeals, emotional pleas, press releases, PSAs, and media reports). For as long as they continue using such conventional means of persuasion, while ignoring the study of group rationalization, their arguments will remain weaker, less complex, more generalized, less responsive and malleable, and less repetitive in comparison to the more active and participatory convergence process. For in the case of at least one group of men at a local cigar shop, antismoking messages have been rendered ineffectual and banal.

CONCLUSIONS

It has been the goal of this project to account for how the regulars at Tullio's, in the face of overwhelming pressure from the general public, loved ones, local and national press, and the medical establishment, can routinely light up without being paralyzed by fear or ridden with guilt. I have argued that these men have created a cognitive buffer by collectively crafting six recurring arguments that rebuke the myriad of antismoking messages they are confronted with. These six arguments are (a) jointly created and shared, (b) developed through a chaining out process in which the participants become both the persuaders and the persuaded, (c) consistently reinforced and refined, (d) crafted to fit the needs and exigencies of the specific lifestyle of their creators, and (e) created to exploit perceived weaknesses in the corpus of antismoking arguments. Conversely, the antismoking arguments of their friends and family, the press, and the medical establishment accomplish none of these tasks. It should come as no surprise, therefore, that the regulars at the shop find their arguments to be more compelling and persuasive in the battle over their cigars.

Regulars also find their six prosmoking arguments to be more logical and rational than the antismoking propositions. In isolation, regulars' arguments possess

what Fisher (1984) called "narrative probability" (they are coherent stories without contradictions, implausibilities, or absurdities) and narrative fidelity (they ring true with the other stories they know to be true in their lives). Collectively, however, the narratives clash and contradict each other. For example, the cigars-are-not-cigarettes argument acknowledges that modern science is correct in their conclusion about cigarettes, but the flawed-research argument attacks all of modern science's findings because of the ephemeral nature of their conclusions. Similarly, the flawed-research argument discounts any negative effects from cigars, but the life-is-dangerous argument concedes that cigar smoking is harmful. These logical contradictions, however, never manifest themselves in real-time discussions, and, as such, are not problematic for the regulars. When the men in the shop engage in a prosmoking rebuttal, they exclusively rely on one argument at a time, never combining, synthesizing, or merging their arguments. Because each argument remains in seclusion from its counterparts, problems with probability and fidelity never materialize.

I have also found a clear correlation between the amount of time regulars spent in the cigar shop and the commonalities found in their arguments. In considering the time factor, I looked at how many hours per week each member spent at Tullio's and how long they have been patronizing the shop. In evaluating the argument commonalities of each interview, I considered the thematic aspects of each prosmoking argument (what was the overriding topic or motif of the assertion) and the types of proof (i.e., examples, testimony, and statistics) that were used to support those arguments. In almost all cases, the regulars who have been patronizing Tullio's the longest and who spend the most time per week at the shop also shared the most similarities in their arguments. Regulars with over 3 years of seniority who spend at least 4 hr per week at the shop were more likely to generate the most prosmoking arguments, address a greater number of the six recurring motifs, and use similar examples as support and clarification for their arguments, than were newer regulars, with under 6 months seniority who spend less than 1 hr per week at the shop. In short, the more time that regulars spent at the shop, the more similarities existed in their prosmoking arguments. This finding lends support to this project's assertions that the prosmoking arguments produced by Tullio's patrons are not formed in isolation or constructed outside the smoker's peer group, but are jointly created through social interaction.

Finally, the 3 years of this ethnographic study leads me to conclude pessimistically that the men at Tullio's will probably remain life-long cigar smokers, impervious to any reasonably funded and conceived antismoking effort. During my research, I consistently witnessed the regenerative power of the group's rationalization process. Each time new antismoking information was introduced into the shop (e.g., new medical research, health reports, newspaper articles, and the death of a fellow regular) the regulars were able to collectively create new rationalities that rebuked, admonished, discredited, and discounted the dissonance-causing in-

formation or incident. I am left to wonder, therefore, how many more cigar-shop funerals I will have to attend before prevention researchers begin a concerted and earnest investigation of the antecedents, limitations, and correctives of the group rationalization process.

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REFERENCES

- Agar, M. H. (1986). *Speaking of ethnography*. Beverly Hills, CA: Sage.
- Altman, D. G., Levine, D. W., Coeytaux, R., Slade, J., & Jaffe, R. (1996). Tobacco promotion and susceptibility to tobacco use among adolescents aged 12 through 17 in a nationally representative sample. *American Journal of Public Health, 86*, 1590-1593.
- Baker, F., Ainsworth, S. R., Dye, J. T., Crammer, C., Thun, M. J., Hoffmann, D., et al. (2000). Health risks associated with cigar smoking. *Journal of the American Medical Association, 284*, 735-740.
- Bales, R. F. (1970). *Personality and interpersonal behavior*. New York: Holt, Rinehart & Winston.
- Bogdan, R., & Taylor, S. J. (1975). *Introduction to qualitative research methods: A phenomenological approach to the social sciences*. New York: Wiley.
- Bormann, E. G. (1972). Fantasy and rhetorical vision: The rhetorical criticism of social reality. *Quarterly Journal of Speech, 58*, 396-407.
- Bormann, E. G. (1983). Symbolic convergence: Organization communication and culture. In L. L. Putnam & M. E. Pacanowsky (Eds.), *Communication and organizations: An interpretive approach* (pp. 100-115). Beverly Hills, CA: Sage.
- Burke, K. (1945). *A grammar of motives*. New York: Prentice Hall.
- Cassirer, D. (1946). *Language and myth*. New York: Harper.
- Crawford, L. (1986). Reluctant communitarians: Personal stories and commune behavior. *Communication Quarterly, 34*, 286-305.
- Dervin, B. (1989). Audience as listener and learner, teacher and confidante: The sense-making approach. In R. E. Rice & C. K. Atkin (Eds.), *Public communication campaigns* (pp. 67-87). Beverly Hills, CA: Sage.
- Falut, J. L. (1997). Cigar advertising targeting "baby-boomers" and other adults. *Tobacco Control, 6*, 240-242.
- Fetterman, D. M. (1989). *Ethnography: Step by step*. Newbury Park, CA: Sage.
- Fisher, W. R. (1984). Narration as a human communication paradigm: The case of public moral argument. *Communication Monographs, 51*, 1-22.
- Frey, L. R., Botan, P. G., Friedman, P. G., & Kreps, G. L. (1991). *Investigating communication: An introduction to research methods*. Englewood Cliffs, NJ: Prentice Hall.
- Gerlach, K. K., Cummings, K. M., Hyland, A., Gilpin, E. A., Johnson, M. D., & Pierce, J. P. (1998). Trends in cigar consumption and smoking prevalence. In D. Burns, K. M. Cummings, & D.

- Hoffmann (Eds.), *Cigars: Health effects and trends* (Monograph No. 9). Bethesda, MD: U.S. Department of Health and Human Services.
- Hollihan, T. A., & Riley, P. (1987). The rhetorical power of a compelling story: A critique of a "tough love" parental support group. *Communication Quarterly*, 35, 13-25.
- Jasinski, D. R., Johnson, R. E., & Henningfield, J. E. (1984). Abuse liability assessment in human subjects. *Trends in Pharmacological Science*, 5, 196-200.
- Kirchner, J. T. (1999). Cigar smoking linked to increased health risks in men. *American Family Physician*, 60, 2672-2674.
- National Cancer Institute. (1998). Cigars: Health effects and trends. In *Journal of the National Cancer Institute Monographs* 9 (NIH Publication No. 98-4302). Bethesda, MD: U.S. Department of Health and Human Services.
- Oetting, E. R. (1999). Primary socialization theory: Developmental stages, spirituality, government institutions, sensation seeking, and theoretical implications: Part 5. *Substance Use and Misuse*, 34(7), 947-982.
- Oetting, E. R., & Beauvais, F. (1986). Peer cluster theory: Drugs and the adolescent. *Journal of Counseling Development*, 65, 17-22.
- Oetting, E. R., & Beauvais, F. (1987). Peer cluster theory, socialization characteristics, and adolescent drug use: A path analysis. *Journal of Counseling Psychology*, 34, 205-213.
- Oetting, E. R., & Donnermeyer, J. F. (1998). Primary socialization theory: The etiology of drug use and deviance: Part 1. *Substance Use and Misuse*, 33(4), 995-1026.
- Oetting, E. R., Spooner, S., Beauvais, F., & Banning, J. (1991). Prevention, peer clusters, and the paths to drug abuse. In L. Donohew, H. E. Sypher, & W. J. Bukoski (Eds.), *Persuasive communication and drug abuse prevention* (pp. 239-261). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.
- Philipsen, G. (1975). Speaking "like a man" in Teamsterville: Cultural patterns of role enactment in a urban neighborhood. *Quarterly Journal of Speech*, 61, 13-22.
- Rigotti, N. A., Lee, J. E., & Wechsler, H. (2000). U.S. college students' use of tobacco products: Results of a national survey. *Journal of the American Medical Association*, 284, 699-705.
- Ritti, R. R., & Silver, J. H. (1986). Early processes on institutionalization: The dramaturgy of exchange in interorganizational relations. *Administrative Science Quarterly*, 31, 25-42.
- Scott, D. (1997). Buying from independent reps. *Smokeshop*, 24, 218-230.
- Scott, R. L. (1967). On viewing rhetoric as epistemic. *Central States Speech Journal*, 18, 9-17.
- Spradley, J. P. (1979). *The ethnographic interview*. New York: Holt, Rinehart & Winston.
- Stacher, D. (1999). Cigars and public health. *The New England Journal of Medicine*, 340, 1829-1831.
- Trujillo, N. (1992). Interpreting (the work and the talk of) baseball: Perspectives on ballpark culture. *Western Journal of Communication*, 56, 350-371.
- Van Maanen, J. (1988). *Tales of the field: On writing ethnography*. Chicago: University of Chicago Press.

How Do Conflict and Communication Patterns Between Fathers and Daughters Contribute To or Offset Eating Disorders?

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As many as 22% of young women regularly engage in eating disordered behaviors. Research indicates eating disorders are a result of a complex set of factors, including family environment. This survey research with 210 undergraduate women at 2 universities tests the possibility that father-daughter communication and conflict resolution are related to eating disordered behaviors. Results indicate skilled conflict resolution and open communication between father and daughter may offset eating disorders. A lack of those skills or attempting to resolve conflict in ways that do not offer long-term resolution for both father and daughter can lead to increased eating disordered behaviors. Implications are discussed.

Eating disorders have become a major problem in North America, where conservative estimates for the percentage of those who severely restrict their intake of food (anorexia) or who binge and purge food (bulimia) range from 0.5% to 3% (American Psychiatric Association [APA], 1994). Estimates among high school and college women, who are most at risk for eating disorders, are between 4% and 22% (Botta, 1999; Garfinkel et al., 1995; Koenig & Wasserman, 1995). Furthermore, the rate of anorexia among young women is increasing (Lucas, Crowson, OaposFallon, & Melton 1999; Pawluck & Gorey, 1998).