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**A COUPLE OF  
WHITE GUYS SITTING  
AROUND TALKING**

The Collective Rationalization  
of Cigar Smokers

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*At a small, independently owned cigar shop in a moderate-sized southern city, approximately thirty customers regularly gather at what has become a de facto men's smoking club to discuss sports, politics, religion, and the joys of cigar smoking. Of all the conversations to take place at Tullio's, however, none are as passionate or as recurring as the discussions on the health risks associated with cigar smoking. During these encounters, the "regulars" collectively create a linguistic defense shield that, ironically, protects them from the anxiety produced by antismoking messages. Specifically, the regulars at the shop collectively craft and share five prosmoking arguments that (1) refute the findings of the medical establishment, (2) anesthetize them from the impact of antismoking messages, and (3) relieve their cognitive dissonance and anxiety created by the act of smoking.*

**Keywords:** *cigars; smokers; group rationalization; prosmoking arguments; health*

**I**n the summer of 1997, 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.<sup>1</sup> 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 humidors displaying thousands of cigars for public consumption (typical for most cigar shops), seating for twenty, and a refrigerator in the back brimming with patrons' "favorite beverages" (the latter two entities are very 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 five-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.

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The *interior design*, to use the term very loosely, can best be thought of as a cross between *Sanford & Son's* living room and Floyd's Mayberry barbershop. Overhead, florescent lights flood 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 surfboard, 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 La-Z-Boy. As one wife observed, "The room is done in tasteless testosterone."

The regulars of the shop are predominantly white males, born in the state of Kentucky, and range from thirty to sixty-five years of age.<sup>2</sup> 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.<sup>3</sup> Income and occupation seem 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.<sup>4</sup>

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 after week, friends and family members plead for their abstinence,<sup>5</sup> while news reports and public service announcements (PSAs)<sup>6</sup> inform them of the dangers of cigar smoking to the lungs, heart, and mouth.

And while 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 five prosmoking arguments that (1) refute the findings of the medical establishment, (2) anesthetize the regulars from the impact of antismoking messages, and (3) relieve cognitive dissonance and anxiety created by the act of smoking.

Throughout the course of this article, I (1) discuss my participation at the shop, (2) detail my methodology, (3) establish a theoretical foundation for the study, (4) describe how the regulars craft and converge their collective arguments, and (5) detail the five collectively rationalized prosmoking arguments most frequently used by the regulars in countering antismoking messages.

## METHOD

This study employed ethnographic methods of data gathering. As Nick Trujillo (1992) has 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 three-year period (September 1997 through June 2000) that, in total, entailed more than six hundred hours 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 be both a friend and a researcher with unlimited access to the shop's rituals, conversations, self-disclosures, arguments, parties, and weekend outings. 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.<sup>7</sup> My close relationships with the regulars, however, were always tempered by my concern as a researcher of "going native," a term used by Frey, Botan, Friedman, and Kreps (1991) to refer 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).

During the three years under study, I spent an average of two days per week, two hours per visit, at Tullio's. Besides the observational time I spent in the cigar shop during official store hours, I am also the percussionist

for the cigar shop's rock 'n' roll 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, including James who is the band's *de facto* leader given that he is the (1) common denominator linking our friendships together, (2) owner of our practice studio, and (3) lead singer and front man for the band. The majority of the band's "gigs" are private parties given by other regulars outside the shop. As one can imagine, cigar smoke and cigar talk are always key ingredients at both gatherings.

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. While this activity was reported to be conspicuous during the first week, my presence with my notebook over the subsequent three years became an established, and welcomed, expectation. Second, I recorded many of our more lengthy exchanges on a portable tape recorder that I kept by my side, enabling me to turn it on inconspicuously without drawing attention to me or away from the discussion. While I am aware that both taking notes and recording conversations change the dynamics of any naturalistic encounter, I attempted to take every precaution to minimize its disruptive influence. In cases in which recording interactions posed a significant barrier to spontaneous and truthful interactions, I opted for the use of postencounter field noting. Specifically, I dictated descriptions of significant events or dialogues into a portable tape recorder immediately after leaving the shop.

Along with the copious field notes that were taken over this three-year period, I also conducted twenty audiotaped interviews that specifically focused on health-related issues of cigar smoking.<sup>8</sup> 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 five dominant arguments (detailed in the fifth section).<sup>9</sup>

### **WALKING THE THIN LINE AS RESEARCHER AND REGULAR**

Within the first week of discovering Tullio's in 1997, I was "hooked," a loyal patron from the very beginning, allured not only by the joys of fine, premium cigars but also by the unabashed male camaraderie that had been absent in my life since entering academia. The obvious question becomes, therefore, why would I write a critical, antismoking monograph if I both smoke cigars and identify emotionally with the participants of the critique? The answer is that I never planned to write such a critical monograph. Much to my initial dismay, the project evolved into its present, antismoking state.

When this project was first conceived, my research goal was to discuss the "equally sound and rationally competing arguments" generated by both the antismoking (health agencies) and prosmoking (me and the cigar shop regulars) forces in America. After an initial analysis of some of the early transcribed data, removed from the immediate dynamics of my peer group, however, I was forced to conclude that these competing arguments were *not* equally sound and rational. While the scientific community obeyed all the Aristotelian rules of rationality, the cigar shop's arguments were often imbued with logical flaws, contradictions, and dubious evidence. Consequently, I found myself at a researcher's crossroad. Should I be true to my findings and transform the project's focus, or should I abandon the project altogether? Needless to say, I forged ahead and began pointing a more critical finger at both the regulars and myself.

This "researching turn," however, came with a price. To begin with, I was forced to confront the scientific truths about my own cigar smoking. Consequently, while I continue to smoke to this day, I smoke far fewer cigars than I did before and am now burdened with the undistorted understanding of its medical consequences; that is, I can no longer use the group's rationalizations to reduce my cognitive dissonance about my at-risk smoking behavior. Second, the dynamics of the initial project transformed. No longer was it the simple dichotomy of the good cigar smokers versus the reactionary and out-of-touch medical

establishment. Overnight (literally), the project evolved into a battle between the “rational” medical establishment and the “rationalizing” regulars. Thus, I was forced to acknowledge the rhetorical legitimacy of my friends’ enemies (antismoking forces) and the rhetorical absurdity of my friends. Third, I have had to wrestle with my feelings of guilt and betrayal for writing critically about my friends and their irrational rationalizing. This anxiety, however, seems to be only one sided. Interestingly, the results of the project have engendered scant interest at the shop.<sup>10</sup>

It is my ultimate hope, nonetheless, that not only will this research help prevention researchers understand the cognitive process of group rationalization but that it will also help my fellow regulars honestly examine the choices they make about their tobacco use in much the same way it has forced me to reevaluate mine. I have made the conscious decision, however, not to proselytize the regulars at Tullio’s about the nature of their at-risk behavior. It would be unfair to James, who allowed me the opportunity to use his shop for this project, and impose on my fellow regulars who patronize Tullio’s for friendship and solace, to foist on them the very dissonance-causing information that they so actively try to avoid. If any regular chooses to ask me about my project, however, I am more than willing to discuss my findings and implications with them. As of now, only two have expressed mild curiosity.<sup>11</sup>

Maintaining my friendships, however, was not my only concern. As a researcher, I was also consistently walking the thin line between the objective and subjective, the participant and observer. While there are many schools of thought adopting differing epistemological positions on these issues (e.g., objectivism, positivism, postpositivism, holism, postmodernism, deconstructionism), this work has been guided by the philosophical assumptions of what Lindlof and Taylor (2002) have termed the “interpretive paradigm” (p. 9) or what Schwandt (2000) has labeled “philosophical hermeneutics”<sup>12</sup> (p. 194).

In a practical sense, this means that while I knew it was impossible to remove my personality and influence from the dynamics of the shop, I was always introspective about how my position as participant affected group conversations. Furthermore, I was also reflective on how my cultural influences and personal relationships filtered my perceptions and analysis of the cigar shop’s interactions and discourse. Consequently, I decided that while I would remain an active participant at Tullio’s, attempting to maintain as much normality and consistency in the shop’s

culture as possible, I would remove myself from any prosmoking discussions that emerged. My hope was that by not participating in such conversations, I would reduce the risk, as a researcher with certain unavoidable preconceptions, of altering and directing the natural flow and content of such interactions.

## THEORETICAL FRAMEWORK

As a theoretical framework for this ethnography, E. Bormann's (1972, 1983) symbolic convergence theory and Bormann, Oetting and Beauvais's (1986, 1987) peer cluster theory supply a congruous perspective for the analysis of the cigar shop's collectively created, and jointly shared, prosmoking arguments. The application of these theories to this project can best be understood by detailing their two common assumptions about human interaction and communication.

The *first* assumption of both theories is that communication creates reality rather than corresponds 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). Two decades later, Berger and Luckmann (1966), with the publication of their seminal *The Social Construction of Reality*, extended Cassirer's concepts to include the role that "men [*sic*] together" play in producing "a human environment, with the totality of its socio-cultural and psychological formations" (p. 51). For Berger and Luckmann, as well as for Bormann (1972, 1983) and Bormann, Oetting and Beauvais (1986, 1987), therefore, understanding of our reality comes only through interaction with others and the social discourse (myths, media, conversations) that is manifested by them in their interactions. Consequently, our linguistic interactions construct our notions of family, love, hate, individuality, freedom, liberty, democracy, and science. 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 both convergence and peer cluster theories is that not only do symbols create reality for individuals but that these individual realities converge with each other during social interactions,

creating a shared reality for the participants. This “chaining-out process,” as Bormann (1983) called it, takes “two or more private symbolic worlds incline towards each other,” 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, 400). A collective “fantasy” begins to emerge, according to Bormann, 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”; in time, “more dramas chain out to create a common symbolic reality filled with heroes and villains” (p. 400). For Oetting and his colleagues, this convergence of shared realities most acutely takes place within the context of peer groups.<sup>13</sup> 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. Hollihan and Riley (1987) explained the importance of this symbolic process:

Shared stories play an important role in the lives of those who tell them, for they are a way for people to capture and relate their experiences in the world. These stories respond to people’s sense of reason and emotion, to their intellects and imagination, to the facts as they perceived them, and to their values. (p. 15)

For Hollihan and Riley, then, 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” (p. 15). But as Bormann, Oetting and Beauvais, and Hollihan and Riley all recognized, not everyone participates in the same worldview. Indeed, those who do not share the same story (those whose life experiences demand different types of stories) may view such convergence as “mere rationalizations” (Hollihan and Riley 1987, 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, while other stories (theirs) appear to be constructed and relative.

## THE CREATION AND CONVERGENCE PROCESS

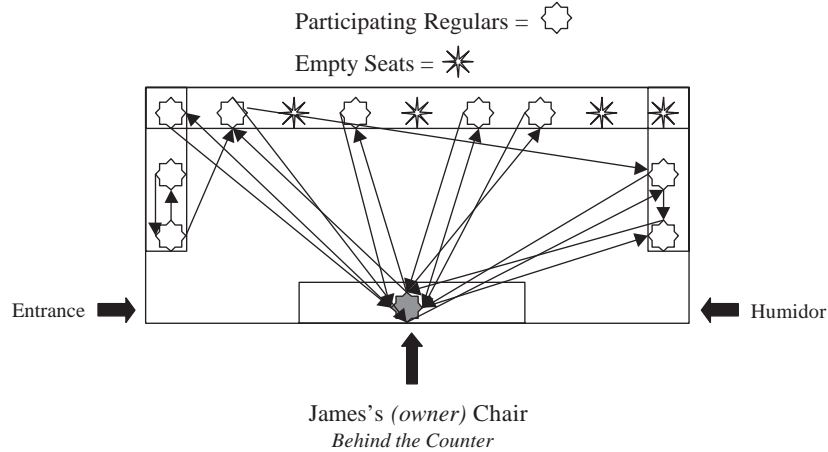
For the regulars at Tullio's, their jointly created and converged rationalities supply them with an alternative ontology to "mainstream" health information. Their collective reality antithetically frames (1) cigar smoking as a benign hobby, not a life-threatening habit; (2) the medical establishment as overreactionary and poorly informed; (3) the general public as antismoking tyrants who have been duped into believing the misinformation given to them; (4) the regulars (including themselves) as uniquely enlightened about the "true" health risks of smoking; and (5) the political and social milieu as oppressive and persecutorial toward cigar smokers.

The existence of such collectively constructed realities has been aptly theorized by Oetting et al. (1991) 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 Robert Bales's (1970) description of how group members "fantasize" or "dramatize" in problem-solving discussions.<sup>14</sup> 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 quiet and tense immediately prior to the dramatizing, would become lively, animated, and boisterous. (p. 140)

The gatherings 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 five recurring prosmoking counterarguments (discussed in the next 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's role as gatekeeper and validator becomes less obvious.



**FIGURE 1:** Representative Networking Diagram of a Prosmoking Discussion (July 12, 1999, 3:00 P.M.-3:20 P.M.)

He no longer overtly confirms each utterance before the argument is passed to the next patron. There is still a clear understanding, however, that James is orchestrating the discussion's flow and duration. His tacit agreement and nonverbal feedback are 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, a customer, or a newly arriving regular with "hot gossip."

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

David: (*striking a match*). These things are taking years off my life.

James: Nonsense! There're people every day living into their nineties 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?

Kenneth: 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*).

Chuck: 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.

Chuck: 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 sixteen-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.

Chuck: What about Robert's son?<sup>15</sup> What a waste.

Kenneth: 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 Viceroy cigarettes until she was like ninety-four. She fell in the bath tub and broke her hip and died of complications.

This conversation continued for the next half hour, 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 above exchange, for instance, most of the statements derived from previously crafted and converged *topio*, myriad of which have been part of the group’s vocabulary for years (e.g., James’s Milton Berle and George Burns reference or Kenneth’s 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’s and Chuck’s affirmations). But 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, 400).<sup>16</sup> 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. While 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 five recurring prosmoking arguments. These five arguments not only dominated group discussions, they also were present in 90 percent of the interviews (or eighteen of the twenty), with 100 percent of the interviewees citing at least four of the five arguments in rebuking antismoking “attacks.” In many cases, regulars even supplied identical examples, testimony, and statistics as support for these five rebuttals. The prosmoking arguments of the regulars, therefore, should be seen not as isolated creations outside the influence of their peer groups, 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 discussions of James’s 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 poohbah”

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 his physical 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 (what patrons humorously refer to as the "throne").<sup>17</sup> 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 storytelling 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 five prosmoking arguments are discussed. It is not uncommon to hear, and participate in, the creation and convergence of these five 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 more than fifteen different occasions. Nonetheless, the storytelling 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 five recurring arguments. The more these arguments are

repeated, the greater opportunity there is for regulars to abolish weaker assertions, reinforce existing ideas, and test the feasibility of possible additions. Second, it allows all regulars, despite their visiting schedules, 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 five 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) have 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 five counterarguments. But when asked about the invention process of their arguments, most (80 percent, or sixteen of the twenty interviewees) responded that their arguments were developed privately, using nothing but their own critical thinking. These participants were unaware, or unwilling to admit, that the group had any impact on their prosmoking arguments or, for that matter, that they affected anyone else's arguments.<sup>18</sup> As John said, "We are a bunch a bright guys in here; we can figure it out for ourselves." The next section will analyze these five recurring prosmoking arguments that have been latently crafted and converged by the regulars at the shop.

### **THE FIVE RECURRING PROSMOKING ARGUMENTS**

Throughout the three years of this study, I observed approximately thirty regulars collectively create, refine, and share five 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 (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 five collectively crafted prosmoking arguments are (1) all-things-in-moderation argument, (2) health benefits argument, (3) cigars-are-not-cigarettes argument, (4) flawed research argument, and (5) life-is-dangerous 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 thirty-six-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 argument, however, regulars often adapted their forms of support (i.e., stories, statistics, and testimony) to accommodate their specific smoking habits and lifestyles.

Some of the regulars, for instance, use the variables of time and place to frame their ideas of moderation. For Chuck, who smokes twenty-five to thirty 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 cites, “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, “[he] may sneak one or two cigars.”

Regulars also construct their own forms of comparisons and contrasts to lend support to their moderation thesis. Kenneth, who smokes fifteen to twenty per week, finds a helpful comparison in the “research [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 suppose 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 story, 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 sixty-year-old insurance salesperson, supports his idea of moderate smoking by contrasting “the man who ran twenty 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 using the medical establishment, the same institution that they discredit in other arguments (see flawed research argument below). Six of the twenty interviewees, in fact, reported that their doctors gave consent to their “moderate” cigar smoking. Kenneth 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 descriptions 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. But 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 three 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 (1) customize the argument to fit their individual smoking lifestyles; (2) share in their common, and collectively crafted, argument; and (3) 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 two to three cigars more than what the interviewee presently smoked. For instance, Alex smokes three cigars a week but claimed that “smoking six per week is excessive.” Ray, who smokes six to eight cigars per week, cited ten to twelve 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 who buys a box of cigars a week but who is not a regular), who smokes ten 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.<sup>19</sup>

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 [him] from exploding.” It “has this calming effect on me that makes all the stress and tension of my life leave.” Rob, a fifty-three-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 [him] time to get away and relieve stress, so that is a good thing.”

Other regulars admit to the hazards of smoking 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 eighties, than to die from stress in my sixties.” Charles, a longtime 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’s claim and tells of his “friends who are physicians” who also support him in 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 thirty-six 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, non-jargon-based nature of his response, this story was retold by every long-term regular whom I interviewed. And 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,” 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, at 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 one of the twenty interviewees said that they would smoke less if it were not for Tullio’s; six 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 is invalid and poorly supported, however, are the perceived inferences drawn by the medical establishment that cigar smoking and cigarette smoking are similar, 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 his mouth from the time he woke up to the time [he] 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 who 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 forty cigars a day?” Derk wonders “why more cigarette smokers don’t have cancer. You can’t go through thirty 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; thirty bad habits a day will.”

The “spiking” of cigarettes with additives and chemicals is another key difference discussed. Thomas, a thirty-seven-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, fingernails, 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 nineteen interviewees who discussed the "cigarette argument," eighteen stressed that cigarette smokers inhale while cigar smokers taste and smell.<sup>20</sup> 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 "cigarette smoking as more insidious, addictive, and dangerous because of the intention to inhale." Chuck, a fifty-year-old insurance adjuster, claims that he quit "smoking cigarettes because the inhaling was killing [him]." 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 [his] lungs." For Rod, influenced by the same converged argument, cigarette smoking "has always been out of the question." He remembers "trying it once at twenty-two" but has not tried it since. "I hated the inhaling part. I would not inhale a cigarette for

nothing.” Finally, Kenneth, 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 and then asserting that because of these differences, the medical establishment cannot legitimately draw comparisons between the two. But this collective argument seems to set up the proverbial straw man 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.<sup>21</sup> What I did find, however, was a separate body of research that specifically focused on the hazards of cigar smoke. In the ten-year period from January 1990 to January 2000, the local newspaper published more than sixty articles that reported on the health risks of cigars. And while 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 de-emphasizing 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.

### **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 cigars-are-not-cigarettes 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 past ten 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 sixty-four-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 fifty-three-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 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. As 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 claims. “They come out with this big research finding and everybody says this is the way it is, then four to six 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 that “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 meantime, 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 leeches and bloodletting not too long ago.

Charles: Hey, I heard they are using leeches 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 threefold: (1) they are viewed as uninterested in seriously researching cigar smoking, (2) their scientific findings are seen as ephemeral and unstable, and (3) 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,” that is, dangers imposed on individuals without their direct consent, or “behavioral dangers,” that is, 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 twenty 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.” Kenneth, 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 argument, 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 (e.g., driving, flying, walking across the street, riding horses, or climbing mountains), are also seen as significant health risks to humans. 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 twenty-two. 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.”

Of all the behavior dangers, however, alcohol consumption is seen as the most deleterious. “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.”<sup>22</sup>

This use of alcohol as universal scapegoat and lightning rod was taken to new heights, however, when a fellow cigar shop regular died of heart failure.<sup>23</sup> Greg Singer was a fifty-five-year-old bar owner who was one of the original regulars at Tullio’s. He also was a fellow band member (our 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. Like most of the regulars, however, he believed that as long as he drank and smoked in moderation, no true harm would befall him (see all-things-in-moderation argument).<sup>24</sup> 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 and placed it firmly on the shoulders of alcohol consumption. By the end of the interviewing segment of this project (nine months later), nineteen of the twenty interviewees supplied almost identical explanations for the loss of their friend.

For James, “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 logic, 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 claims that smoking had "nothing to do with Greg's death," he believes 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, concurs and argues 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."<sup>25</sup>

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 an argument in which alcohol, not smoking, caused Greg's death and, in doing so, 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 refute antismoking messages. As Kenneth Burke (1945) has observed, there is nothing quite as useful as a good scapegoat, or two as the case may be.

By highlighting both environmental and behavioral dangers, regulars (1) draw attention away from the hazards of cigar smoking by punctuating other health risks in their lives and (2) create a world where virtually everything is dangerous. Subsequently, quitting cigar smoking becomes a futile act in the face of overwhelming 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.

## DISCUSSION

Along with supplying readers with a thick description of a particular smoke shop, this project has also sought to contribute to a greater understanding of group-rationalizing behavior. Specifically, while the peer

cluster theory and the symbolic convergence theory have both theorized about the construction of group reality, they have not (1) documented how this process develops in real time with real people under natural conditions or (2) discussed the rationalizing process that groups engage in to reduce dissonance during at-risk activities. In response, this work both documents how peer groups construct a collective reality in a naturalistic setting and uncovers how this collective reality can be used as a defensive mechanism to refute dissonance-causing information. It is hoped, therefore, that not only will this work lend support to the general assertions posited by Oetting and Beauvais and Bormann but that it will also contribute to a richer understanding of *how* and *why* members of groups actually construct, converge, and rationalize their reality.

This project has also punctuated some of the more vulnerable areas in the corpus of antismoking arguments. Extending these findings to the applied realm of health prevention, it is recommended that future efforts by prevention agencies (1) dismantle the malleable and nebulous nature of the “safety-in-moderation” argument; (2) discuss the factual relationship between cigar smoking and stress reduction; (3) clarify the delineation between cigar- and cigarette-smoking research; (4) spotlight the vast amount of credible cigar-smoking research that has been generated in the past decade; (5) explain that shifts in scientific paradigms result from long, arduous periods of study, not from capricious, arbitrary decision making; and (6) compare and prioritize the dangers of cigar smoking with the myriad of other, less urgent risks highlighted by the media. While 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 anti-cigar-smoking arguments.

While this work supplies an interesting beginning to a new conversation about group rationalizing, it has also created many new questions for future research to explore. The first deals with the importance of social networks and human relationships. More than any other single finding, this study has shown that being a “regular” at the shop has more to do with “male bonding” than it does with the actual activity of smoking. Consequently, if health agencies are committed to reducing at-risk behavior undertaken in a collectivity, whether it is drinking at a local bar, dropping ecstasy at high school raves, smoking with colleagues during coffee breaks, or snorting cocaine at fraternity parties, they must also address the human drive to be part of a community. Without

considering this most basic of desires, prevention researchers will have missed the point: in certain collective situations, asking users to stop an at-risk behavior is tantamount to asking these users to abandon their best friends. And take it from one who knows firsthand: quitting friends is a much greater sacrifice (and addiction) than giving up a stick of rolled, brown tobacco.

This research has also highlighted the need for prevention researchers to examine similar at-risk groups. Would we find, for instance, a similar phenomenon in playgrounds, schools, businesses, or bars where groups of individuals are (1) gathered for a common purpose (smoking cigars, drinking, smoking marijuana, turning tricks, or using drugs), (2) faced with overwhelming evidence about the health risks of their behavior, (3) unable or unwilling to stop their high-risk behavior, and (4) experiencing dissonance, anxiety, or guilt over their behavior? If the answer is yes, then perhaps research communities from a myriad of disciplines need to devote more time and energy to better understanding the group rationalization process and reconsider their traditional approaches of reaching at-risk groups (fear appeals, emotional pleas, press releases, PSAs, media reports). For as long as we 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.<sup>26</sup>

## CONCLUSION

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, their loved ones, the 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 five recurring arguments that refute the myriad of antismoking messages they are confronted with. These five arguments are (1) jointly created and shared, (2) developed through a "chaining-out process" in which the participants become both the persuaders and the persuaded, (3) consistently reinforced and refined, (4)

crafted to fit the needs and exigencies of the specific lifestyles of their creators, and (5) 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 five prosmoking arguments to be more logical and rational than the antismoking propositions. In isolation, regulars' arguments possess what Walter 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 arguments clash and contradict each other. For example, the cigars-are-not-cigarettes argument acknowledges that modern science is correct in its 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, rarely 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 primarily rely on one argument at a time, rarely combining, synthesizing, or merging their arguments. Since each argument remains in seclusion from its counterparts, problems with probability and fidelity remain hidden. And since there is no strong motivation on their behalf to examine the weaknesses of their arguments—for to do so would only produce cognitive dissonance—they will probably remain hidden.<sup>27</sup>

I have also found a clear correlation between the amount of time regulars spent in the cigar shop and the commonalties 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 commonalties 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 (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 more than three years of seniority who spend at least four hours per week at the shop were more likely to (1) generate the most prosmoking arguments, (2) address a greater number of the five recurring motifs, and (3) use similar examples as support and clarification for their arguments than were newer regulars, with less than six months of seniority, who spend less than one hour per week at the shop. In short, the more time that regulars spent at the shop, the more similarities that 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 three years of this ethnographic study have led me to conclude pessimistically that the men at Tullio's will probably remain lifelong 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 (new medical research, health reports, newspaper articles, the death of a fellow regular), the regulars were able to collectively create new rationalities that rebuked, admonished, discredited, and discounted the dissonance-causing information 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.

## NOTES

1. The 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.

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

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

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

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

6. The 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.

7. Before beginning this project, I received consent from both the store owner (James) and the regulars who would be observed and interviewed. The regulars were informed that I was undertaking a project that would "analyze the ways in which they (the regulars in the cigar shop) constructed counterarguments to address the medical establishment's antismoking messages." Much to my surprise, all were overwhelmingly enthusiastic, 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 stories in print. All regulars who were *observed* supplied oral consent in the presence of the store's proprietor. Those who were also *interviewed* were additionally 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.

8. Each interview lasted an average of forty minutes. The interviews were broken down into three main sections. First, I asked a series of demographic (e.g., age, occupation, income, marital status, etc.) and personal cigar-smoking questions (e.g., how long have they smoked, how many cigars per week do they smoke, how often do they patronize Tullio's, etc.). Second, I asked about the types of antismoking pressures they have received throughout the course of their cigar-smoking lives. My goal was to get each interviewee to generate as many possible examples of both messages (e.g., smoking gives you mouth cancer, smoking stinks, smoking generates dangerous secondhand toxins, etc.) and messengers (e.g., family, friends, media, doctors, etc.). Finally, I asked the interviewees to address each of the antismoking arguments they supplied in the previous section. I asked, for example, (1) why they still smoke (2) why the messages and messengers are ineffectual in persuading them to quit, (3) if they are ever fearful of the medial consequences of their smoking choices, and (4) what type of message or messenger would be most effective in convincing them to quit.

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

10. While I have not conducted a second round of interviews to discover the reason for this lack of curiosity, there are two plausible explanations for their disinterest. The most obvious is that the regulars want to avoid any additional dissonance-causing information about their smoking. As previously mentioned, these men are already inundated with myriad antismoking messages without searching for more in their own smoking shop. Another explanation, however, takes the form of old-fashioned American anti-

intellectualism: most of the regulars, like many in our society, have overtly expressed mild contempt for academics, believing that what we produce is irrelevant, incomprehensible, and ineffectual. Subsequently, it is highly possible that the regulars simply do not care enough about my "academic endeavors" to waste an afternoon discussing it—especially when the "real world" (e.g., basketball, local politics, movies, women) is so much more relevant and interesting. Whatever the cause of this lack of inquiry, however, the researching and writing of this project have been little more for them than a mild diversion and an opportunity to help a fellow regular in his "silly academic pursuits."

11. As of the publication of this article, I am still a loyal, dedicated regular who visits Tullio's at least once a week. In fact, over the past seven years, James and the other regulars who have been quoted in this article have become part of my family's inner circle; they have witnessed (and celebrated) with us my academic tenure, the birth of both of my children, our birthdays and anniversaries, and my ascendance into middle age.

12. Informed by the work of Gadamer (1975) and Taylor (1987), this perspective views one's sociohistory or inherited bias *not* as something one can rise above or manage "in order to come to a 'clear' understanding" of a phenomenon. Instead, culture and tradition are viewed as "a living force that enters into all understanding" (Schwandt 2000, 194). Thus, understanding is not a matter of "escaping" or "managing" one's own prejudgments. On the contrary, understanding requires the (1) "engagement of one's biases," (2) examination of "our historically inherited and unreflectively held prejudices," and (3) altering of "those that disable our efforts to understand others, and ourselves" (Schwandt 2000, 195).

13. Oetting, Spooner, Beauvais, and Banning (1991) developed 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).

14. Bormann (1972), in his seminal article, paid homage to Bales's (1970) groundbreaking 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.

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

16. Bormann (1972) has termed this process as moving from "fantasy type" to "fantasy theme."

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

18. Another 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. Both multicultural and gender research on the communication styles of *American men* 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. For more insight into issues of gender and masculinity, see Wood (1999).

19. While 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 “antiaging 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.” And 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. See the third section of this article for further elaboration on why individual arguments do not become shared arguments.

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

21. The reason why 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 say is reported in the *New England Journal of Medicine*.

22. Interestingly, most regulars also enjoy consuming alcoholic beverages while smoking. As Kenneth says, “Cigars and Kentucky bourbon go together like men and women. One without the other is missing the point.”

23. While 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 nascence.

24. During the last months of Greg’s life, he had dramatically reduced his cigar smoking. He had reported that he was smoking only one or two cigars per week, down from his previous seventeen to twenty cigars per week level.

25. There was one lone voice of dissent. Michael, a fifty-seven-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 altogether.”

26. In closing, the three years of this ethnographic study have led me to conclude that the men at Tullio’s will probably remain lifelong 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 (new medical research, health reports, newspaper articles, the death of a fellow regular), the regulars were able to collectively create new rationalities that refuted, admonished, discredited, and discounted the dissonance-causing information or incident.

27. Interestingly, I was also unaware of these contradictions and inconsistencies in their arguments until late in the composition stage of the project (three months after the data collection stage was completed). They only became apparent to me once I was able to organize and detail the transcriptions. In the future, I plan to investigate this phenomenon more closely, determining whether any of the regulars are aware of these logical flaws and, if so, how they account for them.

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