

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

Alan D. DeSantis

*Department of Communication
University of Kentucky*

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).

